Social class in transnational perspective: emotional responses to the status paradox among Ghanaian migrants

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Abstract. Migrants often experience a low-class status in the countries to which they migrate and a high one in their home country, because of their remittances. This paper takes that analysis further by examining the emotional reasons for return migration and retirement. Ghanaian migrants’ social class debasement in the United States through their work in home health care leads to strong emotions about their class status. They mitigate their humiliation through transnationalism, in which they direct their energy towards an alternative social field through house construction in Ghana. Through a house, they hope to gain social status, recoup their years of humiliation, and afford to retire. I analyze what these processes mean for the understanding of class projects within the context of a global capitalist system.

Migration studies has paid little attention to social class (Van Hear 2014), despite the fact that migration is usually a project in pursuit of wellbeing (Gardner 2015), which includes desires for social class mobility. Furthermore, social class is one of the resources shaping who is able to migrate (Van Hear 2014). In addition, many transnational migrants experience what Boris Nieswand (2011) calls “the status paradox” in which their class status differs in their country of origin and the country to which they migrate, further making class central to the migration experience. Typically, for Ghanaian migrants, for example, they experience class decline when they migrate, with many moving from a middle-class, educated occupation in Ghana to a more menial one in the United States or Europe. Their remittances from this menial work allow them to attain some of the attributes of middle-class status in Ghana, such as financial support of relatives, a car, and a house, but the maintenance of such a status in Ghana is dependent on their
remaining abroad, because their remittances are not sufficient to fund a middle-class, professional life in Ghana.

That class status would differ in multiple places raises questions about what social class means in the context of transnational migration, since social class is often considered a fixed identity which does not change in different contexts. Social class is usually analyzed solely within a national frame of reference (Carrier and Kalb 2015). An alternative, more transnational framework on social class focuses on the globalization of social class (Amit 2002; Elder 2012; Ong 1999; Sassen 1998). At the top is a small capitalist class that moves easily between the financial sectors of global cities, perhaps holding multiple passports. Lower down are those working in manufacturing and service sectors worldwide who experience limited economic mobility and few political rights, and at the bottom, the unemployed and very poor. This literature argues that the globalization of social class, the dispersal of production centers, and the growing insulation of the powerful have weakened class consciousness, making social class harder to see (Comaroff & Comaroff 2000). Others have posited the emergence of a new global middle class, which shares particular conceptions of family life and consumption, oriented around malls, gated communities, and intensive parenting (Heiman, Freeman, and Liechty 2012). Within this global, rather than national, perspective, those who migrate might be members of a cosmopolitan elite, a global middle class, or a globalized working class.

Yet neither a system of global social hierarchy nor one of separate national social hierarchies entirely makes sense of the social class experiences of Ghanaian migrants. As studies of transnational and rural-urban migration show, many migrants from and in Africa manage dual or multiple social fields simultaneously, maintaining ties to their hometowns or countries of origin while simultaneously being engaged in new relations in their place of migration (Ferguson
Migrants thus have multiple class statuses, participating in various “socio-cultural milieus” and “small lifeworlds” (Neubert and Stoll 2018), some of which are more compatible than others. Those without status in one social field can try to use their status in another social field to try to offset their lack of status in another. Transnationalism provides one way that people might do so. Elena Theodorou (2011) discusses how Pontian children in Greek-Cypriot primary schools used their parents’ transnational actions, properties, and networks as a shield against their local social marginalization. Based on my research among Ghanaian home care workers in the United States, social class identity is not unified, but instead fragmented. It is built out of multiple social contexts, including hierarchical workplaces, and in that sense corresponding to neither a national context nor a single global frame.

This paper explores the emotional implications of these multiple class statuses on migrants’ choices and plans. I argue that Ghana care workers, working in a low-status and poorly paid profession in the United States, try to mitigate the class humiliation they experience in their workplaces by using their class status in Ghana. They hedge one context against the other transnationally and trans-contextually. In the process, they reify Ghana and the United States as bounded, national spaces, despite the fact that migrants are themselves using both contexts—and the linkages between them—to pursue their class-based projects. For some, the process of hedging their status in Ghana against their status in the United States re-energizes the impetus to live in Ghana. It is in Ghana, in contrast to the United States, that they imagine enjoying the fruits of their labor in migration and where class mobility is possible.

In this regard, I extend the work of those who have documented the emotional injuries of social class and social inequality in the Global North (Sennett 1998), as well as those who have attended to the emotions entailed in migration from the Global South to the Global North.
In the case discussed here, emotions about social class become central to return migration.

Migration and Home Health Work among Ghanaians

Transnational migration has been a known and valued phenomenon in Ghana since the colonial era, as Ghanaians traveled for work and education in West Africa, Europe, and North America, processes that continued after independence. As transnational migration increased in the 1980s and 1990s, a broader swathe of the population, including students, teachers, lower-level civil servants, and skilled blue-collar workers like mechanics and electricians, has become increasingly involved in transnational migration (Manuh 2006: 24). As a result, migration has become more characterized by migrants’ struggle (Lucht 2011), and some of the expectations of migrants—like building a house—have not kept pace with the increasing difficulties of many emigrants to make a living abroad, much less remit to their relatives and accumulate money for house construction.

The fact that home health work requires only a few weeks of training and is in high demand because of changing demographics in the United States means that it is open and attractive to recent immigrants, whose educations and work experiences may have been substantial in their own countries but require re-licensing and re-training to pursue those same occupations in the United States (Choy 2003). With the increase in migration from Africa to the United States since 1990, new African immigrants have entered the field of elder-care employment disproportionately (Leutz 2007). My previous ethnographic research with the Ghanaian community in Philadelphia and more broadly along the East Coast found that health care more broadly, and nursing assistance in particular, is a niche employment sector for
Ghanaians, a self-reinforcing pattern, because their social networks help them find employment in these fields.¹ This occupation results in social class decline for many Ghanaian migrants, some of whom previously enjoyed middle-class occupations in Ghana, particularly if they are men.

This paper is based on interviews with 34 Ghanaian care workers mainly in New Jersey and Maryland, between December 2014 and August 2016. Seven of those care workers were live-in home health workers for an agency in northern New Jersey; the rest were encountered through personal social networks in Maryland and Virginia. In addition, I have decades-long relationships with four care workers, which includes observing their visits to and retirement in Ghana, and talking to them through the ups and downs of employment. Eighty percent of my interviewees were women. The home care market that I researched was private, meaning it was not state supported. Instead, professionals who had worked for their wealth—mainly scientists, high-level civil servants, lawyers, and university professors—purchased care directly from agencies, paying for care services from their savings or using private long-term care insurance. The costs are huge, ranging from tens to hundreds of thousands a dollar per year. All of the patients I met were white, except for one African-American woman, a former nurse.

The live-in home health workers I interviewed earned $100-$120 a day. They were paid for ten hours of work, although they lived full-time with their client and were on call for twenty-four hours a day. Hourly home care workers were paid $10-13 an hour. The median hourly wage nationally for home care workers was $11.16 in May 2017 (Bureau of Labor Statistics 2018). Although the pay is low, it is better than in many other jobs available to those without a college degree (Ducey 2009). Full-time work is not guaranteed. Jobs can end unexpectedly and quickly, with a patient’s death or hospitalization, and sometimes workers struggled to find another job quickly. The low pay and insecurity make it difficult for care workers to attain their dreams of
social class mobility, whether in Ghana or the United States. I will discuss their dreams of social class status through their investment in houses, with which my research participants were preoccupied. In the next section, I discuss the cultural meanings of houses in the United States and Ghana as a way of understanding the meanings of houses for my research participants, as an assault on their dignity in their work in the United States and as a route to obtain dignity in Ghana.

Houses and Social Class

In both America and Ghana, houses become entangled in personhood and the “economy of dignity” by which individuals claim their self-worth to others (Pugh 2012). Houses are the visible materialization of social class in the United States and Ghana. They serve not only as performative signals of social class, but also can objectively make and maintain social class, as a source of wealth and income. Houses are an investment, built or owned after years of accruing resources. As permanent structures, they are not a performance that can be easily modified to suit a new context, unlike a ritual. Their longevity is part of their attraction, in substantiating and fixing social class identity to oneself and others. On the negative side, rooted in space, the result of years of investment or labor, they also become difficult to manage in the status paradox Ghanaian migrants encounter in their migrations. Although used as a route to stabilize a class identity, they as often undercut that identity.

In the United States, housing codes a person’s position in the life course: “owning a home for middle-aged Americans has been a sign that a person not only is ‘making it’ financially but also is ‘biographically on schedule’” (Hummon 1989: 218). Thus, young adults are expected to establish their own residence separate from their parents, and older adults try to remain in their
houses to thwart the symbolic implications to self that a move to a nursing home would entail (Hummon 1989; Perry 2014). Housing becomes an expression of personal identity through its decoration, form, and location, and thus subject to individuals’ psychological processes (Hummon 1989). Emotions attach to a house, the materially built space. The house helps bolster a particular view of self, to oneself and others: that of middle-class adulthood. Finally, houses are considered a route to wealth creation, because they are expected to accrue in value.

In Ghana, owning a house allowed one to be less reliant on others and to provide housing for relatives, thus establishing a middle-class, patron role. Houses in Ghana generate respect for their owner-builders because of two factors: they are visible and they increase sociability, by attracting people to the house and the patronage of the house-owner (Van der Geest 1998). In the urban areas of Accra, Kumasi, and Berekum, owners had more people in their households than non-owners, signaling their ability to attract dependents (Tipple et al 1999). A house also reduces the house owner’s dependence on others, and allows him or her to take care of others in patron-like ways. For example, a retired pastor complained to me in July 2014 about returning to his hometown in Akyem Abuakwa in retirement and having to live in a family house: “Your nephew or some other member of the family has a house and they have to divide it to give you a place to live. So every day you are a burden on the family; they will scold you so much.” In the case of house owners, on the other hand, people who ask to live in the house may help provide personal care for the owner or help with domestic chores like sweeping the compound and fetching water. Additional residents provide security because someone is always around. Most importantly, through houses’ visibility and ability to attract people, they generate social respect, as a sign that one has made it in life. Houses in Ghana represent the conversion of economic wealth to social relations, and thus to status.
Most houses in Ghana are built privately by individuals who gain access to land from customary authorities and contract with construction workers to build the structure. A house should be built in one’s hometown, the place where one will be buried (Korboe 1992). However, some migrants are building houses only in the capital city Accra, which has become the commercial center of Ghana. The wealthiest Ghanaians, whether migrants or non-migrants, build two or three houses: one in Accra, one in the regional capital, and one in their hometowns. Because houses are built out of concrete blocks by individuals from their savings or income, rather than large, well-capitalized developers, houses are built over long periods of time, in fits and starts, as people come into a sum of money. This is one reason one can see many half-built houses in progress.

People also use the long-term project of house-building to protect their savings, without distributing it to relatives. For example, if a house-builder comes into the equivalent of $2,000, he or she may use it to buy cement for blocks (used to make the walls of the structure) so that he or she can tell relatives who come asking for money that he or she has no cash on hand. For example, a retired artist and arteacher who was not able to build his own house was criticized by his wife for being too generous with others; he gave away his money instead of investing it in building materials. Very few people use mortgages or loans to build or buy houses, because of exorbitant interest rates and banks’ high, nearly impossible, qualifications for a loan (Tipple et al 1999). Because men have historically earned higher income than women (Heintz 2005), they have usually been the ones able to build houses (Van der Geest 1998), but women are becoming increasingly able to build. For example, I know several female nurses in Ghana who have been able to build their own houses in Accra and elsewhere. Husbands and wives build houses
separately if they can, and even if a couple lives together, it is usually clear to them and others whose house it is.

In contrast to the United States, in relation to the life course, houses are associated with retirement, not adulthood. Home ownership in Ghana usually happens later in life than it does in the United States (Tipple et al 1999), as part of the builder’s legacy to future generations and because of the amount of time it takes to build a house with one’s own savings and without a mortgage. Houses are also built late because of difficulties raising the funds until children are grown and old age beckons. Government workers, including teachers, hasten to build a house before retirement, while they still have an income.

Although people who never migrate can build houses, one of the ways that people are able to afford building a house is by going abroad. International migrants are expected to build houses, because migration is associated with money and class mobility. As a result, for many migrants from Ghana and elsewhere (Cohen 2001; Cole 2014; Fletcher 1999; Pauli 2008), house building is a major goal. When Monica, a Ghanaian home health worker in the United States, talked about visiting Ghana, she told me that she chafed at staying in her mother’s house, where her children were living. She would stay for a few days and then decamp to a friend’s house, and then move again, never settling in one place. She said staying with her mother “disgraces” her and “I would not get respect.” “It puts you down.” “It can limit your self-esteem.” Although her mother has a nice house on the outskirts of Accra, it is “horrible. It is not comfortable.” The people around her “make fun of you. Oh yes, little comments. For example, [quoting one of the gossipers,] ’She’s been in the US all this time and she doesn’t have a place.’ They are making comments like this. Everyone is praying for a house of their own.” Those who migrate into insecure and low-paid work find it more difficult to live up to the expectations that migrants
ought to be able to attain a high social class position in Ghana, as exemplified by a house, and contemporary migrants find it more difficult than previous cohorts of migrants.

Since 2000, the middle class in Ghana has expanded and grown more wealthy. The middle class is also increasingly visible in mansions, gated communities, and malls around Accra, which feature heavily in music videos and other media representations. The growth of the middle class is in part enabled by migration and remittances (Lentz 2016). The lifestyle of the middle class has created higher expectations for migrants and made it more difficult for them to present a middle-class status by building an elaborate house. The higher cost of living in Ghana due to its economic growth and migrants’ remittances also has resulted in a decline in the value of remittances, which can purchase less than in the past. This paper explores the contradictions and conflicts of social class mobility through migration, as Ghanaian migrants seek to convert their domestic work in the United States into the concrete reality of a house to signal their class status to friends and relations.

**Care Work, Social Class, and Houses**

Care workers’ narratives about houses are critical to their own sense-making about their class position. They use three different kinds of houses in this way: the houses they build or dream of building in Ghana, the houses they buy and sometimes lose in the United States, and the houses they work in while providing care to aging adults in the United States. In particular, I argue that they turn to house-building in Ghana to attain some of the self-worth that is threatened by their work in the United States. Although building a house is considered the typical, culturally-appropriate project of a migrant, for home health workers it becomes a particularly emotionally fraught and desired goal because of the conditions of their work. From working in
others’ houses, they understand at a visceral level what a house of their own means for their class status and worth as a person.

Working in someone else’s home was often experienced as a threat to the care worker’s social class because they were positioned as a servant. They had to accommodate to the homeowner’s routines, such as their sleeping and eating schedules. One live-in home health worker said, “They may say, ‘Don’t use this. Don’t cook.’ Like with my current client, I don’t cook over there. When the food is finished, I have to come home. I bring my cooked food and re-heat it there. They complain about my cooking fish.” For her, this rule about cooking indicated larger issues about her own dignity: “They treat you like you are not a human being.” Secondly, home care workers felt physically trapped because they had to always be with their patient. The house becomes a total institution (Goffman 1961) in which their everyday routines were monitored and controlled. Some workers felt the need to escape from this space momentarily—whether physically or psychically—and many welcomed my phone calls for the opportunity of mental escape. Some prefer to work with patients who live in a continuing care facility, because of the possibility of meeting other care workers and reducing their isolation. One care worker told me she took an unauthorized walk around the facility while her patient napped.

Finally, the wealth and status of the patient are on display in the size and location of their house. Monica told me about one situation where she felt degraded by the daughter of her patient. She said, “We are human beings. I could see she wanted to mop me on the floor the first time. It was a mansion. The daughter was the VP for a company and had a high position. I was a Black girl from Africa. She thought I was nothing; I was from Africa. So when she says ‘Sit,’ I have to sit. It distressed her that I had come to her mother’s beautiful house to be in charge.” There are several important things going on in this description. The family had attained a high
position in society, as indicated by the daughter’s work role and by the mother’s “mansion” and “beautiful house.” Monica’s lowly status in the daughter’s eyes, as she describes it, is due to her racialization in the United States and geographic origin, as being from Africa. Houses are connected in this narrative to wealth and race. Furthermore, the denigration is expressed eloquently in the metaphor of housework: “She wanted to mop me on the floor.” Monica, in this formulation, becomes the mop itself, and not even the wielder of the mop. She is a tool, and not a person. Thus, Monica’s low status was attributed to her complex and multi-stranded relationship to the house of her patient, which turned her into a cleaning implement and denied her personhood, although her position as the care provider for an aging person might otherwise have put her “in charge.”

Sometimes, the insult is expressed through spatial segregation, common in the history of denigration by racial status in the United States. Bathrooms become a key symbolic site of such spatial segregation. Irene, working as a live-in care worker, described to me when I called her one day how a daughter of a patient was upset at her for using the upstairs bathroom at night. Irene, feeling slighted, wanted to tell the daughter that she had four bathrooms in her own house in Ghana, but she remained silent. In other words, she wanted to use her class status in Ghana to combat the denigration she felt at work in the United States.

I have argued elsewhere that the humiliations that care workers’ experience working in houses in the United States make them eager to have their own house to restore their dignity (Author). Monica, for instance, as a single mother in her thirties, dreams of a house in Ghana:

If I have money, I would like to go home. . . . I still have a dream: I am living in a house, with a successful husband. But how will it happen? It is like a fantasy, but I have been seeing it. It’s like I am living it. [In the dream,] I have a successful
husband, with the kids jumping up and down on the couch, and I am busy, just coming home from work, and I need to clean and cook. You are not living in it, you are seeing it. So I work hard and hope. I just want to be home, with a nice house, working hard, with an intelligent, successful husband.

A house in Ghana operates in complex ways for home health workers in the United States. First, the house is a sign of success after the years of degradation in others’ houses. Secondly, it signals sociability, including time with children and other relatives in Ghana, in comparison to the isolation and long hours of home health work. For Monica, Ghana is imagined as a space for the nuclear family, with happy, energetic children and a supportive, income-generating spouse. This is a middle-class fantasy, in which both parents work and the children are treated in permissive ways such that they can play on the living-room furniture. It is a space where she imagines her own domestic chores enabling this middle-class life, rather than doing them for someone else.

For those older than Monica, this sociability is associated with retirement, using the catchphrase of “sitting under the mango tree,” associated with shade, chatting with friends, and relaxation. My research participants were absorbed by dreaming about and planning for a house in Ghana: land acquisition, construction, and saving money.

There are a couple of problems with these dreams. One, the low pay of home health work makes it difficult to build or buy a house, whether in the United States or Ghana. Monica estimated that to build a one-bedroom house in Ghana would cost her $30,000 to $40,000, much less than a house in New Jersey where she worked but still a large sum of money. She said, “When will you get that money from this job? Only if you have two incomes.” She said that one of her friends had been building a house in Ghana for twelve years and was still not finished. Secondly, because they take years to build, houses in Ghana require extended deferral of the
mitigation of social class denigration happening in their workplaces in the present day. Despite social class in Ghana sometimes working as a hedge against social class degradation in the United States, care workers’ social class positions in the United States do affect the ability to build a house in Ghana. Social class positioning has an impact, in this case, across national frames of reference, pointing to the fact that a global frame of reference for social class may be becoming more salient, but not consistently so at this point in the migration process.

Let me turn now to the third kind of house, in the United States, and its meaning in the class system. For many Americans, their home is their major asset and form of wealth. Americans expect houses will appreciate in value and provide a nest egg for retirement and other needs. However, home ownership among the Ghanaian care workers I knew was often a source of wealth extraction, rather than wealth creation, and thus, their experiences are similar to African-Americans, for whom home ownership does not pay off as it does for white Americans. I will illustrate this process through the story of Elizabeth, a live-in home care worker.

Elizabeth’s Story: A House in the United States and a House in Ghana

I sat with Elizabeth in her small bedroom in dim light one evening in February 2016. We sat on two plastic chairs, facing her bed. Multiple suitcases were stacked high, almost to the ceiling, in a corner of the room. A computer sat on the desk behind us. It was the first time I had met her. Her “niece” in the United States, Deborah, a thoughtful young woman who also did care work, had recommended I talk to Elizabeth, and we had arranged a time to meet on one of her days off from live-in work. That day, Elizabeth had gone to the doctor and shopping with another niece, and after her full day of activities, we met in her solid brick two-story, four-bedroom house with a driveway, two-car garage, and yard in a suburban middle-class African-American
neighborhood in Prince George’s County, Maryland. The rest of the house was dark, although
prayerful singing emanated from a tenant in the basement. I assumed the lack of light was an
attempt to reduce the electric bill, a common strategy among the home care workers I knew.

Elizabeth was a short woman, about five feet tall, and a little fat. Her eyes were very
expressive behind her glasses. About to turn sixty-six years old, she walked slowly and with
difficulty, as if she were in pain. She told me that she had high blood pressure and been diabetic
for two years, which made her feel lethargic, bloated, and sleepy. Like many other older
Ghanaians I knew, whether in the United States and Ghana, she had a herbal medicine which she
felt was vital to her health. In Elizabeth’s case, she used bitter melon as an herbal medicine to
help control her diabetes.

Bitterness poured out of Elizabeth when I asked her about her life and work. She had
come to the United States from Ghana more than forty years ago, in 1974. She had experienced	
two major betrayals in her work, among many lesser ones. The most personal was when she
worked for a nursing home and she hurt her back when lifting a heavy patient. After filing
worker’s compensation, the administration made a “plot with my co-worker. They said that a patient—who couldn’t talk!—said that I beat him up.” Elizabeth was surprised by the accusation,
because the patient cooperated when she took care of him. “I didn’t understand what had
happened initially, or why this accusation was made.” She lost her job with the nursing home,
and went into home care instead. If she was very careful, her back did not hurt her. Having one
patient to lift, rather than eight to fifteen as in the nursing home, helps. Watching her walk made
me wonder that she could lift anyone at all.

The second betrayal was the imminent loss of the house in which we were sitting. Its
impending foreclosure explained why the inside of the house was a bit run-down, particularly in
the kitchen, which showed signs of smoke damage above the stove. Elizabeth had calculated she had paid half a million dollars in mortgage payments over thirteen years, since she bought the house for $320,000. Zillow, an online source of housing information, valued the house at $240,759 at the time of our interview, or half of what she had spent. Elizabeth sacrificed for the sake of the house: for thirteen years, she delayed visiting Ghana in order to pay the mortgage. What bothered her about the foreclosure was the money put into the house, with nothing to show for her efforts.

For most Americans, home ownership is a key symbol of the American Dream. Furthermore, their home is their major asset and form of wealth. Americans expect houses will appreciate in value and provide a nest egg for retirement and other needs. Because of the centrality of home ownership to stable, middle-class adulthood in the United States, the federal government supports home ownership, particularly for whites, through publicly-backed loans (Freddie Mae and Mac). Although home ownership may result in middle-class status, home ownership among the African care workers I knew was often a source of wealth extraction, as it was for Elizabeth.

Home ownership does not reward African-Americans as it does white Americans. Although all houses lost value in 2007-2008, leading to the financial crash of 2008, the housing market in general regained its vigor by 2016. But not in African-American neighborhoods. A Washington Post analysis of the Atlanta area and an analysis by Knight Ridder of the 300 largest metropolitan areas found that housing values recovered less from the housing market crash in zip codes where African-Americans were the largest group (Badger 2016). The zip code of Elizabeth’s mainly African-American middle-class neighborhood suffered twice as many foreclosures as the United States as a whole (6.5 foreclosures per 10,000 homes compared to 3.2,
reported the real estate website Zillow). Even upper-middle-class African-Americans who bought large homes in suburban neighborhoods around Atlanta saw their homes decrease in value, so that they ended up paying more on their mortgages than the worth of the house (Badger 2016). Like Elizabeth, African-Americans may feel they end up with nothing. Houses are a mechanism for making a self, and attaining a sense of self-worth, but because inequalities of race and class are instantiated through houses, some kinds of selves are at risk of degradation and some kinds of social persons vulnerable to downward mobility.

Why does owning a house result in wealth depletion rather than wealth creation for African-Americans and Ghanaian migrants who look like them? Some of the reasons reflect continued discrimination in the housing industry, with African-Americans targeted for predatory lending during the housing bubble, making them more vulnerable to foreclosure, which also affects the value of neighboring houses. Furthermore, African-American neighborhoods are less attractive to white buyers, leading to fewer potential buyers and less price competition. These processes speak to systemic racism, less visible than the racial insults and deliberate humiliations which Ghanaian care workers experienced at work (Author).

Finally, mortgages may make sense for those in occupations with a steady monthly income and salary increases for seniority and experience, but not for the increasingly common conditions of income volatility among American workers (Hacker 2006). In home care, experience and seniority do not matter. Periods of unemployment and under-employment characterize the temporal rhythm of home care, making home care workers chronically anxious about their work. Thus, Elizabeth said that she had fallen behind on mortgage payments during a period of unemployment. She is not the only care worker I met with housing troubles: for many years, a foreclosure loomed over Millicent on a much smaller and cheaper townhouse, estimated
by Zillow to be worth $100,000 less than what she had paid in 2005. The foreclosure finally happened in December 2017, in the middle of a live-in job which she could not leave. Millicent had also built a house in Ghana, impressive to me, but one that her family considered small, commenting it was on a half plot of land, rather than a standard full plot. For both Elizabeth and Millicent, marital conflicts compounded their financial difficulties when their husbands refused to pay their share of the mortgage.

For Elizabeth, the loss of her house after more than a decade of sacrifices on its behalf signaled her lack of acceptance in the United States: she could not establish a home here. Elizabeth told me that sometimes, she just shuts the door to her room in her patient’s residence and cries. Because when Americans go to Ghana, they are welcomed as “sisters and brothers” lost through the slave trade. But when Africans come to the United States, “we are not accepted.” She sounded a little choked up saying this to me.

She could not afford to live in the United States if she stopped working. As a result, she thought she would return to Ghana soon. Her Social Security based on forty years of low wages would not stretch very far in the United States; it would not cover the cost of housing and other necessities. Reflecting on her life, Elizabeth felt, “The arrangement is that when you are old, they leave you with nothing. Now that I am retiring, they are attacking your little money... There is not enough money. Here you cannot make it. You would be compelled to go and work again. Your health is gone. You have broken your back, your wrist, and your shoulder.” Her words made me think that what was broken was her heart, or at least her sense of hope.

Elizabeth saw me out with several loaves of bread she had baked. She would be okay, she reassured me. Two “surrogate daughters,” including Deborah, would help her pack up the house soon, in preparation for the upcoming foreclosure, although she wished she had more time to do
so. Soon she planned to go to Ghana, to retire, where she had built a house in her hometown, the capital Accra. Because Accra was her hometown, she was able to get access to land relatively easily and cheaply in comparison to other Ghanaians. Her son, in his thirties, and his wife and children would stay in the United States; Elizabeth had divorced her husband for infidelity some years before.

Deborah informed me Elizabeth returned to Ghana seven months later in September 2016, and I visited her a few months later in December 2016. Although Elizabeth continued to struggle with her diabetes and other health conditions, I was overjoyed to see her happy, relaxing and cooking in the shade of the mango tree in the large yard of her house, where she lived with her nephew, his wife, and their affectionate toddler who was devoted to Elizabeth and on whom she doted. She compared aging in Ghana positively to the United States, idealizing Ghana in comparison to the disappointments of the United States: “Here [in Ghana], people take care of you,” referring to her nephew and his wife. She lived on her Social Security payments and was experimenting with making bread for sale, distributing it for free among her congregation as initial advertising. Income-generating strategies were common among older Ghanaians, at different social class levels, including middle-class individuals. Furthermore, the fact that Social Security can be accessed from other countries means that her social class status can be different in the United States than in Ghana, where the monthly income can go further. As for her house in the United States, the bank’s seizure was imminent. Half a million dollars put into it and she would receive only $3,000 from its sale. Even that she struggled to wrest from the bank, made more complicated by the fact that she was in Ghana. “American Dream!” she said scornfully. She said that, most unfairly, one ends up in the nursing home. Here in Ghana, in contrast, she would grow old by enjoying the fruits of her many years of work, under her mango tree. It was
only in Ghana that she was able to obtain a middle-class, comfortable old age. Thus, she reified Ghana and the United States as completely different, but such an opportunity to live a good life in Ghana was dependent, in part, on her migration. For example, her Social Security payments, which allowed her to live a better life in Ghana than she would in the United States, were dependent on her years of working abroad. And by the fall of 2018, finding it difficult to make ends meet in Ghana, she was back in the United States to work some more, despite her precarious health.

Conclusion

Although social class is often considered a relatively stable identity, across the life course and across contexts, the study of transnational migration means we have to take seriously that social class might vary across specific contexts—and that context might be the nation-state or a workplace. Migrants are likely to experience a status paradox, in which they have different social class status in different contexts and thus across their life course. Migrants’ social class status is fragmented by the different contexts in which they live and work, and their class-making projects make them highly attuned to those differences. We need to attend to migrants’ differentiated experiences of social class.

Furthermore, migrants use those experiences to emotionally shape their social class projects and performances over time and across different contexts. Increasingly, scholars recognize the significance of emotions in migration (Boehm and Swank 2011), with such work focusing primarily on transnational family life (Author; Boehm 2012; Yarris 2017). However, we also need to pay attention to the emotions which pertain to class-making projects, as migrants assess their chances of social mobility in different locales. Houses are instantiations of these
choices because of their significance in social class performances in Ghana and the United States. They are infused with emotion, becoming the location of idealized selves and families. However, they are also deeply material, requiring investments of money and management over a long period of time. Their relative permanence, in comparison to ritual celebrations (see Feldman-Savelsberg and Pauli in the special issue), make them ideal for the stabilization and maintenance of social class, but they can be vehicles of wealth extraction as well as wealth creation, resulting in upward or downward mobility. Thus, money and emotions are conjoined (Zelizer 2005), and we should look at both in class projects. Social class-making, whether through migration or otherwise, is a project which deeply engages the emotions.

As shown in this paper, migrants can try to offset their low-class status in one context by their higher class status in another, using transnationalism to mitigate a humiliating class status in one place. Many migrants accomplish the status of a built house in Ghana, given enough time abroad, but only a few are able to afford a house in the United States, which depends on a strong and stable U.S. economy, a stable personal life (particularly in terms of a supportive marriage), and continued employment. An economic recession, marital conflicts, a health crisis, or a period of unemployment can undo years of hard work, and a house can be lost to foreclosure. While a house being built in Ghana can be placed on hold if one experiences difficulties, a bank mortgage requires a stable income. Thus, in many ways, a house in Ghana is more possible than a house in the United States, meaning that home care workers can only attain a middle-class status in Ghana. At the same time, home care workers are not always successful in building a house in Ghana because Ghana and the United States are linked transnationally—linked unevenly, but linked nonetheless, in that the low-wage occupation makes it more challenging to attain a middle-class identity in Ghana. We see neither national class hierarchies nor an emergent
global class hierarchy making sense of their experiences and emotions. Instead, both are operating in complex ways in migrants’ class projects. Thus, within contemporary global capitalism, we need to account for the complexity and fragmentation of social class, and how migration and return migration by which migrants link, disconnect, and reify national class hierarchies.
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Endnotes

1This finding is supported by wider survey data: Ten percent of those born in Ghana who were surveyed by the 2006-2008 American Community Survey worked in the healthcare industry in general, and another eight percent worked in the single occupational category, as defined by the Bureau of Labor Statistics, of “nursing, psychiatric, and home health aides” (American Community Survey 2006-2008, my analysis).

2Land prices in urban areas in Ghana have increased exponentially, between 460-1300% between 1995 and 2005 (World Bank 2015).

3Tipple et al (1999) find that the median length of time to construct a house in Kumasi varies between 28 and 54 months, with a range of 15 to 82 months.

4Even in Newark, one of the cheaper places to live in northern New Jersey, although it is possible to buy a foreclosed apartment or house for $50-60,000, the average home price was around $200,000 (Zillow 2015a, 2015b). In the rest of Essex County in 2014, the average home price was $485,000 (State of New Jersey 2014).

5 In contrast, Showers (2013) interviewed West African nurses from more privileged and educated backgrounds. They tended to achieve the American Dream, living in large houses in suburban developments and making six-figure incomes, mainly by working long hours.
References


