Older Dutch Migrants in Australia: Health and Life Style in Old Age.

Wendy Walker-Birckhead

This chapter presents an ethnography of the health and lifestyles of older Dutch migrants in Australia. It is part of a larger qualitative study in which older people, adult children and doctors talk about meanings of health and independence in old age.[1] Difference and diversity are organising themes in this study; one difference being the effects of culture and migration on health and identity in old age, which we explored in interviews with Dutch and Italian migrants. These interviews with Dutch migrants and the adult children of Dutch migrants, are the focus of the following discussion.

Dutch migrants belong to that generation or cohort of post-war migrants who arrived in Australia in large numbers during the 1950's, and who now contribute to the 'ageing' of Australia's population. Indeed, over the next twenty years, non English speaking migrants will make up an increasing proportion of the dependent, frail aged in Australia (AIMA 1986: 4). Older migrants tend on the whole, for various reasons, to under-utilise aged care services in Australia. As a group they are (because of Australia's selective immigration policies) relatively healthy. At the same time, they share specific language and cultural needs that limit access to those services (Rowland 1991). Similarly, Dutch migrants, who have been known mainly for their successful 'assimilation' into Australia (*cf* Grüter & Stracke, 1995), are expressing concern about English language loss in old age, social isolation and access to culturally appropriate aged care (Overberg 1984).

This chapter starts out with a general description of our informants and how the interviews were conducted. The rest of the chapter is organised around the following themes: work and health, house and garden, eating in the Dutch style, the War, doctors and health, and children and their parents. There follows a brief summary of issues arising from the material presented here.

The Interviews

> (Self): So how do you consider your health now?
>
> *I don't know how to answer that, do you?* (referring to wife)
>
> (Wife): Well, its definitely a question for you. How do consider your health?
>
> *Well, alright, I'm sixty-one.*
>
> (Wife): That's not what you tell me when you've got a lot of pain!
>
> *That's a different time!*
>
> (Self:) Right now you don't have a lot of pain?
>
> (Wife): When you have a lot of pain, you wish you were dead and all sorts of horrible things.
>
> *Yes, yes but I'm still here today talking to you, aren't I?*

19 Dutch-Australians (11 first generation migrants and 8 children) were interviewed in this study. The older, migrant group talked about their health and illness experiences and their lives generally; children talked mainly about their parents. Parents and children were not directly related to each other, however five husband-and-wife pairs were interviewed.[2] This arose largely out of the interview situation itself, where both partners were interested in the topic, wanted to be interviewed and usually together. While such pairing-up reduced the range of our interviews, the

resultant interviews often were often lively and illuminating (as the above excerpt illustrates) with husbands and wives exploring our questions together - often as if the interviewer were not there at all.

The older group was contacted mainly through a local Dutch club; children were located more informally through social networks and personal contacts.[3] While it was easier to locate older Dutch people through club lists, their response rate was quite low with less than half agreeing to be interviewed. By comparison, all of the children approached agreed to be interviewed. This was presumably due to the less formal, more personal approach taken to children. Another reason may be that people are more comfortable talking about their parents than about themselves!

While this group is too small to generalise about, it seems fairly typical of Dutch migrants in Australia. Like most Dutch, they are - based on their educational backgrounds, employment patterns and lifestyles - mostly working class (*cf* Walker-Birckhead 1988). Like thousands of Dutch migrants, they came to Australia during the post-War migration boom of the 1950's. Also, like most of this generation, they are a relatively 'young' older age group: most are in their 60's, only two are in their 80's. In terms of marital status, most are married, two are widowed.

The adult children are between their mid 20's and 50's. The younger ones were born in Australia; generally, the older children were born in the Netherlands and came to Australia with their parents, which again is typical of Dutch 'family migration' to Australia (Walker-Birckhead 1988, and the chapter on women in this book). Nevertheless, they are classified here as 'children' in that they are talking about their

parents' experiences as migrants coming out to Australia.

Work and Health

Two third's of the older group describe having only 'fair to poor' health, which seems rather surprising given their relative youth. Informants describe a wide range of chronic health problems including: hip and back problems, chronic pain, arthritis, stroke, diabetes, emotional anxiety and depression, hypertension, heart conditions and angina, and Parkinson's disease. One third no longer work because of ill health and are on disability pensions.

Why should this be so? Dutch migrants generally have a relatively high rate of smoking (*cf* Grüter 1993) and many of our informants are or have been smokers, which would contribute to their current health status. Social class is another factor. Most of our informants are working class; indeed, the minority enjoying better health are all middle class. More specifically, older people's health status seems to be linked to the nature of their work and migration histories. Like many other post-war migrants, the Dutch were brought out as skilled and unskilled workers to contribute to and 'build' Australia's economic future. Many dreamed of building 'a better future' for themselves and their children away from Europe. However, both ideals involved a great deal of hard work: and if the Dutch were known for anything it was for working hard (Walker-Birckhead 1995).

These people have all worked long and hard to fulfil their migration dreams and get ahead in Australia. Most have worked hard physically, as outdoor and agricultural

labourers, as tradesmen, and in small businesses. Some draw an explicit link between work and health, and say that their bodies and joints have simply worn out through over-work. One man sums up his father's life in these words: *'He worked really hard and then he died.'* His work was his life, and he gave his life for his work.

It is not surprising then, given the centrality of work in their lives, that Dutch migrants still believe in hard work and being active. This is evident in the way they live their lives still. Despite apparent ill health, all of these people live in and maintain their own homes. Only the two oldest receive any form of community assistance, and they still look out for and help an older neighbour. Indeed, rather than being inactive or dependent in old age, the reverse is more the truth. Almost all informants are actively involved in community groups and contributing to the community through churches and other charitable activities.

'Rest rusts!' So comments Mrs S. as she gets painfully to her feet after our interview. A three and a half hour interview sitting and talking, however seriously, constitutes 'a rest'. Mrs S. is more accustomed to working hard and on her feet than sitting around talking: this is what she has done all her life. Aged 65, with poor circulation and painful varicose veins, she is still on her feet from early in the morning until late at night - cooking, cleaning and waitress-ing - in the family business. Nor is she complaining, although Mrs S. would like eventually to retire and work in her garden.

House and Garden

> *He's always had a veggie garden, that's been his one thing. I can always remember a veggie garden in the backyard. He's always out there digging in*

it, and growing bits and pieces. He's quite proud of it too actually. (Daughter)

Dutch migrants are known generally to prefer living in outer urban and semi-rural areas in 'Dutch belts' (Unikoski 1978) where land is less expensive and there is room to have a vegetable garden and a few animals (*cf* Walker-Birckhead 1988). This seems part of a general Dutch orientation towards housing and family life that stresses seclusion and orderliness (Goudsblom 1967: 139) that entails owning a garden where people can grow their own food. Similarly, our informants placed great importance on having a garden. Almost all the older migrant group have a large garden or live on an acreage; some have extended their gardens as part of their retirement plans. Others keep gardens despite health problems that make gardening difficult and painful. Similarly, most of the adult children speak about the significance of their parents' gardens, and they themselves have gardens. Gardens remain a source of continuing, meaningful activity or work for many Dutch migrants in old age. They are a private and enduring workplace where people can continue to be productive long after retirement. As well, several operate or have operated horticultural businesses from home.

However, if people live long enough, they must eventually give up their gardens too, because they no longer physically manage it or are moving to somewhere smaller which has no space for a garden. Indeed, for many Dutch, giving up their gardens seems to be one of the inevitable, major and last adjustments of old age. Considering the size and extent of their gardens, most informants will eventually face this decision. It is an aspect of the future which most seem already to have considered. When asked about their plans for the future, informants readily volunteered: *'We will have give up our garden.'* Clearly, this represents a significant change in their lives, a loss of

independence and quality of life.

Eating in the Dutch Style

> (Self): What about things like cholesterol and diet? Over the years, have you changed your eating habits at all or what sort of meals do you have?
>
> *Oh fresh veggies, never canned food.*
>
> (Self): From your garden?
>
> *Yes, but even before we had a garden. When we lived in Melbourne we never had a garden there, but even then I would go and get fresh veggies ... Yes, I would say we eat healthy enough*

One reason gardens take pride of place in the lives of Dutch migrants is the good vegetables they produce. Many remember not finding the type and quality of vegetables they wanted in the 1950's in Australia, when having a vegetable garden and buying imported seeds meant that people could eat in the Dutch manner, even though they were on the other side of the world from the Netherlands. Of course, this same cohort also survived the War-time *honger* (hunger) years when they saw city people - not farmers - starve. Having a garden full of good Dutch food may then hold an even greater significance for this generation of 'pioneers' and war-time survivors.

Traditional Dutch meals are organised around a variety and quantity of vegetables and sauces, accompanied by small servings of meat. In terms of current ideas about healthy diets, this seems a good arrangement. However, aspects of traditional Dutch cooking were not always so healthy. One informant describes her long ago, farming childhood:

> *It was very strict, that's what they said, 'You have to eat what's on your plate.'*

> *And that time,* ***Fat, fat, fat.*** *We were growing pigs ... You had to eat it all and the fat what came out of the pig, that was melted, you know, in the pot and on your bread and so on. In that time everything was salted, beans, cabbage, sauerkraut, well the whole winter you were eating vegetables and everything was frozen ...* ***Salt, salt, salt.*** (speaker's emphasis)

All that fat and salt, and eating everything set before you otherwise you might go hungry: Those days are long gone now, everything has changed and '*modernised',* she says. Her sister still lives in the same district in the Netherlands and cooks in 'the Dutch style', but without all the salt and pig fat. This would be partly due to health education campaigns promoting low salt, low fat diets. However, changes in food technology, preservation and distribution would also have played an important role in offering people a greater dietary range and reducing reliance on salted food and pig products.

Nevertheless, the defining feature of Dutch cuisine seems to be the variety and quality of their vegetables, and how they are served. Some informants also point out that their home-grown vegetables are organically grown and free of pesticides. However, the overall message seems to be that their familiar Dutch meals taste good and make people feel good, regardless of how they are fertilised or how nutritious they might be. Indeed the sense one gets is that Dutch migrants see their food and meals as their primary source of health. They keep them healthy and feeling well, whatever else they might do in terms of drinking or smoking.

The War

Dutch migrants survived physically and emotionally the Second World War and the German invasion of their homeland. People's experiences varied, of course,

depending on who and where they were during the War. Some men fought as soldiers or in the resistance; some spent the War in labour and concentration camps. Informants remember the starvation and suffering of the *'honger'* winter when people died of starvation in city streets. For many women, the War was about feeding and raising families under extraordinary circumstances; under the German occupation and uncertain about the fates of absent husbands and sons. Dutch migrants bring all these different, conflicting and overlapping, experiences with them now into their old age.

Such experiences would certainly have affected their physical health, however, this is not what most people talk about. What comes though most compellingly in their stories are their psychological and emotional significance, the increased salience of those memories in old age, and the difficulty of adequately communicating what those times were like.

> *Memories come back now. I had a bad night last night dreaming and when I dream, I always dream about those war years. Last night I was in a concentration camp. Personally I have never been in a concentration camp but I dreamt about it. I think it comes with old age, because I never dreamed about it ten years ago, for instance ... I remember a haystack and I knew that there were four people hidden in that haystack and a German soldier got a pitchfork and he says 'What's going to happen if I put that pitchfork in that haystack?' And I was only a kid and he was looking at my face, at how I would react, and apparently I didn't react at all. Because he never put the pitchfork in there, he just walked away. I thought it was amazing.*

As a young teenager, Mr K.'s family was involved in the Resistance. In his old age the terrors and tension of his childhood come back; he 'sees' the planes exploding and falling out of the sky. These images fill Mr K.'s dreams and nightmares, and are more real sometimes than day-to-day life. He is *'more upset'* now, Mr K. says, because he is not so busy and has more time to think about it all. Even so, he still refuses to '*dig up'* the worst times (what his wife refers to as *'the horrors'*).

Younger informants generally describe the war years as *'exciting',* like something out of the movies. They were only young children or teenagers; how could they possibly understand war's enormity? Looking back now, as parents and grandparents, they realise how 'terrible' those times must have been for their parents. It felt normal, that is, until something happened to bring the war up close - their father cried in front of them, the Germans took someone they knew away, or starving people came to the door begging for food. A man tells how as a teenager he watched German soldiers being shot by the Allies. He found it all very exciting until he saw how young they were. Suddenly he realised that they were people -

> *Just like yourself ... When you get older, you realise that it is just a waste, isn't it? Well what's it about? Well we could say they were heroes, they protected our country... But what did they do? They just died, that's all that happened really. I mean you can make them heroes, but they didn't want to be, so that's how you look at it.*

For many, the War years were the most dramatic, significant time of their lives. A recurring theme in the interviews are lessons drawn from their war-time experiences, about the immediacy, the fragility and preciousness of life. These lessons have a particular relevance now that may haunt and stand them in good stead in old age.

Doctors and Health

Like many Australians, our older informants equate going to doctors with being ill rather than with prevention or health maintenance. Most have a general practitioner they visit for specific medical treatment; to get a sun spot off, for pain relief or a prescription. Several are in more frequent contact with doctors because of more serious medical conditions; one awaits a hip replacement, another is being treated for

a chronic heart condition. But none speak about their doctor in personal terms or seemed especially reliant on them for health advice.

By contrast, those informants who enjoy good health emphasise that they do not *'go near'* doctors. The following is illustrative of a generalised distrust of doctors and hospitals shared by many Dutch migrants (*cf* Gruter 1993). *'They never made any money on us',* is how Mr L. sums up his relationship with doctors. His wife's health is so excellent, she has not been to a doctor since she was pregnant. Yet, while Mr L. may not like doctors, it would be wrong to conclude that he does not care about his health, for he has quit smoking, grows his own vegetables, and is interested in alternative health remedies. Doctors just do not have anything he wants. Mr L. describes how he went to the doctor because of a bad cold. The doctor charged him for a blood test he did not want and then suggested that Mr L. is deaf because he did not hear something he said. *'It was probably also that I had my mind somewhere else, so that could be more the point!'* Mr L. is not deaf, he was just not listening.

Children and their Parents

The parents of the interviewed children are generally older than the migrant group which was interviewed with most of the parents being in their 70's and 80's and six, dead. Their situations could be said to anticipate the interviewed migrants' own futures. They suffer a similar range of health problems with the addition of dementia or possible dementia. Most children describe their parents' health as poor or as precarious. Most are still in their own homes, although children express concern about how much longer their parents will be able to manage on their own and how they will

eventually be cared for. One woman recently placed her father - after a great deal of heart ache - in a nearby nursing home. Her mother had died suddenly and he needed someone to take care of him. He '*hates'* doctors and hospitals, and was:

> *Always dead set against nursing homes, old people's homes anything like that. He would go below the Ovens bridge and put a bullet though his head before he would do that ... He actually wanted all of us (daughters) to quit work ... that we were all at his beck and call.*

Her father originally came to live with her and her family; however, he needed constant nursing care after a bad fall and was eventually placed in a nearby nursing home. She visits him daily and often takes him his favourite foods but still wishes that he could be back home in her care.

Two children have lost both parents; two more have lost a parent each. Some tell rather tragic stories about their parents' deaths. A general theme seems to be that their parents paid for migration with their lives; one way was by working too hard. Another, more specific complaint is that parents received poor medical care in Australia, partly because they could not make themselves sufficiently understood in English. In several instances, children suggest that this may have actually contributed to the circumstances of their deaths. For example, a young woman describes how for years her mother kept going to the doctor saying that she had 'pains' in the chest:

> *And they kept telling her 'You've got indigestion, that's all it is. There's nothing wrong with you, off you go'. You know, 'it's nothing'. Then she went into hospital to get her knee operated on. And four and five days later, she had a massive heart attack. That's when the doctor said, 'Is this the sort of pain you've been having all these years?' And she said, 'yes'. So all these years, she's had heart trouble but nobody knew because she couldn't explain to the doctor what sort of pain, exactly where it was. There was just this big language barrier and that's when all of a sudden they thought, 'Oh, hell, that's what it is'. By then it was too late.*

Another describes his father's death from prostate cancer. He did not get it checked

out because he was *'too scared'*. His main fear, his son says, came from not being able to communicate well enough in English. He figures that his father would probably be alive today if he could have gone to a Dutch doctor. Instead he worked hard on his farm rather than do anything about his health. Ultimately, this man seems to be laying the blame for his father's life and death on migrating to Australia.

> *He would have been far better off had he stayed where he was, I think, because he never had much of a life in this country.*

Another describes his mother's situation. She could not speak English very well and was entirely reliant on her husband who was quite fluent. She was a very healthy woman up until the last few months of her life when 'something' happened:

> (*My mother) was telling me that she couldn't find the doors in her own house, she didn't know which door was what. So I said, 'Mum you've got a problem here'. My father was sitting behind her indicating that she was mad... We tried then to get her into a Dutch doctor so she could actually talk in her own language. There was a Dutch doctor in Canberra that my sister wanted her to go to, so she could actually talk to this guy and express in her own words what she thought was wrong with her, rather than going to the doctor where my father went and he expressing what he felt was wrong with her. That was a problem, (my father) wouldn't allow that.*

Within three months, his mother recognised no-one and then died. Her illness was diagnosed as dementia but her family is still troubled about the circumstances of her death, wondering about the diagnosis and what more could have been done to help her over the last months. His father's death was much less dramatic. He lived a further six years and generally felt '*very sorry'* for himself*:*

> *So he really wouldn't do much in those six years. He didn't work much in his garden, his health deteriorated... I think the old war wound thing flared up.*

However, his father did have a better death than his mother:

> *He had pains in his chest for a day and a half. (He) didn't know what they were and just lay in bed ... We took him to hospital and they operated on him and he died on the operating table.*

(Self:) Right, it was quite –

Well, it was good. It was really good, yes.

His father predicted his own death and was *ready to go* when the time came. His son says that this was how his father was all his life, a loner and an adventurer. However, his still doubts whether his father understood that this would be his last adventure*:*

That day that he was sick and I took him up to hospital. He said 'Well, I think I'm going.' Yeah. Not quite ready to go I think.

(Self): You mean, I wouldn't mind another trip!

That's right. Yes, I think so, yes.

Discussion

The picture presented here is of older Dutch migrants living their lives quite ordinarily and unremarkably, but according to their own lights and values. Older migrants - and older people generally - tend to be depicted as reduced by age, debility and need. These Dutch migrants emerge instead as strong and 'enduring' individuals (Kaufman 1986) who manage like most old people, to make meaningful and satisfying lives for themselves, despite chronic illness and less than perfect physical health or circumstances,

Their priorities and interests are generally domestic and unexceptional; being about home, family, and maintenance of meaningful activities and relationships. Dutch migrants came to Australia for many of these same reasons, to make homes and futures for themselves and their children (*cf* Walker-Birckhead 1995). Those futures are now realised, and they are old. The homes and families are established, and their children are grown-up with families and lives of their own. Some children look back

and wonder if the price was too high, for the cost of all this was their parents' lives and health. Was it worth the price? On the other hand, what is a life worth and how would it have been better spent? Notwithstanding, this is how Dutch migrants did spend their lives; this is what their lives were about.

In terms of health and well being in old age, these Dutch migrants continue to live much the way they always have: keeping busy running homes and working in their gardens, with friends, caring about their families, eating food they like and which make them feel good, and visiting doctors only when they have to. These are the elements that make their lives healthy, good and meaningful: not whether their blood pressure is elevated or their bones ache. But of course, these are also part of the realities of growing older.

Health and meaning in old age are about coping and adjusting to the changes and lessons that living a long life brings. They involve finding ways through enduring pain and memories, and somehow remaining the person one has always been. At the same time, there are obstacles that make such survival difficult or even impossible. For example, when chronic, debilitating pain is a consequence of not having private health insurance and being placed on a too long waiting list; and all the sufferer can do is wait and smoke more cigarettes. Where does the health problem lie? Or, a mother dies because she could not make herself sufficiently understood in English to her doctor, and her long term heart pain was treated as indigestion. Such 'obstacles' seem arbitrary and cruel; surely, their outcomes can be avoided.

At the same time, the 'ordinary routines of life' (Ewing 1990) and their persistence in

old age, may well hold a special significance for Dutch migrants because of the large events and losses - the Depression, war and migration - that have swept over their lives and taught them - simultaneously - how fragile and yet how enduring life is. Their attachment and determination and ability to hold onto these personal and domestic meanings, may be all the more tenacious as a result of those same lessons.

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[1] 'Healthy and Independent Lives in Old Age' (H Kendig and W Walker-Birckhead) Melbourne: Lincoln Gerontology Centre, in press. This study was funded by a Health and Community Services Research and Development Grant.

[2] Such linkage might be seen as overly intrusive or as privileging children's views of their parents' lives (see report for more detailed discussion of these issues).

[3] Like other ethnic groups, the first generation belong to Dutch clubs, the second generation do not (Overberg 1984). There was also evidence of club affiliation increasing with age, with several informants saying how 'surprised' they were to discover how much they enjoyed the companionship and conviviality of Dutch club. When they were younger, they had no interest in such things.