

Filial Piety Obligations and the Lived Experience of
Korean Female Caregivers of Aging Parents-in-Law in Canada

by

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Abstract

This study examines, through a narrative phenomenological framework, the experiences of Korean female caregivers in Canada, and the ways in which filial piety obligations affect their quality of life. The existing literature is scarce on information about caregiving by Korean females in both North America and Canada. Further, caregiving issues regarding caregiving stress have mostly investigated the medical aspects. It is crucial, therefore, to investigate and understand the social aspects of the caregiving experience. Korean daughters-in-law (DILs), who lived with their aging parents-in-law (PILs) in environments profoundly rooted in Confucian values, experienced conflicts with their parents/mothers-in-law. A number of caregiving hardships were identified and categorized according to the following two themes: cultural obligations and direct caregiving practices. Some DILs' caregiving hardships were heavier when they moved to Canada and adopted a new culture. The findings of this study show that the caregiving practices of these Korean female caregivers in Canada are changing as the DILs have been influenced by their new environment, but the findings also demonstrate that the DILs are still strongly affected by the traditional cultural values in which they were raised. This study investigated their attitudes and behaviours of these women in their caregiving roles by employing a qualitative research design. As little research has been done on immigrant women's caregiving experience, this study provides an important contribution by examining the lived experience of immigrant women as it is affected by the traditional cultural value of filial piety.

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Dedication

Dedicated with love and devotion to my husband, Won Jae Song, and to our wonderful children, Brian and Amy

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Chapter 1

“Life expectancy has improved dramatically over the past century” in Canada (Lawson & Normandin, 2011, para. Canadian Life Expectancy; Pope, Kolomer, & Glass, 2012). Women’s life expectancy at birth in Canada was 60.6 years in 1920-1922 and increased to 83.0 years in 2005-2007, while men’s was 58.8 years and increased to 78.3 years in the same period. For women, there was a 22.4 year increase and for men, a 19.5 year increase (Lawson & Normandin, 2011, para. Canadian Life Expectancy). As in Canada, the aging population in Korea is also rapidly growing. Statistics Korea (2014) notes that Korea’s population was estimated at 50,424,000 in 2014. While people aged 65 or more occupied 5.1 % (2,195,000) of the total population in 1990, this increased to 12.7 % (6,386,000) of the total population in 2014. “The life expectancy at birth of males increased by 15.4 years from 61.8 years in 1980 to 77.2 years in Korea in 2010. The life expectancy at birth of females increased by 14. 1 years from 70.0 years in 1980 to 84.1 years in 2010” (Statistics Korea, 2012, para. 4. Increasing life expectancy).

As life expectancy increases, caregiving demands also increase because older adults who have health problems, such as chronic illness or disease, need more assistance (Caron & Bowers, 2003; Choi, 1996; Park, Butcher, & Maas, 2004; Pope et al., 2012). Based on this view of increasing caregiving demand, Canadian health care consumption may last longer than before (Andrews, 2007). On the one hand, “the demanding level of care needed for people with dementia is leading families in South Korea to place some family members with dementia in long-term care facilities” (Park et al., 2004, p. 345). On the other hand, even with the increase of such formal health care services, caregiving to

older adults is mostly provided by family members (Caron & Bowers, 2003).

“[P]roviding care to an aging family member has significant consequences for caregivers” (Caron & Bowers, 2003, p. 1253).

In many Asian countries, it is not difficult to find adult children caring for older adults. It is also common to see married adult children living with their older parents because they value filial piety, which stems from Confucianism (Choi, 1996; Hong & Keith, 1992; Kim, 2000, 2001; Kwon & Tae, 2014; Sung, 1990, 2000). The value of filial piety is profound in Korea, so its citizens believe children should respect their parents and provide good care for their parents (Hong & Keith, 1992; Sung, 1990) because the parents rear children with endless love. Koreans believe children should honour (Sung, 1990) and obey (Choi, 1996) their parents although children have different perspectives and often do not even agree with their parents’ opinions. This value is not limited to one’s own parents and goes further to include all older adults (Choi, 1996).

In Korea and other Asian countries, such as China, the Philippines (Choi, 1996) and Japan (Yamamoto-Mitani & Wallhagen, 2002), caring for aged parents is the duty of the eldest sons and their wives (Choi, 1996). In the traditional Korean society, while men work out of the home as breadwinners, women often take responsibility to care for all family members including parents, PILs and their extended family members. Further, the majority of adult children often maintain the filial piety obligation for their parents.

Cultural Context of Korean Caregiving Study

Previous caregiving literature has reported that Korean society has traditionally expected DILs to take on caregiving roles for their frail PILs (Kim, 2000, 2001; Lee &

Sung, 1997). For centuries, DILs in Korea have been forced by social norms to give care including, but not limited to, emotional and financial support (Kim, 2000; Kim & Lee, 2003; Sung, 2000; Youn, 1998), but research suggests that they have generally accepted caregiving roles (Kim, 2000, 2001; Sung, 2000) because they may believe that caregiving is women's destiny. Furthermore, as seen in much literature, primary caregivers are almost all women, who are daughters, sisters and DILs (Berg & Woods, 2009; Brodaty & Donkin, 2009). In Korea, "[There are] . . . DILs who constitute 80% of primary caregivers . . . who provide most of [the social support], including emotional support, even while living distant from their elderly in-laws" (Sung, 2000, p. 44). Another body of literature shows that "[t]he most frequent Korean informal caregivers [are] a spouse (46%), daughters-in-law (31%), daughters (8%), and others (15%)" (J. Lee, 2005, p. 1). Informal caregivers refer to "those who provide care or assistance without pay to people who are ill or need help with personal activities of daily living" (Berg & Woods, 2009, p. 376).

As mentioned earlier, most women in Korea believe that caregiving based on filial caregiving piety should be their work. However, after being industrialized and modernized, Korean society has changed (Choi, 1996). Many people, especially younger generations in rural areas, left their hometown to go to cities and look for employment (Choi, 1996). Women at home began to participate in the labour market and family structures began to break down to a smaller size (Chang, 2010; Choi, 1996; Kim, 2000; Kwon & Tae, 2014; Min, 2001; Sung, 1994).

As more women took on economic roles (Min, 2001), they began to speak out about their rights. They found that women's work was usually not recognized by society as commonly as men's. Income inequality was one example. The women began to feel that men and women were not treated equally. Since Korean society adopted a liberal ideology, which resulted in the society becoming industrialized and urbanized (Choi, 1996; Sung, 1994) and people getting on economic treadmills, people have thought that filial piety obligation in Korea also changed (Hong & Keith, 1992; Hong & Son, 2007; Sung, 1990). Further, most women frequently go against the belief that caregiving should be the woman's role (Choi, 1996).

With such societal changes, women in Korea, especially DILs have experienced a lot of conflict and stress between conventional expectations of caregiver roles and their own private lives as women (Kang et al., 1999; Kim, 2000, 2001). They also experienced negative effects of caregiving (Braun et al., 2009; Casado & Sacco, 2012; Eppers, Goodall, & Harrison, 2008). Kim and Knight (2008) have asserted that a lower level of physical health was an unfavorable effect of the caregiving experience and Chun et al., (2007) have found that Korean-American caregivers suffered from symptoms of depression and anxiety. Indeed, Korean women have been influenced by the industrialization and modernization in Korea in many ways, both positive and negative.

A few studies (Kim & Knight, 2008; Youn, Knight, Jeong, & Benton, 1999) found that Korean Americans have also experienced stress related health concerns. In general, women are at risk of poor health, especially caregivers who are caring for people with dementia (Brodaty & Donkin, 2009; Jeon, Brodaty, & Chesterson, 2005). Sawatzky

and Fowler-Kerry (2003) note that “the burden of care often falls disproportionately on mothers, wives and/or daughters who are unofficial caregivers. Physical effort, combined with lack of support, medical knowledge and sleep, can often place the health of caregivers at risk” (p. 277). DILs are the highest risk group (Ingersoll-Dayton, Starrels, & Dowler, 1996). Although caregiver burden is well studied in the general population, “research on the burden experienced by members of ethnic minority groups is limited and provides inconclusive evidence regarding differential effects of factors associated with caregiver burden in this population” (Casado & Sacco, 2012, p. 331).

Although the majority of studies of caregiver burden focus on the negative effects of the caregiving experience, as a Korean proverb says; if there is an uphill, there should be a downhill (AL lab., 2001, Han’gŭl: 오르막이 있으면 내리막이 있다.), there is also a positive aspect of the caregiving experience. Depending on a subject, they experience caregiving either negatively or positively (Hodge & Sun, 2012). However, the current literature on the positive aspects for Korean caregivers is limited. The positive experience of caregiving may be gained when caregivers perceive that caregiving for someone is healthful work, when they have strengths and view caregiving through a positive lens (Hodge & Sun, 2012).

For Korean families, the familism and emotional distress of Koreans and Korean-Americans are at a higher level than for White-American dementia caregivers (Youn et al., 1999). Familism refers to “a term coined in the 1940s to denote the normative commitment of family members to family and family relationships” (Luna et al., 1996, p. 269). As insiders, family members believe that they should have a commitment to family

activities, and their achievements should be used for their whole families because family members belong to the family (Luna et al., 1996). “The core value of Familism is maintenance of the integrity of household relations, in which the interdependent relationship between parents and children assumes the top priority” (Sung, 1994, p. 205). “[F]amilism may [also] relate more to [filial piety] obligation than perceiving caregiving positively” (Chun et al., 2007, p. 21).

On the other hand, feminists are against people’s belief that familism is a “normal” (Mullaly, 2007, p. 162), or “ideal” (Mullaly, 2007, p. 162) family role that sets women as bread makers and men as breadwinners. This belief asserts that a man, as the main breadwinner, contributes to the family in ways that mean earning higher salaries than women, while his wife contributes her roles as mother, caregiver and housewife. Feminists disagree with the belief that women’s work is not as valuable as that of men.

As seen earlier, industrialization in Korea have provoked many changes to the society (Chang, 2010; Choi, 1996; Min, 2001; Sung, 1994). Prominent changes are that more women are getting into the free economic market, family structures are becoming smaller in size (Chang, 2010), and people have less responsibility for caregiving.

Although this has changed (Chang, 2010; Hong & Keith, 1992; Hong & Son, 2007; Park et al., 2004), filial piety is still a strong component value that is an altar in Korean minds (Choi, 1996; S. Lee, 2005). Having less of an obligation to care for older parents and adults has become common (Choi, 1996; Park et al., 2004). Academia points out that there is a growing belief that people should think about this issue in Korea (Choi, 1996). Older adults experience reduced decision making ability and unclear or undefined roles in

the extended family due to the shrinkage of the family unit and living independently from younger generations. In addition, older adults have faced competition with younger and more educated youth, and become obsolete in the workforce where new technology has been adopted. They are often forced into retirement as a result of their own longevity (Choi, 1996; Hong & Keith, 1992; Park et al., 2004). These social issues appeared when the Korean economy developed significantly (Hong & Keith, 1992) in a short period of time (Chang, 2010). Such changes in Korea since the early 1970s resulted from the consequences of modernization that were driven by Western culture (Choi, 1996).

Researcher's Social Location and Declaration of Assumptions

This study began to explore Korean female caregivers' experiences by actively listening to them without biases. Before moving on to the statement of problem and purpose of this study, as a researcher, I introduce my social location as a researcher here first. This introduction may help clarify any biases which could be generated due to my own family situation. The social location represents "a person's affiliation or categorization within webs of oppression and privilege [that] include race, age, gender, sexual orientation, class, religion and so forth" (Baines, 2007, p. 24). In other words, I will expose who I am to the readers: which social class or category I belong to, what I have done during my life, and why this background influences me to have more or less power when associating with other individuals or groups.

I came to Canada with my own family a decade ago to have better opportunities. On my educational background, I have two bachelor degrees: Fine Arts in Korea and Social Work in Canada. After completing the Social Work program, I am pursuing a

master's degree. I am the oldest DIL in my spouse's family in which Confucian, Buddhist, and Shamanist beliefs are strongly embedded. I am also the oldest daughter for my parents, and playing this role for my mother is big even though I am married. I have one brother. I also grew up in a Confucian and Buddhist family.

I do not believe in God, but I believe that there are spirits that are superior and organize the world. I like nature. I have a heterosexual orientation and I strongly relate to being a woman. As an immigrant and a visible minority, I believe my own family belongs to a lower-middle or low class. My age is a year less than fifty. I, who have experience in the Canadian public educational system, understand that I have been influenced by the Canadian culture, which is based on individualism, and have become more assertive, independent and active as a woman than I would have if I had remained in Korea. In regard to the filial piety obligation, I also assume that attitudes and behaviours of other Korean female caregivers might be shaped by the Canadian cultural belief of much "low[er] automatic respect" (Sung, 1994, p. 199) than Koreans have.

As an oldest DIL, I know that women, especially oldest DILs in Korea are consistently demanded to provide care to older parents due to Korean cultural filial norms. My PILs strongly believe that the oldest son's family must live very close to their parents and they always ask me when my family will come back to Korea. I feel guilty because I am living in Canada against my PILs' wishes and cannot provide caregiving to them.

Statement of Problem and Purpose of This Study

The caregiving study originally began from two fundamental questions: How do Korean female caregivers in Canada respond to the Korean traditional filial piety obligation? If Korean female caregivers in Canada feel a lesser or greater obligation of filial piety, what factors are their attitudes and behaviours influenced by? “[T]he majority of caregiver research studies focused on the psychological outcomes of stress and burden within Caucasian middle-class women living in urban settings in the United States and caring for family members with dementia” (J. Lee, 2005, p. 1), although “[n]umerous studies had been conducted on the family caregiving [topic]” (J. Lee, 2005, p. 1).

In Canada, it is assumed that Korean adults aged 65 and over, come to Canada and live with children who are their primary caregivers. These older immigrants are most likely to rely on their children financially and emotionally. They have found living in Canada challenging because they do not feel they belong to the new country, feel they are discriminated against, experience high language impediments, and find no appropriate resources that can help them meet their needs (Chang, 2016; Kim, 2010). They tend to bring and follow Korean customs and values that are based on Confucian principles (e.g., teaching children to listen to parents without questions), with them to Canada.

In addition, DILs may be busy juggling their filial piety obligation as a DIL, and working outside the home with their husbands (e. g., running corner stores or family restaurants). The DILs also seem to take responsibility to care for their PILs by living in the same house or close to the PILs in Canada. Some of them seem to have free lifestyles (Choi, 1996; Kim, 2000; Kwon & Tae, 2014); however, in general, they struggle with the

challenges of finding work and opening businesses and raising children. For example their often children struggle with their studies because of the language barrier).

It is also assumed that Korean DILs in Canada may or may not often get stressed from fulfilling filial piety obligations for their PILs. The filial piety value that Korean DILs learned in Korea may change after immigration. However, little research has been done on immigrant women's caregiving experience (Casado & Sacco, 2012). I found information about caregiving by Korean females in North America, in Canada in particular, was limited, and most studies of caregiving stress have investigated medical or nursing aspects (Chun et al., 2007; Hong & Keith, 1992; Kao & McHugh, 2004). In particular, almost none of the literature focuses on issues related to Korean-Canadian caregiving.

The purpose of this study is to examine the lived experience of Korean female caregivers of their aging PILs in Canada and to help them attain quality lives. Based on the purpose, the main research questions dealt with: What have Korean female caregivers experienced in Canada regarding caregiving of PILs? How have their lives been affected by filial piety obligation? How have they been influenced by the Canadian culture and environment? How do they deal with caregiving? To answer these questions, this study utilizes a qualitative research design and conducted face-to-face, in-depth interviews with Korean women caregivers. Volunteers who were interested in being involved in this study were, recruited and interviewed by selected respondents.

Significance of This Study

The significance of this study is two-fold. The first is related to the investigation of how Korean women in Canada experience their caregiving and manage their lives as women because their quality of lives are also important. One study says that “[t]he old parents who were served tended to be female (66%); 65 years or older (78%); widows (66%); members of the caregiver’s family (93%), and tended to have health and social problems” (Sung, 1994, p. 198). In general, women work at home as well as outside of the home at the same time. The prevailing pressure of filial piety obligation for DILs (S. Lee, 2005) in the Korean society in both Korea and Canada has caused women to experience frequent stress (Choi, 1996; Sung, 1994). Every woman has a right to make themselves better and enjoy themselves without oppression by social and cultural norms.

Secondly, it is significant that the ethnic population is increasing in our society, so it is important to understand the circumstances of female caregivers in immigrant Korean society. Almost none of the literature concentrates on Korean immigrants and Korean Canadians’ experiences on issues of caregiving through Korean’s views. I believe that getting some findings from this study would be useful for my community and other ethnic communities.

While the majority of previous research on caregiving has focused on quantitative research that is usually related to medical aspects of aging in the United States (Chun et al., 2007; Hong & Keith, 1992; Kao & McHugh, 2004; Kim & Lee, 2003; Kim & Theis, 2000; Park, 2012; Park et al., 2004), this study focused on investigating Korean women in the Canadian context with a qualitative design. This study gathered reports of

caregiving experiences from Korean women. One study says that over 70% of Korean families live in the same residence, where conflicts are usually generated between DILs and MILs across generations in Korea (Choi, 1996; Sung, 1994). Co-residence was one of the findings in this study.

Furthermore, there is evidence that Korean caregivers do not use resources and formal services formed for Koreans due to lack of English language proficiency in the United States of America (Casado & Sacco, 2012). In Canada, how many immigrant or visible minority families, especially Korean women and older adults, use these agencies are still in question (Chang, 2016) even though formal service organizations, such as Age and Opportunity (A & O, n. d), Aurora Family Therapy Centre (n. d), and NorWest Co-op Community Health (n. d.) provide useful programs and services in our society. In addition, in the U.S.A, a number of immigrant Koreans experience big changes (Chang, 2016) in their lives. The big changes include “poverty, identity crisis, social stigma, and discrimination (Chang, 2016; Kim, 2010) and marital conflicts and instability in their marriage (Min, 2001).

The author, Min (2001) asserts,

[I]mmigrant groups encounter differential levels of discrepancy between gender role behavior and attitudes because they differ both in the level of the patriarchal ideology brought from their home country and the degree of preserving it in the United States. Koreans . . . experience a high level of discrepancy between women’s increased economic role and persistence of traditional gender role attitudes. (p. 303)

Thus, this study is crucial in the examination of the phenomenon of female caregiver's lives in Canada. Little research has been conducted on this matter yet, this study would be helpful for those who are interested in investigating immigrant women's issues regarding their quality of living and psychological and social well-being.

In summary, as the majority of primary caregivers, women frequently provide care for family members (Berg & Woods, 2009; Brodaty & Donkin, 2009; Choi, 1996; Kim, 2000, 2001; Kwon & Tae, 2014; Sung, 2000). While women need to find appropriate formal government services (Casado & Sacco, 2012), setting up strategies and providing appropriate services for women is important so that women's needs can be met. Even if there is a question about whether or not the formal services are being used, especially by Korean older adults or women in Canada, the importance of using the formal services needs to be emphasized because it is assumed that there are some Koreans who are at a medium to high risk of family problems. The government, therefore, needs to develop strategies depending on ethnic group needs and tailor their approach to each group. For Korean families, if their highest priorities (e.g., in general, Korean families tend to prioritize setting up their business after immigration because they immigrated to Canada using the provincial nominee program.) are not met, DILs' conflicts from the issues of caregiving may worsen.

This study would be beneficial for social work professionals who assess the needs of older Koreans and similar cultures where filial piety is stressed. They may see what older Korean immigrants face in our society. In addition, Korean women who

participated in this study may get useful information (e.g., learning of formal services) from this study.

Declaration to Focus on Research

As a researcher in the social work master's program, I committed to my study to research and examine the lived experience of filial piety obligation for Korean female caregivers in Canada. A narrative approach that helps people to structure their stories by "re-telling, re-storing, and re-living" (Cheung, 1999, p. 6) was helpful to examine the respondents' present challenges such as domestic violence, poverty, abuse, etc. that might not have easily been exposed in interviews. Throughout the interviews, I had a chance to recognize what challenges Korean women had experienced and faced currently. I assumed that the respondents would vent their emotions while they were sharing their experiences with me.

Expected Risks and Benefits, and Approval from Ethics Board

This study may contain potential risks and benefits for the respondents as follows:

Risks

- emotional distress from recalling their past experiences which may affect present caregiving performance.
- emotional symptoms: frustration or happiness with the caregiving experience
- fear of unexpected exposure of elder abuse (e.g., mistreating or neglecting their aging PILs)
- behaviour symptoms (e.g., avoidance)

- revelation of personal characteristics and/or private family history

Along with these risks, there might be a potential challenge with this study. The sample cannot represent all Korean women in Canada even though they live in the same nation because caregiving issues would be different for each individual. The findings, therefore, cannot be generalized for all women's challenges around the world. In other words, individual personal experiences of caregiving will be unique.

Benefits

There was the perception that the respondents would get some benefits from participating in this study.

- getting relief from their caregiver's burdens temporarily by telling their experiences to the researcher
- looking back on their habitual attitudes and behaviours towards their parents or PILs
- learning about some resources that the respondents may not have used before
- being familiar with utilizing community resources

This study was approved by the Psychology/Sociology Research Ethics Board which is responsible for the protection of human subjects in the social work research process at the University of Manitoba. The ethical treatment of human respondents was respected by getting informed consent from the respondents when collecting the data samples for this study. The informed consent form indicated to the respondents that they could freely leave the interview at any time if they did not want to participate.

Summary of Chapter 1

As the aging population increases, older adults need caregiving services when they are ill or have health problems (Caron & Bowers, 2003; Choi, 1996; Park et al., 2004; Pope et al., 2012). In Asian countries including Korea, Japan, China, and the Philippines where the values of filial piety from Confucian principles is strong (Choi, 1996; Hong & Keith, 1992; Kim, 2000, 2001; Kwon & Tae, 2014; Sung, 1990, 2000), caregiving is frequently fulfilled by family members (Caron & Bowers, 2003). The Confucian principle teaches that children should respect their parents (Sung, 1990). It is common for the oldest sons and their wives provide care for older parents in these nations (Choi, 1996). On the caregiving issue, research shows that DILs are most likely to have a caregiving role for their frail PILs (Kim, 2000, 2001; Lee & Sung, 1997), and they experience emotional distress as a result of social norms that are expected by the Korean society (Kim, 2000; Sung, 2000; Youn, 1998).

However, Harris (1993) asserts that caregiving contribution by males is little known in the literature although 28 per cent of caregivers are men. In Korea, most women think that caregiving is their work and accept their roles (Choi, 1996). However, since Korea adopted industrialization, there have been changes in its society (Chang, 2010; Choi, 1996; Hong & Keith, 1992; Hong & Son, 2007; Min, 2001; Sung, 1994). Women's employment in the labour market increased, family structures shrank to a smaller size (Chang, 2010), and fewer people than before felt caregiving responsibility (Choi, 1996; Park et al., 2004).

The purpose of this study is to examine the lived experience of Korean female caregivers of their aging PILs in Canada and to help them attain quality lives. To accurately transfer the respondents' experience and avoid my own biases of caregiving, I declared to the readers that I am the oldest DIL in my husband's family and I am well aware of these societal changes in Korea. In regard to a significance of this study, the ethnic population is increasing in Canada; however, there is little research on examining caregiving hardships of immigrant women.

Chapter 2: Literature Review

In caregiving literature, numerous studies on the caregiving experience focus on informal caring that women have done (Pope et al., 2012). Women in Korea, especially DILs have been expected to care for aging PILs by traditional cultural and social norms (Choi, 1996; Kim, 2000, 2001; Lee & Sung, 1997; Youn, 1998). Women have often been socially expected to take responsibility for hands-on tasks for family members while their spouses earn money outside of the home, and in general, public programs for women are not sufficiently provided, and the personal well-being that women desire is not recognized in Korea (Choi, 1996; Kim, 2000, 2001; Lee & Sung, 1997; Youn, 1998).

Baines, Evans, and Neysmith (1998) point out that people in Western society also believe caregiving is women's work. People in Korea not only recognize caregiving as "women's work", but they are also unlikely to admit women's work is valuable (Baines et al., 1998). Korean caregivers in Canada may experience filial piety differently in their caregiving practices in Canada because cultural differences may affect their lives. Their attitudes of filial piety obligation that they learned in Korea about how to respect their PILs might change in Canada. In this literature review chapter, this study takes a look at how Korean DILs in Canada experience filial piety obligation through a feminist theoretical perspective.

To help understand caregiving situations in Korea, this chapter utilizes the following three sections. The first section is about what the nature of caregiving is in North America and Korea. The second section about Korean culture includes cultural norms: the filial piety obligation, understanding conflicts between DILs and PILs,

reasons to care for aging PILs in Korea, the effect of caregiving both in Korea (Choi, 1996; Sung, 1994) and North America, and community resources. Last, theoretical feminist literature will be reviewed to identify how caregiving works for women, and how these women are affected by the patriarchal society in regard to caregiving.

Nature of Caregiving

In the United States of America and Canada

Most family caregiving research has focused on Western cultures. Family caregiving literature regarding filial piety obligation within the context of North America is limited. Information about the male caregiving role is also limited in the caregiving literature. Nevertheless, the brief overview of literature in the next few paragraphs illustrates family caregivers of older people in North America except Mexico, and Korea. Further, male caregiving roles are introduced in the next paragraphs. Therefore, it is worthwhile to review both negative and positive aspects of caregiving experience here.

In the United States (U. S.), “[f]orty-four percent of informal caregiving is provided by children caring for aging parents or PILs” (Pope et al., 2012, p. 242). When older adults are chronically ill and/or functionally disabled, informal caregivers assist them to maximize their functioning and independence (Pope et al., 2012) by providing activities of daily living (ADL) and instrumental activities of daily living (IADL) (Choi, 1996; Pope et al., 2012). “ADLs include self-care tasks such as bathing/showering, bowel and bladder management, dressing/undressing, eating (or swallowing), feeding, functional mobility . . . sexual activity, toilet hygiene, and the care of personal devices . . .” (Foti & Koketsu, 2013, p. 159). IADLs require a higher level of skills than

the ADLs' basic skills. The IADL tasks include “communication management such as use of telephones; use of personal digital assistants and computers; community mobility such as driving and use of public transportation; and financial management, such as of cash and [cheque] writing . . .” (Foti & Koketsu, 2013, p. 159).

Caregiving literature reports that about 33 per cent of caregivers are men while women are recognized as most of the caregivers in the U.S. “Although most caregivers in the U.S. are in their mid-40s, approximately 30% of caregivers are between 50 and 65 years old” (Pope et al., 2012, p. 244). In the previous chapter, Harris (1993) reported that “Twenty-eight percent of caregivers to the elderly are male” (p. 551).

In Canada, one of the nations that faces demographic shifts, “an estimated 3.8 million Canadians who were aged 45 or older (35%) were providing informal care to a senior with a short- or long-term health condition” (Turner & Findlay, 2015). These caregivers often consist of both family and friends. The caregivers have vital roles and assist their family members or friends who are in need of support because they have cognitive, mental and physical healthcare conditions (Turner & Findlay, 2015; VONC, 2008). In the literature, as already mentioned in the introduction to this study (Brodaty & Donkin, 2009; Choi, 1996; Kim, 2000, 2001; J. Lee, 2005; Lee & Sung, 1997; Sung, 2000; Youn, 1998), wives, daughters, DILs, sisters and grandmothers are highlighted as the majority of caregivers (Sheehan & Donorfio, 1999) and spouses are the largest group to give care, followed by adult children and adult children-in-law (Brodaty & Donkin, 2009).

On the other hand, the male caregiving role is little recognized in the literature. Over the last 30 years, a family's primary source of caregiving for older people has been family (Harris, 1993), and women's caregiving contribution to their family members has been well known (Berg & Woods, 2009; Brodaty & Donkin, 2009; Choi, 1996; J. Lee, 2005; S. Lee, 2005; Pope et al., 2012). Male caregiving has not been well documented. However, caregiving by husbands has shown up in the gerontological quantitative literature. "Twenty-eight percent of caregivers to the elderly are male, of which the majority . . . are husbands" (Harris, 1993, p. 551). According to Harris (1993), "men fare better emotionally than women [on caregiving]: they have been reported as having lower caregiver burden" (p. 551).

One study says that informal caregivers often experience caregiver burden (Brodaty & Donkin, 2009) because the informal caregivers generally adopt demands of caregiving as a life style, and isolate themselves from outside the home. This may mean that they are forced to be at home due to caregiving for their loved one (Graham, 1983). "Caregivers' sense of burden may lead to emotional distress . . . poor health, and decreased quality of life . . ." (Casado & Sacco, 2012, p. 331).

Brodaty and Donkin (2009) note that caregivers' burdens are generated when caregivers are caught by their caregiving roles. Women who care for family members with dementia frequently feel burdened and have negative effects, such as poorer health in comparison with non-caregivers (Braun et al., 2009; Eppers et al., 2008; Jeon et al., 2005). Caregiving literature shows that caregivers usually experience stress in relation to levels of family support, the nature of the illness, and family conflicts (Brodaty &

Donkin, 2009), but also it can be triggered by care receivers' conditions (Etters et al., 2008). For example, when care receivers' cognitive impairment increases, caregivers feel that they are less adaptable (Etters et al., 2008).

Although there have been numerous reports regarding negative caregiving experiences, reports about the positive dimensions of caregiving are increasing as well (Berg & Woods, 2009; Sheehan & Donorfio, 1999). In the literature, positive caregiving experiences of aging parents are related to personal satisfaction, "rewards, [and] uplifts, increasing sense of mastery, a sense of purpose or social" (Sheehan & Donorfio, 1999, p. 162). Depending on families, family members are satisfied with and have personal growth from caregiving (Berg & Woods, 2009). For example, Hodge and Sun (2012) investigate the association of stressor and religion, and find strong evidence that spirituality influences caregivers to experience their caregiving work as a positive one.

Research (Hodge & Sun, 2012) reveals that although Latino caregivers spend more hours for caregiving and encounter more challenges due to caregivers' behaviours, they have a positive experience of caregiving because they have distinctive cultural views. These views are interpreted differently from other caregivers' views, and it resulted in Latino women caregivers showing higher levels of positive caregiving experience than European American Women (Hodge & Sun, 2012). "These women often tend to have household help" (L. Taylor, personal communication, December 12, 2016). This result comes from the fact that Latino women believe religion is more important in their life, and they have more religious practices and prayer than European American

women (Hodge & Sun, 2012). This may mean that their spirituality can impact them positively.

In Korea

In the conventional Korean family, multiple generations lived together in the same household (Choi, 1996; Sung, 1994) before shifting industrialization in the early 1970s (Hong & Keith, 1992; Sung, 1994). Family relationships based on Confucianism were authoritative and hierarchical between older and younger members (Sung, 1994). Since the beginning of the 1970s, aging has appeared as a social problem in Korea for the first time. In the transformation of the nation as a result of industrialization, aging with the traditional value of filial piety was an actual barrier in developing its welfare policy (Sung, 1994).

Chang (2010) asserts that “the South Korean state contributed to the changes in family structures in a rather unexpected way [after modernization]: by not actively addressing them” (p. 617). The Korean government provided minimal welfare services when Korea was faced with the process of modernization, including the decline of the traditional households based on Confucian principles and the rise of a new form of “nuclear family” (Chang, 2010, p. 617). Downsizing into a nuclear family affects “a lack of intra-familial solidarity and morality” (Chang, 2010, p. 617).

When the aging population increased (Hong & Keith, 1992; Sung, 1994), the government of Korea was required to take responsibility itself, but the government did not have enough formal resources to provide appropriate services for older people (Sung, 1994). This situation increased the number of families giving care for older adults at

home. In addition, Korean families avoided using formal care because of the filial piety teaching from Confucianism (S. Lee, 2005; Sung, 1994).

Industrialization (Choi, 1996; Hong & Keith, 1992; Min, 2001; Sung, 1994) really impacted the economy, education, health technology, and urbanization (Choi, 1996), all of which clash with aging problems. Older adults were typically supported and cared for in the family system, and problems of aging affected older adults (Choi, 1996). Within a rapidly developing economy, older adults usually did not have the opportunity to earn money and good health care, or keep their role and have the feeling that they were really connected with their children or society (Choi, 1996). Relationships between older parents and children were strained.

When the society was transformed as a whole due to industrialization, younger generations in rural areas moved to urban areas to find factories which had generated income. Indeed, industrialization affected family structures and functions (Chang, 2010). Increasing life expectancy and an aging population helped change the mandatory retirement age from 65 to 60 (Choi, 1996; Hong & Keith, 1992). Older people were also left behind in rural areas as a result of the demographic changes of industrialization.

In 1990, 55 per cent of all elderly people lived in urban areas, while 45 per cent lived in rural areas. However, the proportion of the elderly population in rural areas (13.6 per cent) was more than twice the proportion of that in urban areas (5.6 per cent) (Choi, 1996, p. 5).

Family structure also shifted to a smaller size (Chang, 2010). This means that the conventional family pattern of co-residence in which “99.7 per cent of Koreans aged 65

and over are living with their families or alone in the community” (Choi, 1996, p. 5) was broken. Older adults began to live alone, and their married children chose to live apart from their old parents (Choi, 1996).

Although family structure shifted to a smaller size and older adults’ roles were diminished (Hong & Keith, 1992), the ethic of filial piety is still greatly embedded in Korean society (S. Lee, 2005). In a “patrilineal . . . family” (Choi, 1996, p. 3), older parents living with the oldest son is still common. Older parents are authoritative, and children frequently obey their parents (Sung, 1994). However, industrialization led to demographic changes including a population disparity (Sung, 1994) and economic disparity (Hong & Keith, 1992) between rural and urban areas, nuclear-family orientation, and older adults’ living separately from children; all of which caused family life to change. For example, a collectivist society adopted “individualism” and an individual was considered more important than the family as a whole (Choi, 1996).

Older adults experienced financial insecurity due to the challenges of reemployment (Choi, 1996). The eldest DILs mainly provide care for the older PILs at home because Korean society not only forbids using those who are not family members to take care of them (Choi, 1996), but is also ashamed when placing older parents in a nursing home (Park, 2012).

Furthermore, with older parents in the same household, conflict arises between MIL and DIL and becomes more prevalent in Korean families. Married children avoid following traditional values such as living together in the same household (Choi, 1996). “[a] son, particularly the eldest son, cares for his older parents, and his responsibility also

extends to his wife, the DIL, due to roles of the genders in Korea” (Kim, 2001, p. 401).

Commonly, the oldest DIL in the first son’s family is expected to take on more complicated tasks, such as ancestor worship. Lee (1984) notes that:

A direct lineal descendant, for example, must perform such [ritual services for ancestors] eight times a year on the death commemoration days of all ancestors from the fourth generation beyond his parents, in addition to four other yearly rituals conducted at seasonal holidays and several services conducted at the graveyard. (p. 199)

From my own experience with ancestor worship on the death commemoration days, I, as the oldest DIL on my husband’s side (AL lab, 2001, Han’gŭl: 작은집 큰며느리) should visit my father-in-law’s brother’s home (AL lab, 2001, Han’gŭl: 큰집) with my husband and FIL because my FIL’s brother is the oldest son for his parents and he is always responsible for conducting the ritual (AL lab, 2001, Han’gŭl: 기제사). The oldest son’s wife (AL lab, 2001, Han’gŭl: 큰어머님) is expected to prepare “Chesasang” (AL lab, 2001, Han’gŭl: 제사상), a table that is filled with much food for the worship, with her own DILs, and I usually arrive there just before starting the worship. Most food for the Chesasang is already pre-cooked by the DILs in the oldest son’s family (AL lab, 2001, Han’gŭl: 큰집 며느리), so I help them a little.

While women prepare a worship table in the kitchen, men generally do some work such as peeling chestnuts, dusting spoons and chopsticks and special dishes (AL lab, 2001, Han’gŭl: 제기) for the worship ritual, and preparing to invite the ancestor’s spirits to the worship. Then, men participate in the actual worship and bow towards the

ancestors in front of the table. Both my husband and I attend the worship. However, my husband and I are treated differently. My husband is considered as “a representative” of his father who is the second son for his parents while I am considered as “his wife” with kitchen chores for the worship.

Since a man has more power than a female in a family (Min, 2001), my husband can participate in the worship and bow to the dead ancestors. However, women seldom have a chance to bow to the dead ancestors in the worship service. Children who are boys also participate in the worship with their fathers while girls are away with their mothers. This divide is still very common during the holidays in my husband’s family.

In the previous literature, Sung (2000) notes that “[i]n Korea . . . children from an early age learn how to behave courteously and respectfully toward, teachers, and elders” (p.46). Children in Korea are educated and taught a conventional way of filial piety obligations by their family (Kim, 2001) from a very young age like in my husband’s family. They might learn women are not able to participate in worship service. A family may be a place to share such cultural norms with other family members very easily. Here is a quote that shows my experience supports the previous findings. Larsen, Chung, and Gupta, (1998) found the following:

The majority of Koreans are Christians or Buddhists, but Confucian ideas – such as those about the conduct of ancestor worship, carrying on the family line, and supporting elderly parents – also survive, and Koreans have upheld a pervasive son preference. It is interesting that the Confucian dogma is followed so closely in

the Korean society, despite extensive trade with the West since the mid-1950s, and a general exposure to western ideas. (p. 324)

Background of Filial Piety in Korea, and Two Aspects of Filial Obligation

Filial piety is a moral principle that stems from Confucian philosophy (Canda, 2013; S. Lee, 2005). “The Korean word for filial piety (효, Han’gŭl) is pronounced and Romanized as *hyo*. Hence, by making this an acronym, their motto is **h**armony of **y**oung and **o**ld” (Canda, 2013, p. 214). This *hyo* (AL lab, 2001, 효: Han’gŭl) originates from the Chinese character *xiao* (孝) that is “composed of two ideograms that depict an elder father above a son” (Canda, 2013, p. 214). In this statement, the elder father not only indicates the father, but it also indicates any older adults. The son indicates younger descendants or children. This *hyo* (효: Han’gŭl) includes both positive and negative implications.

In a positive interpretation, the father and/or older adults are respected and supported by the children and/or youths. However, in a negative implementation of the character (孝), people see older adults who stand above the children and press them down. This filial piety principle that shapes relationships between parents and children includes harmony, mutual care and the pooling of resources (Canda, 2013; S. Lee, 2005). “In a larger sense, filial piety is a way of life...characterized by devotion to parents and respect for elders generally” (Canda, 2013, p. 215).

As many researchers note, the traditional responsibility to care for older adults that was influenced by Chinese Confucianism has fallen to women. “[F]ilial piety

includes a compulsory quality with such terms as duty, obligation, total obedience, total devotion, and self-sacrifice” (Canda, 2013, p. 216). In contemporary Korean society, “Confucian ideology accorded men the dominant position and thus helped to establish an extreme form of patriarchy in Korea” (Min, 2001, p. 305). For example, since husbands were recognized as decision makers and breadwinners, obeying the husbands was a core value that wives should follow. Women are expected to devote themselves to serving their husbands’ families (Min, 2001). Children are also expected to respect their parents by obeying. “Authoritative and vertical principles have dominated relationships between children and parents, between husband and wife, between the younger and the older” (Sung, 1994, p. 3).

Reasons to Care for Aging Parents-in-Law in both Korea and North America

Over the centuries, Koreans have practiced filial piety values in the family although it has weakened and there is a growing concern that adult children do not take care of aging parents (Sung, 1994). Sung (1994) interviewed caregivers in Korea about how Korean culture is different from the United States in filial motivation. He found that Koreans provided the help to their aging parents due to six types of motivations: “Affection/ Love, Repayment/ Reciprocity, Respect for Parent, Responsibility/ Obligation, Family Harmony, and Filial Sacrifice” (Sung, 1994, p. 198). These motivations influenced individual Koreans to meet their filial obligation to their aging parents. He also found that the Korean cultural tradition is most likely to choose family harmony with family members, respect for the older parents and sacrifice. In a Korean conventional household, if children do not care for their parents with respect, they are

considered as similar to animals because respecting is the essential value that distinguishes humans from animals (Sung, 1994).

This study reveals why adult children willingly care for their aging parents. In a pattern of households where multigenerational family members lived together in the same households, social norms did not accept aging parents living alone (Sung, 1994) because caring for older adults is the children's responsibility (Sung, 1994). Sacrifice is also a distinctive value for Koreans, compared to Americans. For example, "[a] daughter, in order to care for her mother, did not marry until thirty years of age but worked as a maid for a family to earn money for the care of her mother. . . . For the sake of their parents, they have endured discomfort, troubles, and suffering. But the sacrifice, made for the parent, is not one-sided" (Sung, 1994, p. 203).

In his comparison of both American and Korean groups, affection/love, repayment/reciprocity, and filial responsibility/obligation were the reasons for providing care for their parents. Sung (1994) says that "65% of the American caregivers were the children of the elderly whereas 91% of the Koreans were so; 27% of the former lived with their parents whereas 81% of the latter did so" (Sung, 1994, p. 199). He also says that Americans were not distinctly influenced by cultural norms, although Judeo-Christian social ethics not only cultivates respect, but also teaches individuals to honour their parents. Korean caregivers, however, were strongly influenced by Korean cultural norms of familism and filial piety (Sung, 1994, p. 202).

In summary, a hierarchical family system typically had familism embedded in the family in Korea (Chun et al., 2007; Sung, 1994; Youn et al., 1999). For children, caring

for older parents was their obligation, while parenting was authoritative. However, when Korea opened the country to adopt Westernization, Korean society changed because of industrialization (Choi, 1996; Hong & Keith, 1992; Min, 2001; Sung, 1994).

As a researcher suggests, Koreans who believe in family harmony, respect and sacrifice are more likely to associate with the Korean cultural tradition. Sung (1994) found that affection/love, repayment/reciprocity, and filial responsibility/obligation were considered as motivations to care for aging parents in both American and Korean caregiver groups. Indeed, Korean society was powerfully influenced by familism and filial piety and still remains that way, although it has changed somewhat (Chang, 2010; Hong & Son, 2007; Hong & Keith, 1992; Park et al., 2004; Sung 1990).

In societal changes, younger generations have become more independent financially by getting jobs, and they refuse to accept values such as respect and obedience towards parents and older adults (Hong & Keith, 1992). In economic changes, the urban and rural areas have segregated as a result of differences of economic development and disparity of the population (Sung, 1994). Economic disparity between generations also means that older adults are separated from their children (Choi, 1996; Hong & Keith, 1992) and lose their decision-making power and roles (Hong & Keith, 1992). “In modern society, the familial roles of the elderly have become ambiguous or reduced” (Hong & Keith, 1992, p. 198).

Effect of Caregiving Attitudes on Women in North America and Korea

In both traditional Western and Eastern cultures, the assumption of caregiving as women’s work is socially created. “Gender role socialization creates expectations that the

women in families will assume responsibility for elder care as well as child caregiving” (Berg & Woods, 2009, p. 377). According to Berg and Woods (2009), this assumption leads people to believe that women are available to provide caregiving or volunteer activities without pay to support social agencies such as nursing homes, schools, and so on. This assumption based on gender roles also generates women’s labour in families and as a result, women are asked to continue to provide care. Women feel guilty if they do not participate in caregiving or if they do not want to take caregiving responsibility.

The assumption of caregiving as women’s work excludes women from labour markets. Bergen and Woods (2009) say that “women’s workplace participation has [also] been shaped by gender role attitudes, that is, beliefs about what is appropriate for women to do, women have been overrepresented in the lower paying, lower status occupations” (p. 377). Loss of opportunity in employment markets for women who quit jobs due to family caregiving is another challenge for many women. Although they have been absent a short period of time, women have a hard time finding an appropriate job because of fast changes in workplaces. While women care for family members, they lose opportunities to participate in occupational training, educational support and professional networks.

Wuest, Hodgins, Malcolm, Merritt-Gray, and Seaman (2007) note that when the Canadian health care system was reformed, caregiving responsibility also changed from institutions to communities. This shift affected women, who provided 80% of the care to parents and their spouses. In Korea, the caregiving responsibility for older parents is most likely to rely on children because facilities and care resources under the Korean government system are not adequate (Choi, 1996; Kim et al., 2006). As a result of scarce

formal resources, family members with an illness or limited ability rely on other family members to assist them and remain a caregiving responsibility psychologically, physically and financially (Choi, 1996; Kim et al., 2006).

Korean Immigrants in North America Regarding Filial Piety

There is limited research on how female caregivers culturally experience older PILs and how it affects their quality of life among minorities such as Korean Canadians. Park (2012) examined how Korean Americans have been influenced by Confucianism. This author found that among Korean Americans, caregiving as hands-on practice is dominant because family members may be culturally pressed to care for their family members. This pressure that stems from filial responsibility, family harmony and cohesion values emphasizes family caregiving performances over one's pleasure. For example, a family member may willingly take responsibility for a chronically ill member instead of placing him or her in a long-term care setting because social norms do not tolerate doing that. Another reason for providing hands-on practice using informal care is due to the stigma and shame that people feel about mentally ill family members. Families do not seek appropriate proactive treatment.

Korean traditional culture has also been strongly influenced by Buddhism and Taoism (Park, 2012). However, modern Koreans and Korean Americans have also been influenced by Christianity, which is powerfully influential in Korea these days. Nevertheless, Park (2012) says that most Korean Americans were born in Korea and only recently immigrated to the U. S. To study the Asian origin of caregiving, Confucianism is relevant. As previously mentioned, Confucianism teaches, for example, that caring for

parents is the responsibility of the family. In Confucianism, for the oldest brother or sister, taking good care of their siblings is also their duty. Koreans' strong belief that education is a crucial element to become a good citizen of society generates comparatively more opportunities for their children and emphasizes education. (Park, 2012).

In Park's (2012) study, the author found three family caregiving patterns in Korean American families: "Insulating from the outside world, prioritizing education over well-being, and reciprocating the sacrifice" (p. 4). The first pattern shows how parents whose children are mentally ill organize themselves in the family. In other words, when a child with mental illness needs more care, how does the family accept and manage this situation? For the second pattern, Korean Americans in a traditional Confucian adopt the Confucian principle of parental obligations because they believe their well-being will grow when they provide good education for their children. "To ensure their child's academic success, parents aggressively sought support from their church, school, and local social service agency" (Park, 2012, p. 5). Last, as the introduction to Sung's (1994) study states earlier in this paper, sacrifice is a value that Korean families embrace. Korean Americans adopt the filial piety value; "reciprocating the sacrifice" (Park, 2012, p. 4) means sharing the caregiving responsibility with family members.

In summary, Korean Americans are not provided culturally appropriate health care supports (Park, 2012). The majority of foreign-born and immigrant Koreans, engage more informal care than Americans and rely on hands-on care. Filial responsibility,

family harmony, cohesion and solidarity have pressed Korean Americans to rely more on hands-on care and to prefer using informal care which is provided by family members (J. Lee, 2005; Pope et al., 2012). Since Korean Americans embrace Confucian principles, they believe caring for parents is a duty that children should provide, and parents providing a good education to their children is also expected.

This situation is the same in Canada. A strong attachment with kin is common in Korean Canadian families and they seek help within their families (Chang, 2016). One research study says, “[o]nly a limited number of studies on health and health service use are available on Korean immigrants in Canada” (Chang, 2016, p. 15). In particular, little research has investigated the issues of how older Korean immigrants can have their needs met by formal home care services in Canada (Chang, 2016). As stated earlier, since Korean immigrants in Canada are susceptible to cultural and linguistic restraints, they tend to not use the health care system (Chang, 2016).

Theoretical Review: Feminism

This study investigates how Korean female caregivers of their aging PILs in Canada experience caregiving differently, than women in Korea and also how their lives are affected by the Korean cultural norm which is an obligation to practice filial piety. To understand how they, as immigrant women, can make their own voices heard in Canada, this study adopts a feminist perspective which encourages women to speak up to achieve their own rights by fighting social issues, such as inequality and oppression within the culture. According to Baines (2007),

“Oppression takes place when a person acts or a policy is enacted unjustly against an individual (or group) because of their affiliation to a specific group. This includes depriving people of a way to make a fair living, to participate in all aspects of social life or to experience basic freedoms and human rights. It also includes imposing belief systems, values, laws and ways of life on other groups through peaceful or violent means.” (p. 2).

However, the majority of people in our society usually do not realize how they are affected by different patterns of oppression or how oppression is connected to their lives (Bishop, 2006).

Since Canada is more liberal for women, which means there are more opportunities for women than in Korea, the caregiving experience of Korean female caregivers in Canada may be different from that of other women in Korea. For example, the gender gap in employment rates in Korea in 2012 was approximately 22 %. This percent is more than twice as wide as in Canada, where the gender gap in employment rates is under 10 % (OECD, 2014). Therefore, exploring caregiving through a feminist lens is necessary because women’s experiences regarding their filial piety obligation, which may be hidden in our patriarchal society, can be described. In particular, Korean women who do not generally speak up should be encouraged to speak their own thoughts about caregiving when they are questioned.

Feminists argue that in the capitalist and male dominated society, the issue of inequality between men and women generates a different level of income (Baines et al., 1998). Caring for family members is frequently recognized as only women’s work

because recognition that “caregiving equals women’s work” is internalized within our society (Baines et al., 1998). Although women had their own status as human beings, they have been unequally treated and devalued. Their workplace caregiving tasks have not been recognized as valuable by social norms, and as a result, women have not been paid for this type of work (Baines et al., 1998).

Recognition of this issue is an example of how society is biased based on mistaken beliefs adopted by society. As Baines et al. (1998) argue, in Western society, based on this biased and internalized principle, women are prevalent in a few higher paying professions, such as social work, teaching and nursing. However, they are more likely to be employed in home-care and child-care services as low-wage workers. Since these positions are caring based labour, this situation shows that “[t]he gendered division of caring labour reflects economic and power relationships . . . [and] what is common to caring labour . . . is that it is highly gendered and typically viewed as the responsibility of women” (Baines et al., 1998, p. 3).

To illustrate, a woman who has three children needs day care to work out of the home. However, if she earns less money than the day care fees, she might give up her intention to work. Further, even if she gets a job, she might face another challenge. Specifically, the set company schedule may not work for her (Canadian Women’s Foundation, 2015) because she needs more time to deal with her three children, especially if they are very young, before going to work. “Women spend 49.8 hours per week on childcare, while men spend 27.2 hours per week.” (Canadian Women’s

Foundation, 2015, p. 4). In her situation, her choice to get a job would be limited because most companies do not permit flexible hours (Canadian Women's Foundation, 2015).

In regard to child caregiving, if her child is sick and needs someone's total care for a long time, she might give up her job because her wages may be lower than the cost to hire someone, or because she earns less money than her husband. "[T]raditional "women's work" pays less than traditional "men's work" (Canadian Women's Foundation, 2015). These situations create a double edged sword. In addition, after interrupting her career to raise her children at home, she also might lose her seniority, professional skills, training opportunities and so forth. She might lose her confidence as well as her self-esteem when she sees other women who have been working consistently and as a result, have gained higher positions (Canadian Women's Foundation, 2015). Women are more likely to work part time, thus they still earn less money than men (Baines et al., 1998; Canadian Women's Foundation, 2015; Gazso, 2010).

Gazso (2010) clarifies that wage inequality is one of the reasons women are expected to care for their families. Although women's social positions have improved as a result of the women's movement and feminism, women still experience inequality in the labour market. In terms of meritocracy, women are not rewarded for their talents or abilities in patriarchal societies (Baines et al., 1998; Gazso, 2010).

In a traditional patriarchal society, many women generally experience conflicts between work and family (Baines et al., 1998; Gazso, 2010). The various forms of these conflicts include "a time crunch, overload, interference, and stress" (Gazso, 2010, p. 229). For example, women who work in both the labour market and the home often have

more time constraints due to caring for children and work and they reduce their own free time to cover these tasks (Baines et al., 1998; Gazso, 2010). As Gazso (2010) emphasizes, low-income lone mothers may face greater challenges (Greenberg & Normandin, 2011), especially those who receive income support from the government because they have more time constraints (e.g., working part time in multiple low-waged workplaces per day), and face more barriers in the labour market (e.g., non-family-friendly policies in workplaces; inflexible working time or unstable working conditions).

The capitalist system oppresses women and argues against women's economic independence (Evans, 1998). Earning lower salaries than men, and working part time in temporary workplaces still remains in our society and may keep women oppressed and in poverty. Women who are identified as visible minorities, immigrant women, and women with disabilities are more vulnerable in terms of economic benefits in the capitalist system (Greenberg & Normandin, 2011). For example, immigrant women often occupy low-wage (Evans, 1998) or non-unionized jobs with no benefits, such as bonuses or vacations.

These women are more likely to live below Low Income Cut-offs than their counterparts (Canadian Women's Association, 2015; Greenberg & Normandin, 2011). Chui (2011) reports that "[i]n 2005, immigrant women of all ages were more likely to be living in a low-income situation than Canadian-born women. Among the immigrant girls and women in an economic family, 20 % lived below Statistics Canada's low income cut-off before tax, compared with 10% of the Canadian-born girls and women." (p. 31).

Baines et al. (1998) note that female dominated workplaces in the paid labour market are manipulated by structural constraints, which are imposed by political and economic contexts based on gender, race, sexuality and class. This means that immigrant women are exploited for their capacities and discriminated against by the capitalist system. Women of colour may be subject to even greater difficulties in terms of race, class, gender, sexuality, or disability (Evans, 1998). Next example shows my understanding of an oppressive situation for a woman.

For example, a poor immigrant woman who has a child with a disability suffers from her spouse's verbal and physical abuse after arriving in Canada. Even if she is challenged by language barriers and cultural differences, she seems to adapt to her new host country, while her husband doesn't. There is a huge divide between their opinions regarding parenting styles, education, and cultural norms, in particular, how to deal with a disabled child in Canada. The husband also struggles with financial worries after the decline of their family business, so he is often drunk. When this family's financial situation worsens, their arguments grow more serious until they even affect the child. She decides to work to assist with the family's debt and avoid her husband's inappropriate treatment.

She has no English skills and is not able to use her transferable skills in employment in Canada because of her limited language. As a result, she never finds a job outside the Korean community. She experiences a difficult time trying to work and care for the child at the same time. Unfortunately, she did not have a successful life. After

work one day, she suddenly died. The cause of death was overwork and skipped medications that were necessary to recover from an illness.

This example shows how women of colour have more difficulties in a patriarchal society where they may have to overcome multiple barriers. Specifically, the barriers include: looking after her disabled child-being late and/or leaving work early to care for her child were unwelcome in the workplace; being scapegoated by her husband, who believed all the family difficulties came from her; and being placed in a subordinate position in the family as a wife. In this tragic situation, it's possible the woman could still be alive if she had had some time to look after herself.

Intersectionality is a term that has been developed by feminists. According to the Association for Women's Rights in Development ([AWID], 2004), "intersectionality is a tool. . . [to help] us understand how different sets of identities impact on access to rights and opportunities". (p. 1). All individuals have different identities and do not belong to only one community. They also experience "oppression and privilege (e.g., a woman may be a respected medical professional yet suffer domestic violence in her home)" (AWID, 2004, p. 1) when they interact with other people who come from diverse classes. Intersectionality, therefore, helps not only to investigate issues of groups of poor women who live in a certain area but can also investigate issues at a macro level. The issues include where the poorest women's groups are, which policies and political circumstances affect women's poverty, and how different groups of women, who have different needs should be addressed (AWID, 2004). In the neoliberal world of globalization, while wealthy people are privileged, the poor are often excluded by the

system. Intersectionality helps us understanding how who one is may affect one's chances to have a better quality of life and learn about what societal system is, how system supports us and methods improves against (AWID, 2004).

Regarding filial piety obligation, it is assumed that Korean immigrant women, who were educated in the Korean traditional way by following Confucian principles, are challenged in Canada. Evans (1998) argues that immigrant women who are visible minorities and/or disabled are more vulnerable in economically unstable conditions due to their lower wages than their white counterparts. Literature on family caregiving studies shows caregiving that has not been recognized by society is frequently performed by women.

Feminists argue that women's inequality of income, unequal treatment and devalued work are embedded in the capitalist and patriarchal society, and also that these views are socially constructed (Baines et al., 1998). Women's caregiving is a good example of social construction. The belief women are more emotional and nurturing than men and better capable of caring for aging parents or children based on gender discrimination often results in encouraging women to quit their jobs, and it makes women frequently feel sacrificed by society.

Such women's situations make them experience conflicts between work and family. In the industrialized society, dealing with both caregiving for family members and employment issues for women not only requires them to sacrifice their lives, but also makes it challenging to get equal payment with men or to remove unequal working conditions outside the home. This challenge is not limited to Canadian women and is

frequently seen in immigrant women. Women of colour who have multiple identities are usually placed in blind spots by “racism, patriarchy, class oppression and other systems of discrimination” (AWID, 2004, p.2).

The feminist perspective supports not only women’s well-being and rights, but also women’s voices about what concerns them. This study has adopted a feminist perspective to understand the caregiving experiences of Korean immigrant women who might change their attitudes and behaviours related to filial piety as they take care of their PILs in Canada. In addition, this study has examined how Korean women reveal their multiple identities, and what disadvantages have occurred in their lives since they immigrated to Canada. Furthermore, it examines how Korean women may have been oppressed by a capitalist, patriarchal society. The methodology employed in the next chapter will explain how this study has accomplished these tasks.

Chapter 3: Methodology

A qualitative methodology, in particular, a narrative phenomenology framework, was used in this study to describe the experiences of Korean-Canadian females caring for their elderly PILs. This approach was used because the majority of previous studies on caregiving of aging PILs have been based on quantitative research that does not illustrate the respondents' different stories but rather focuses on the medical aspects of aging, mainly within the American context (Caron & Bowers, 2003; Chenier, 1997; Ethers et al., 2008; Kao & McHugh, 2004). According to Marlow (2005), "[p]eople's behaviour cannot be observed objectively" (p. 10). This statement means that reality is generated by both the researcher and the researched while they are building their relationships in processing of research (Marlow, 2005). So, qualitative researchers look into the researched's interactions and behaviours that the researched's role is largely embedded than the researcher's, rather than examining large numbers of a phenomenon in an analyzing process. Therefore, a qualitative methodology served the purposes of this study that is based on the lived experiences of female Korean-Canadian caregivers with in a Canadian context as related through their personal stories.

Further, qualitative research not only asks the researcher to interact with the respondents, but it also creates a reality through their interactions (Creswell, 2013). Qualitative research also assists in exploring complicated issues or understanding detailed problems that "cannot be easily measured . . . and allows researchers to] hear silenced voices" (Creswell, 2013, p. 48). This study will help the researcher to listen to the

respondents' caregiving hardships based on filial piety obligations that occurred in their interactions with their PILs in daily life.

A Narrative Phenomenology Framework

For this study, a narrative phenomenological framework is utilized to characterize how these Korean-Canadian women experienced caregiver burden, a phenomenon as universal as grief, through their stories, I was able to hear about their experience, learn about how they coped with their stress, and come to a better understanding of how their conventional culture influenced their caregiving and how it imposed an additional burden. In social work research, narrative is especially recognized as a useful method because it conveys "clients' stories and [gives] voice to marginalized groups through listening to their stories" (Larsson & Sjoblom, 2010, p. 273). Narrative is also a story that is structured by how the respondents tell their experiences, and how they "remember personal experiences and translate knowing into telling. Narrative is a spoken history of people's past, present and future" (Cheung, 1999, p. 5). By allowing the women to tell their stories, the teller and the listener, and in turn the reader of this study, may gain greater understanding of the Confucian expectation of filial piety, specifically the obligation filial piety places on female Korean-Canadian caregivers.

Further, when looking at people in relation to their societal and historical connections and the period of time that they are living in, narrative phenomenology research tries to maintain the "complexity" (Josselson, 2006, p.3) of how humans are. In other words, this approach serves to show the complexity of these women by revealing the impact of the Confucian principles, according to which these women were raised, on

their caregiving practices. Therefore, a narrative phenomenological framework is best fit with describing answers to the research questions: What have Korean female caregivers experienced in Manitoba, Canada regarding caregiving? How have their lives been affected by filial piety obligation? How have they been influenced by Canadian culture and environment and changed their attitudes and behaviours? How do they deal with caregiving? It was crucial to investigate caregiving experiences of Korean females in terms of the social aspects because this study has had an opportunity to hear about women's lives, especially immigrant, visible minority women's lives through in-depth interviews.

However, narrative approaches have been criticized by scholars. Riessman (2001) asserts that firstly, a large amount of thick, anonymous data may lead the researcher to not make sense of any of it. As well, narrative approaches are time-consuming, especially for constructivists who need a "prolonged engagement in the field" (Creswell & Miller, 2000). Another challenge is that researchers may not have a clear view of the respondents' lives because they might have difficulty understanding and analyzing the intricacies of the respondents' contexts. Last, researchers are required to analyze descriptions in detail. When the researchers hear and translate the respondents' experiences, they may face difficulty accurately transcribing because, as a medium of translation, language may not convey what the respondents really mean (Riessman, 2001).

Assumptions and Paradigms of This Study

Employing a narrative phenomenology in this study, I summarized my philosophical assumption and paradigms of this study. I agreed that the narrative approach is “a perfect expression of the postmodern revolution” (Nichols, 2013, p. 268) since I support the belief that realities are diverse (Creswell & Miller, 2000), and that there is not only one correct answer in our complex society (Creswell, 2013; Mullaly, 2017). Caregiving experience may differ depending on cultural contexts. Some may have positive experiences while others do not (Canda, 2013). From the postmodern feminists’ view, our society is male dominant. Our language, local knowledge, and stories are social discourses, which came from people sharing their ideas with others, describing what they experience, and interpreting the lived world (Mullaly, 2007). This means that postmodernists believe that the truth can be changed depending on people’s language, culture, and local contexts.

In daily life, people interact with others, using language and knowledge. When they communicate with people, everyone can have his or her own voice. However, “[k]nowledge, the root meaning of narrative, and power, are inseparable” (Cheung, 1999, p. 6). Bishop (2006) notes that a person can be oppressed and become the oppressor at the same time. Interacting with each other frequently may generate power shifts, and one can make the other oppressed or vice versa. In a patriarchal society, women are frequently considered only as a group by men. In traditional Korean society which has adopted Confucian principles, men have more power than women (Min, 2001), and their languages and discourses are socially constructed. . Presumably, there may be some

women who are afraid of telling their stories as a result of caregiving hardships by their husbands. Likewise, the narrative approach gives more opportunities for people to talk about their stories because the principle of the narrative approach is that the owners of the stories can create their stories best.

Data Collection and Sampling Procedures

This study used unstructured in-depth interviews with open-ended questions, including a few closed questions to generalize caregiving experiences, to listen to each unique caregiving experience of respondents, and to deeply understand the phenomenon of caregiving. To this end, two aspects are focused on: What did the experience of caregiving by the respondents look like? How did they experience caregiving of their aging parents or PILs? As earlier declared, I am the oldest DIL and a primary caregiver; my assumptions were declared during interviews and when analyzing my data in this study.

To increase the accuracy and truthfulness of this study, I was highly aware of my assumptions and clearly wrote what I heard from the respondents. I reviewed my thesis with respondents twice; the first review was done right after it was transcribed in English and translated into Korean in order to ask the respondents to find errors in the transcriptions. The second review was right after major findings were identified and analyzed in order to let them know which parts of their interviews were inserted in the thesis. I brought both a hard copy and an electronic copy of this thesis for them to review. I not only explained to the respondents why and how I had used their data, but also explained how I designed this research; what theory I used; where their data was inserted;

and how I decided on the major themes. They nodded agreement to my explanations and were interested in the results of this study. Moreover, no one at any point claimed their data was wrong.

For increasing the truthfulness, I utilized a method of member checking with writing memos and personal journals in a process of analysis. I called respondents a few times to check my understanding and interpretation of their intended meaning and asked them to correct me if there were any inaccurate interpretations. Unfortunately, it was not possible to contact all respondents: several did not answer the phone and never returned my calls. Two respondents said they didn't want me to report everything to them while four respondents appreciated me communicating the whole process.

Before beginning my study, I obtained approval from the Faculty of Social Work committee and then received the approval of the Research Ethics Board of the University of Manitoba. The ethical treatment of human respondents was respected by getting informed consent from the respondents when collecting the data for this study. As Smythe and Murray (2000) point out, “[Informed] consent means that individuals voluntarily consent to participate in research and are not induced to do so using any form of undue influence or coercion.” (p. 313).

The inclusion criteria of the samples are: (1) Korean female; (2) over 45 years old; (3) more than one year history as a primary caregiver in both Korea and Canada; (4) caring for aging PILs either living with them or close to them. It was expected that 2nd generation Korean immigrant women would be included in these criteria; however, there were none. There was no age limit for the recipients of care. The recipients refer to those

who were supported by or who were provided care by their children (see p. 63 for the definition of caregiving by respondents).

It is assumed that the senior Korean immigrants probably came to Canada with their children in 1967 when Canada introduced “the new Immigration Act and the point system, and the White Paper of 1966” (Kim, 2013, p. 7). Kim (2013) finds the following:

The number of Koreans immigrating to Canada annually increased significantly from 1,100 in 1986 to nearly 2,300 by 1987. The dramatic increase was due to the introduction of the business immigration program launched by the Conservative government . . . There were pull factors for those arriving in Manitoba, such as the Manitoba Provincial Nominee Program which accounts for about 1/2 of estimated 3,500 Koreans living in Manitoba. (p. 20)

Ten people who met these criteria were selected for this study to sufficiently reach saturation of interviewing. Creswell (1998) notes that to collect information for a phenomenological study, a researcher should select “as many as 10 individuals” (p. 122) with whom to conduct in-depth interviews. I, therefore, interviewed the maximum of 10 Korean women. Interviewing these women continued until the data was saturated. Each of the respondents’ cases was different and unique, so I continued to interview all ten respondents.

To recruit potential respondents, I sent an invitation to several different Korean organizations and invited potential respondents who were interested in this study to voluntarily and willingly share their experience with me. I also advertised in a local newspaper, which is the first and only Korean newspaper in the 50-years of Korean

immigration in Manitoba. I am the editor of that paper. The ad explained the purpose of this study, specific criteria for respondents, the guarantee of confidentiality, what information would be collected, the numbers of respondents needed, compensation, and contact information. I also provided other information, such as the duration of study participation, how this study would be processed, and what risks or benefits might arise for the respondents (Smythe & Murray, 2000; See p. 15 for the Statement of Risks and Benefits).

The Korean cultural taboo regarding privacy was expected to be a concern in the process of collecting samples. Most Koreans tend to hide their private and family stories, especially when the family has issues. For example, if a family decides to place their parents in a personal care home, their relatives often criticize the adult children (Park, 2012) believing they are abandoning their responsibility to their parents, judging them as bad children. In such situations, Koreans refer to these children as “Horechasik”(AL lab, 2001, Han’gŭl: 호래자식). “Under the present societal norms in Korea, institutionalization of impaired elderly is discouraged, and children who do this may be treated with contempt” (Kim & Lee, 2003). Koreans are afraid of being stigmatized by other Koreans, especially in the relatively small Korean Canadian community. This concern was identified before beginning this study, but the 10 respondents were cooperative and voluntarily participated in this study. To recruit samples, I wrote a letter to the minister/priest to get permission prior to have a meeting with a female group in Korean churches.

This qualitative study adopted a criterion sampling, which means all interview cases met specific criteria for guaranteeing its quality (Creswell, 2013). After recruiting the respondents who were, I explained the purpose and procedure of my research. They were informed that there was no obligation to participate in this study and that they could leave this study at any time if they wished. Then, the respondents' signatures were obtained on the informed consent form. The respondents were also informed that all data collected from them, including basic demographics, was confidential and anonymous. This collected data will be destroyed after the research is terminated (see Appendix C: Informed Consent Form on page 133).

Each of the 10 respondents was interviewed once, for 70 to 100 minutes. The interview began with broad general questions such as the demographic questions, which were described earlier in this thesis. The interview was performed in a location according to the preference of the respondents. For example, most respondents preferred meeting in their homes or business places. A few respondents preferred meeting in a coffee shop. These respondents preferred places that were secure and quiet where no other Koreans were present during the interview.

The respondents allowed me to audio-tape while interviewing. During interviews, the Korean language was used and later transcribed in Korean by the researcher. I was careful to transcribe their experiences as accurately possible. Then, all the transcriptions were translated to English by a hired translator who speaks English and Korean fluently. I also translated some of the Korean transcripts to English. When the translating work was

done, I checked out every line of the transcriptions 6 times, ensuring they conveyed the real meaning of the respondents' experiences as I heard them in the interviews.

The interview began with questions, which are different from research questions, about basic demographics and social location: name, age, marital status, education, religion, social class, ability, health status, family income level, and geographic region (see Appendix B: Demographics and Social Location on page 132). I asked the following open-ended interview questions of the respondents and included two close-ended questions to hear more detailed parts of their experience:

1. Do you live with your PILs in the same household? Can you explain about your family?
2. What would you like to say about caregiving? What do you do for them?
3. For how many hours do you provide caregiving tasks? How long have you been providing caregiving?
4. How did you become a primary caregiver for your aging PILs? Does filial piety affect your caregiving roles, attitude, and/or behaviour?
5. Does caregiving of aging parent-in-law affect your quality of life?
6. What are your thoughts regarding cultural expectations of filial piety? What do you want to say?

To obtain thick descriptions, additional questions followed, including: (1) What caregiving situations cause you stress?; (2) What symptoms manifest when you feel stressed?; (3) What factors influence you the most regarding your caregiving?; and (4) What caregiving means to you? Please describe it. As a researcher, I interacted with the

respondents and created a reality through these interactions, meeting the requirement of qualitative research which assumes a relationship is developed between the researcher and the researched and that this relationship constructs a reality between them (Creswell, 2013). Data collection focused on seeing what was going on in the respondent's family.

For the next step, I transcribed verbatim their responses and understanding of phenomena that are "shared knowledge and shared experiences" (Reiners, 2012, p. 3) with the respondents. During every interview, I made notes, and following the interview, I recorded them in a personal journal, which ensured I remembered the respondents' stories accurately. As well, "the depth of the journal entries ensured the [accuracy] of the data . . ." (Reiners, 2012, p. 3). This means that depending on the depth of the journal entries during the interview, the researcher can decide whether or not to go back to the respondents to confirm (Reiners, 2012).

As Groenewald (2004) advises, I recorded the interviews with the respondents' permission, took memos and wrote journal entries after the interviews. I also stored all data material including all hard copy of transcriptions in a locked cabinet. Further, the interview transcriptions and memos were stored electronically on a couple of hard drives to save safely. Then, to analyze the qualitative data, I used a QSR Nvivo computer software program and stored all information such as literature, the respondents' social location, their transcriptions, findings, etc. I also used my handwritten notes on the literature manually because I had written these notes before learning of the software program.

Process of Data Analysis Plan

To analyze my data, I followed Riessman's (2001) instructions. After interviewing, verbatim transcriptions were made and transcribed into a line-by-line code on computer disks. To get significant statements and quotations, the transcription was edited to reduce the textual data. In doing so, I checked whether or not the initial interview was sufficient enough to reach saturated data in the process. When the data was transcribed, common themes were identified. Reducing the number of thick descriptions was one of the challenges of this study (Josselson, 1995).

Since identifying what real caregiving meant to Korean female caregivers was important, I determined what the respondents' true experiences were through my own lens. This was possible when co-constructed between the respondents and me. When the transcriptions were edited and themes identified, I contacted the respondents to review their transcriptions. I followed four steps to ensure ethical standards were met in my narrative analysis (Smythe & Murray, 2000). First of all, I had the respondents to review the transcripts, and all were satisfied with the content. Secondly, to enhance accuracy, I wrote a journal which showed what I felt, what I observed, and what I was told. Thirdly, in order to find prospective ethical concerns, I reviewed the transcriptions 6 times. Last, I "offer[ed respondents] the opportunity to have their interpretation stand along with the researcher's transcripts, especially when there [were] significant discrepancies between [the researcher and the respondents]" (Smythe & Murray, 2000, p.332).

Reviewing the respondents' transcripts was very important; therefore, I reviewed their transcriptions twice. I reported three main themes of the respondents. The three

themes were caregiving hardships and filial piety, caregiving hardships and DILs' voices expressing direct care practices, and their coping strategies. In this study, I also analyzed the findings and discussed them based on the literature review. I discussed the limitations of this study for the respondents. Consequently, I reviewed my thesis draft with the respondents again. I explained my study and listened to their general questions and opinions regarding the themes.

It was very important to have a “thick description [of the interview]” (Lincoln & Guba, 1985), confidence (Eisner, 1991), and “an accurate interpretation of the [respondents’] meaning” (Whittemore, Chase, & Mandle, 2001, p. 530) for the accuracy of the data in my interpretive research. I used different data sources to investigate caregiving experiences among Korean female caregivers in Canada.

The 4 methods I used include: in-depth interviewing, open-ended questioning, taking notes, and journal writing. I observed Korean female caregivers and wrote notes as well as my own journal entries to reflect what I explored and what I learned from them. I focused on obtaining a thick description from the respondents using unstructured and open-ended questions. In the second review, most respondents, who saw or talked to me over the phone, said that they had learned what was truly important to them through open-ended questions. The respondents were interested in the themes of this study.

Feedback

As mentioned earlier, I contacted the respondents during the period of conducting this study three times. I called them twice to explain how this research would be conducted. And, lastly, I reviewed this study with them by explaining where their

transcriptions were used. Smythe and Murray (2000) articulated the respondents should be given the researcher's interpretations to review because narrative research allows the respondents' involvement and needs collaboration with the respondents. "[T]he most significant issue . . . is that the degree of their involvement in the analysis is negotiated carefully with the researcher and that the process of negotiation be documented appropriately" (p. 332).

Compensation for the Interview

As an expression of appreciation for their participation in this research, each respondent received a \$20.00 gift card.

Chapter 4: Findings

Cultural Obligations

In this study, most Korean female caregivers who are DILs practised filial piety obligations to their parents/mothers-in-law on a daily basis when they lived in Korea. After immigrating to Canada, the DILs, their husbands, and children still followed the Korean norms by living together with, or closely nearby, their parents/mothers-in-law. These practices were the norm in their homes even after they immigrated to Canada, and even though DILs had privately and personally adopted the Western culture. Adopting a new and different culture, finding new employment, and educating their children were the most challenging matters in their transitional life. For most, moving to a new host country was not an easy transition, and these unavoidable challenges increased the difficulties of caring for their aging parents/mothers-in-law.

In this study, there was 1 MIL and 1 FIL who were living with their DIL (DIL 0003, and DIL 0008) in the same home in Canada. DIL 0001 and DIL 0009's MIL lived with their DIL for 1 to 3 years and went to back to Korea because their visas expired about a year before they were interviewed for this study. DIL 0002, DIL 0004, DIL 0007, and DIL 0010 were living separately from their parents/mothers-in-law in Canada. DIL 0005, and DIL 0006 lived with their PILs in Korea and they separated from them due to immigration. These PILs have not visited Canada yet.

Even though physical living conditions differ, all 10 DILs still care for their parents/fathers/mothers-in-law whether they are in Canada or Korea. The DILs provide

instrumental activities for living to parents/fathers/mothers-in-law in Canada, while other DILs send monetary support and/or gifts to their parents/mothers-in-law in Korea.

While 5 of the respondents had extreme experiences of caregiving hardships in Canada, it was reported that 6 out of 10 DILs enjoyed their freedom after immigrating 6 DILs enjoyed their lives in Canada, including one DIL who got married to a Canadian man and had a slightly different story. They had challenges similar to the other 5 respondents who had a very hard time in Canada. However, for the 5 DILs who experienced difficulties with their transition to Canadian culture, their immigrant challenges were an additional burden to their caregiving challenges.

The findings of this study showed a variety of circumstances and situations in which Korean DILs experienced caregiving hardships by the Korean norms that have been traditionally practised in Korean households. In the majority of the respondents' homes, the identified filial piety obligations were associated with the women's roles as a DIL, a wife, and a mother. Specifically, the DILs' experience of cultural caregiving hardships commonly originated from caregiving demands by family members, ignorance of the DILs' performances, and enmeshed boundaries in the family. However, the findings also showed that cultural caregiving hardships were experienced not only by the DILs. There were four DILs who said their husbands also experienced caregiving hardships by cultural norms. For example, 0006 said, "[My husband] was another victim." They reported that their husbands had similar experiences but usually did not say anything regarding the matter.

All DILs reported they maintained their household, did errands, and took care of their PILs in order to fulfill filial obligation. They said giving care was hard and that they often felt frustrated, disappointed, and burdened while they were dealing with all of the family events and work in the household. Eight respondents reported feeling resentful and irritated at having to fulfill these obligations. The findings of this study confirmed that filial obligation caused conflict between DILs and their parents/mothers-in-law and imposed further burdens on the DILs.

Finding A: Filial Piety Obligations

According to 8 Korean female caregivers in this study, they felt caregiving was difficult and that the influence of Confucianism in which they were raised added more stress to their experience of caregiving. This section describes how the value of conventional Korean filial piety has affected the majority of DILs negatively, intensifying the hardship of caregiving. One of the most notable Confucian values found in this study was the traditional practice of married children living together with their parents/father/mother-in-law in one house, or close to their parents/mothers-in-law's house. All 10 DILs said they lived in one house/apartment with them. The range of the period in which they lived together with their in-laws varied; the shortest period was 1.5 years, and the longest period was 27 years.

Living Together with Parents/Mothers-in-Law

While the DILs were living together in one house with their in-laws, they often experienced conflicts with their parents/mothers-in-law who followed Korean norms

strictly (Choi, 1996). A few of DILs (0003, 0006, and 0010) reported having to attend the church that their MIL preferred even though they wanted to attend services at a different church. For example, DIL 0003 reported that even though she and her MIL shared the same belief and attended the same church, she found that she and her MIL had a different approach to God, which resulted in conflict. DIL 0003 said,

[W]hen a family member visits, I think that the Lord gave us time to spend it with family. However, my MIL thinks that praying is more important. . . . [She said,] I am not putting my family before the Lord.” . . . Thus, I have a hard time living together with her. (27 years of caregiving)

Because of the influence of filial piety obligation, the DILs listened to their MILs and did as they wished, sacrificing their own desire to attend another church. This type of conflict was very common in their lives and may originate from living together in one house (Choi, 1996), with no clear boundaries between them as well as from the cultural influence of Confucianism. Even though she rejected her MIL’s beliefs, the DIL did not challenge her oppressive MIL and always did what she was asked to do. Rather, she tried to understand her MIL in order to reduce conflicts, but as she reported, she still could not understand her MIL completely.

Similarly, DIL 0004 said living with her PILs in a small apartment caused her to feel confined. She expressed resentment at seeing her PILs and hearing their demands in the same voice and accents every day. She noted she was on a treadmill that never stopped, making her life incredibly monotonous. Furthermore, she reported that she frequently confused her life with her PILs’ lives. Even though she did not look after her

ill FIL directly, she lived in a small apartment with her PILs and her children, and this limited physical space was too much for her to handle. This lack of personal space was an environmental factor that affected her. As DIL 0004 reported,

My FIL's health condition made him and his wife need assistance with everything. . . . My MIL looked after her husband with me, so she didn't even do the errands either. (9 years of caregiving)

DIL 0004 was aware that her difficulties in providing care to her FIL were the result of filial piety obligation. This DIL seemed to be under constant stress by the Korean norm.

Responsibility to Care for Parents/Mothers-in-Law

Another cultural value, stemming from their being raised in the tradition of Confucianism, that has influenced the caregiving practices of most DILs is the belief that it is the responsibility of DIL to care for their PILs. This value also made them very stressed. Before describing how they reported the effect of this responsibility on their lives and their caregiving, it is crucial to understand how the Korean female respondents defined the meaning of care. Respondents defined care as the provision of all necessities for daily life to their parents/father/mother-in-law. Their care included contributing finances, cooking meals, and taking them to hospitals, churches, banks, and other places as well as providing emotional support. A few DILs worked full time while they provided all these necessities for their PILs, following the courteous, Korean way of filial piety but often sacrificing their own well-being.

The DILs believed their responsibility to their in-laws included financial support (Kim & Lee, 2003). Seven of the DILs answered that they were responsible for providing

financial support along with all of the other necessities. When their PILs were not financially stable, they took the responsibility to care for their aging parents/mothers-in-law in this aspect. For example, DIL 0001 said, “[My husband and I supported] all costs related to their health: buying medication, going to hospitals, covering living costs and traveling fees.” (22 years of caregiving).

All 3 DILs elaborated that they could provide care because they could afford to support their parents/mothers-in-law. The financial support was not the only thing that they provided. The DILs’ spouses also took much of the responsibility for big family events. For example, DIL 0006 said,

My MIL was socially active, and I was, too. In Korea, generally, there are a lot of family events, right? My MIL took responsibility for the expenses for all of the family events and get-togethers, and I took care of the rest. (13 years of caregiving)

Many of the DILs reported similar problems with having to assume responsibility for all aspects of the PILs’ care.

However, the following example was very different from the others because DIL 0005 reported that she was not bothered by having to care for her PILs. As the oldest child of the family, her husband always prioritized family events. Unlike the other DILs, she was comfortable when she heard of her husband’s plans for the family. She said,

On Korean Thanksgiving, we went to the graves of ancestors. Before leaving, my husband checked that all the vehicles had enough gas, and after visiting the graves, he gave a ride to all of the family members to their destinations. . . . [In

addition,] if it's two weeks before going to the graves of our ancestors, [my husband] did not make any appointments with his friends. . . (7 years of caregiving)

Having full responsibility for the PILs is major theme in this chapter. Five out of the 10 DILs expressed they were coerced by family members to take on all the responsibilities for caregiving by family members who did not want to assume the responsibility. They also, however, did not say what they thought regarding giving the care of PILs. For example, DIL 0003 was asked by her siblings-in-law if she could live with her MIL while her FIL was almost at the end of his life in a hospital bed. DIL 0003 reported,

[My oldest brother-in-law told me that] it would be wrong if I thought that his wife, as the older DIL, had to take care of our MIL. He also said to me that the child who is most financially stable should take care of his or her mother. . . .Therefore, he said my husband and I are the right children to care for our PILs. (27 years of caregiving)

When the DIL 0003 heard these comments from her oldest brother-in-law, she said she was not even thinking about giving care for her MIL. The DIL 0003 was also pushed by her own mother who was in the hospital at that time. The DIL reported,

When my mother was saying good bye to my FIL, she said “why can't you close your eyes?” . . . “Are you worrying about your wife? You don't have to worry about your wife”. My daughter [her name was mentioned here] is with your wife. Please close your eyes and rest in peace” (27 years of caregiving).

DIL 0003 finally listened to her oldest brother-in-law, other siblings-in-law, and her own mother. Ultimately, she internalized the messages she was receiving from them in the hospital room, finally submitted to these hardships believing it was her duty.

Four out of the 10 DILs answered they would bring cooked meals to their parents/mother-in-law who lived alone in a house/an apartment after they had separated from their spouses. Their MIL still depended very much on them due to their lack of English skills, the inability to drive, and poor finances. The respondent, DIL 0004, who had gone through a very difficult caregiving experience in Korea, invited her PILs to Canada after immigrating. The DIL helped them immigrate, but she and her in-laws did not bond well with each other. Thus, they eventually made a decision to live separately. She said,

I visited [my PILs who moved away from us] often. If I cooked food for my family, I brought some food for them. I didn't regularly cook for them, but each time I cooked for my family, I cooked extra portions for them. Furthermore, whenever I went shopping, I took my MIL. (0004, 9 years of caregiving)

Prioritization of Parents-in-Law and Son in Family

Another cultural value, based on the tradition of Confucianism that has added to the burden of caregiving for these women is the prioritization of PILs and the son in families. Six respondents felt that the lives of their family were centered on their parents/mothers-in-law's lives. The following example shows DIL 0005's mother's reaction of visiting her daughter who was living in her PILs' property. DIL 0005 reported,

[My mom] dropped by my place only when she gave us some food . . . She rarely dropped by my place. However, my mother felt she was not comfortable to visit me. . . . She visited me secretly, especially when my PILs were not at the house. Really! She only sat down for about 20 minutes. . . . (7 years of caregiving)

This example shows that the mother felt apologetic for the fact that her daughter was living in her PILs' building. The mother may have flinched at herself because of that. I assumed the mother's behaviour appeared based on her belief of the prioritization of PILs since she is a mother who has a daughter. In the conventional Korean society, men have more power than women.

In regard to the son-oriented mindset, the following example showcases the extent to which this Confucian value influences Koreans and how it can result in an experience of caregiving hardships for the DIL caring for her PILs. DIL 0006 described her experience of the privileging of males in the following excerpt:

My sister-in-law would abort babies if the babies were not boys. When my son started to talk, she told my son to call her "older mom" instead of calling her "aunty." She and her husband even asked me to give them my son because they said that they had a son in their fate [smiles]. (13 years of caregiving)

In this example, the family members obviously showed how they were guided by their belief in Confucian values, specifically by the PILs and son-oriented mindset.

As seen in the earlier examples, most DILs took their responsibility to care for their parents/mothers-in-law seriously and obliged their husbands by putting up with the stressors even though they wanted to give up many times. However, when patience wore

thin, 7 DILs considered divorcing their husbands to relieve the burden and avoid all the challenges they faced even though loved their husbands. But even when they were irritated, or sick and tired of their married lives, they did not divorce because of the fear that their children might be abused by other people including family members. The DILs were afraid of the stigma that surrounds motherless children and themselves as “a divorcing mom” in Korea. However, they reported if they had had jobs and were earning money, they would have left their husbands.

Obedience and Sacrifice for the Parents-in-Law

Lastly, most Korean female caregivers value the Confucian philosophy that honours the need to obey and sacrifice for the parents/father/mother-in-law. As seen in the earlier pages, for example, DIL 0001 reported that her conflicts with her MIL originated in her MIL’s oldest DIL’s often asking her for money. DIL 0001 said,

[My oldest sibling-in-law’s wife] said that her hip hurt and how the doctor told her that she needed surgery. . . . We gave her money for the surgery. . . . However, I found later that she got [a] double eyelid surgery. [Laughs] (22 years of caregiving).

DIL 0001 explained this type of situation made her irritated and tired. She also said that caring for her MIL herself is fine, but preparing ancestors’ worships made her stressed. Further, she reported that she had to obey her MIL because she of her belief that this is what she had to do; it was her duty, so she had to conceal her emotions. Her refusal to disobey reveals how she is still affected by her Confucian background (Sung, 1990).

Therefore, the DIL is clearly being strongly influenced by cultural norms in her experience of caregiving.

DIL 0003 is another respondent who emphasized that her family has kept up the Korean culture since 1989. She gave an example how she believed her obedience and sacrifice were essential to harmonious family functioning:

[In my family,] there has to be 100% obedience, not 99%. . . . How did I always obey [100%]? . . . [For women], praying for the family is a way to obey; it is also enables one to let go of oneself. I noticed that when someone sacrifices oneself, it can save the family and harmonize the family. (27 years of caregiving)

Although DIL 0003 said her happiness resulted from within, she seemed to be exasperated by her lack of independence. The conflicts she reported experiencing had occurred in the past, which may have given her time to reflect and come to terms with her emotions by accepting the value of obedience and sacrifice in keeping her family intact. So, her emotions were not as severe as other DILs who had terrible experiences of caregiving. In summary, the Korean female caregivers experienced caregiving conflicts due to four traditional cultural contributors which stemmed from Confucian principles.

Filial Obligations for Husbands

The burden of cultural tradition imposed on the caregiving experience was not felt by the DILs alone; the DILs reported that their husbands also experienced difficulties in the caregiving situation due to the values of Confucianism they upheld. For example, DIL 0002 agreed that her husband was also caught in the middle of the bad relationship between her and her MIL. She said, “After my husband knew that I felt burdened living

with his mother, he always seemed to be between me and his mother.” In DIL 0006’s case, after she had a serious fight with her MIL, her husband apologized to his mother on behalf of his wife. He tried to relieve his mother’s stress. DIL 0006 reported,

It was almost 12 a.m., but I wasn’t moving, so my husband went to his mother and kneeled down and said that he was the one who caused all of this mess. . . . He was another victim [of the relationship between his mother and me]. (13 years of caregiving)

As seen in these examples, as husbands, they must have known what was happening in the family. The husbands contemplated intervening, but knowing that this might exacerbate the quarrel, or cause more serious problems, none actually did anything to ameliorate the situation. Ultimately, they decided being quiet would be helpful for everyone. In this way, the 2 examples show that the husbands’ quality of life was also affected by the filial piety values.

Observing Care from Childhood

This study also found that there were four respondents who said giving care to their parents/mothers-in-law was not really so difficult as much as it was irritating. These four respondents (0003, 0008, 0009, & 0010) observed how their own mother and/or aunties supported their elderly PILs and dealt with extended family members. For example, DIL 0003 said,

I lived with my own grandmother. . . . My mom was busy running her business. So, my grandmother sacrificed herself for the family and always said; “If I were younger, I could have done more things for you.” I learned what kind of

relationship my grandmother had with her children and her DIL. I believed that this kind of relationship [could be applied] with my MIL. (27 years of caregiving)

DIL 0003's positive relationship with her grandmother is what she tried to reflect when she provided care for her MIL. However, DIL 0003 found that her expectations of a positive relationship, modeled on the one her grandmother had with her DIL, were not fulfilled. She said,

Once I got married, I realized that seeing my grandmother as a child was far different from the relationship between a MIL and a DIL. I thought to myself that my grandmother was different and that my MIL didn't do anything like my grandmother did or even like my mother did. (27 years of caregiving)

Similarly, DIL 0008 reported she was very deeply influenced by her mother. The respondent married a Canadian man. DIL 0008 said,

Giving care to older parents is the same [in both Korea and Canada] to me. . . . I grew up observing my mom, who supported and cared for my grandmother. I didn't have a lot of burdens or resentments in supporting or caring for my FIL. (2 years of caregiving)

Based on her positive experiences, she said she was able to help her husband rebuild a good relationship with his father. The following example shows how much she is influenced by her mother. She explained as follows:

[My husband] told me that he couldn't forgive his father [who often came home drunk and beat him and his mother]. . . . I told my husband, "Your dad is getting older and frail." That was my way of curing my husband from his scars from his

childhood [by telling him his care, demanded by filial obligation, was a means to overcoming his negative feelings toward his father]. . . . I told him, “My mom said that parents might not really care for what their children do, but that their children are their children.” . . . At first, I became closer to my FIL. Then, my husband became closer to his father. (2 years of caregiving)

This DIL 0008 strongly believes the observation of her mother’s sacrifice helped her heal her husband’s emotional scars and hatred for his father. In summary, all 4 respondents shared warm memories from the past, which may be what enabled them to accept their caregiving responsibilities while they still admitted that providing care for their parents/father/mother-in-law was not easy.

Summary of Section A

Living together in one house is the most common way Confucian values are manifested in the majority of the respondents, both in Korea and in Canada. While they were living with their parents/mothers-in-law, many of these DILs were confronted with conflicts with their parents/mothers-in-law (Choi, 1996) due to differences of belief and culture. For example, the DILs felt that their home was centered on the parents and the son and that their contributions were frequently overlooked. The DILs were very frustrated by and disappointed in their MIL. However, most of DILs decided to fulfill their duty to their parents/mothers-in-law by pushing through tough situations and listening to their parent’s/mother-in-law’s opinions.

The duty to obedience and sacrifice is also an important contributor that is based on cultural norms. Several DILs believed that if they did not voice their opinions, their

families would have no arguments and would remain harmonious. In addition, 4 of the Korean DILs reported their caregiving was not very difficult because of their positive memories of their grandmothers. Only 2 DILs reported they did not have any confrontations with their MIL. The next chapter, Finding B will present findings of other issues that occurred in the daily lives of the DILs as well as descriptions of their difficult situations. The chapter will also reveal what the DILs learned as a result of speaking up in defense of this caregiving hardship. This study, which originated from Confucian values, also related to other issues besides cultural obligations.

Finding B: Direct Caregiving Practices and Daughter-in-Laws' Voices

This study intends to show the cultural impact of Confucianism on these women's experience of caregiving, but as the following chapter will demonstrate, other factors also added to the challenge of caregiving. The following 6 factors also impacted the experience of caregiving burden by the DILs: (1) negative comments, (2) privacy intrusions (3) authoritarian style (4) dependency (5) favoritism, and (6) endless requests. While 6 DILs reported sharing with their husbands that giving care was hard on them, 3 DILs who were supported by their husbands were less stressed. This chapter identifies which factors affected women's lives and their caregiving roles and demonstrates how the Korean female caregivers experienced caregiving hardships other than filial piety obligations.

Negative Comments and Privacy Intrusions

Each of the 10 individual DILs had different experiences of caregiving. Among of 6 contributors, the negative comments, or lack of compliments, were most likely to affect the women's lives. For example, DIL 0010 reported,

I do care my best for [my MIL], but [my siblings-in-law] only focus on saying what I was doing wrong [if my MIL is sick]. I don't think they recognize how much work I put in. (7.5 years of caregiving)

Similarly, while DIL 0002 was living with her MIL, she "did not hear any positive comments from [her MIL]" (7.5 years of caregiving) and she felt bad because of that. This DIL also reported that her privacy was threatened by her MIL. She reported, "I never get any privacy. My MIL always appeared where my husband was" (7.5 years of caregiving). When she experienced this type of caregiving hardship, she was often frustrated but she did not say anything. Instead, she planned a family vacation without her MIL for two weeks. Deciding to travel was her form of rebellion to claim her right in the family. However, her rebellion led to a falling out between the family members. Her MIL was enraged and moved out of the DIL's home to live separately. The DIL and her MIL have had a very emotional and distant relationship since then.

Similarly, 4 respondents, DIL 0001, DIL 0002, DIL 0004, and DIL 0007, also pointed out their caregiving hardships included a lack of boundary between them and their MIL. DIL 0007 described how her conflicts with her MIL arose and how they could not deal with each other being upset. Her husband is the only son for his mother. She reported, "[My husband and I] would even talk to her about why we ate out . . .

[However,] she would ask me why we went out.” Even though DIL 0007 explained about her outing with her husband, her MIL usually responded by saying, “I feel that the sky collapsed today.” According to the DIL, her MIL’s expressions meant that she was jealous when she was left behind at home. She reported that this type of incidence did not bring any problems when she lived in Korea. However, after immigrating to Canada, it became problematic. DIL 0007 reported,

[A]fter arriving in Canada, I was too busy all the time and every day I sent the kids to a daycare, learned English, worked in a hospital, etc. At that time, I thought the breadwinner of my household changed. (3 years of caregiving)

The DIL was overwhelmed when her role changed to a primary income provider for her family in Canada. The DIL also confronted other issues such as her MIL’s special attachment to her husband, language problems, management of the household, child care, and caring for her MIL, all while she was working. She did not like her MIL’s behaviour and therefore was emotionally distant with her.

Authoritarian Styles

The third common contributor to the stress these women experienced in their role as caregiver to their in-laws is the authoritarian style of the PILs that differed from the DILs’ style of raising and educating their children. This study found that conflicts arose between DILs and parents/mothers-in-law regarding children’s education and church activities. For example, DIL 0006 was an early childhood educator and had specific techniques and beliefs about how to raise and teach children based on her early childhood education. However, her PILs and sisters-in-law interrupted her by overprotecting and

dealing her son as a special person in the family because her son is the oldest grandchild in the family. The following example shows how her family's overprotection of the oldest grandchild clashed with the DIL's role as a mother also makes evident the authoritarian style of the MIL. The DIL 0006 said,

When [my son and niece] were fighting over a cup, my sister-in-law talked her kid into giving up the cup. However, my son . . . threw the cup because he couldn't get the cup earlier. He was behaving arrogantly. . . . Everyone was overprotecting my son. . . . So, I took my son to a room and slapped his feet a couple of times. My MIL said with a loud voice, "Come out here with him." . . . I told my MIL that I was disciplining my own son. Then my MIL said, "Are you talking back to me?" I was stifled. I was sitting there quietly; then my MIL got my clothing for me and said, "I don't know where you learned this kind of attitude. You should go back to your parent's home." (13 years of caregiving)

This incident caused both of them to become aware of how different their approaches to child rearing were. The DIL realized that she had no more patience. However, she also realized that she did not have any place to go. Eventually, she resigned herself to staying and adapted to her life and accepted her MIL by admitting that her MIL was born in her way.

Additionally, there were 3 respondents who had similar troubles with their MILs on the issue of their religious beliefs. These 3 respondents' MILs had been involved in establishing their churches and so required their DILs to attend their chosen religious institution. For example, DIL 0010 said,

Originally, I wanted to go to a different church that my MIL dislikes . . . She didn't allow me to go to a different church from hers. Even though I dislike going to her church, I still go to her church with her on the weekend. (7.5 years of caregiving)

She added, "My MIL doesn't understand why I want to go to another church. So, my husband and I decided to go to her church until she dies." This conflict over different religious beliefs affected the DIL's quality of life.

Dependency

The extent of the in-laws' financial and emotional dependency on the DILs is another contributor to caregiving hardship. Seven of the daughters, who had better financial situations than the other siblings-in-law, answered that they were responsible for providing financial support along with all of the other necessities. For example, DIL 0001 said her husband and she supported "all fees related to their PILs' health: buying medication, going to hospitals, covering living costs and traveling fees." (22 years of caregiving).

Another example shows the emotional dependency of elderly in-laws had a more negative effect on the daughters than did their financial dependency (Kim & Lee, 2003). For example, when DIL 0006 visited Korea to learn how to cook Asian food so she could start a business in Winnipeg in order to pay back her deposit from the government, she learned quickly about the burden of filial piety resulting from the dependency of MILs. When she arrived in Korea and dropped by to say hello, her MIL asked her to go to work in the garden with her. DIL 0006 said,

“I found that my MIL hadn’t changed at all . . . She was still who she had always been. She was same as before. I mean, my MIL expected me to do everything for her”. ((13 years of caregiving)

DIL 0006 felt frustrated because her MIL did not consider that she had just arrived in Korea and was tired. She said, “It seemed my MIL considered my visit to Korea was to make a garden for her.”

Similarly, DIL 0007 described the burden the dependency of in-laws imposed on DILs saying,

I had a hard time living here in Canada. . . . Even though I spent time with my MIL, it was never enough, and my MIL wanted to keep her traditional Korean lifestyle even though living in Canada, which had an impact on me as she expected my filial piety. . . . Yes. I assumed that my MIL didn’t think about the fact that she was burden on me, that the obligations she expected of me were difficult here in Canada. . . .”. (6 years of caregiving).

As these examples demonstrate, the dependency of MILs on their DILs intensifies the burden of caregiving for DILs in Canada where the DILs are often breadwinners as well as caregivers for their children and husbands.

Favoritism

A MIL’s favoritism of the first born son was another common contributor to conflict between the DILs and MILs. For example, DIL 0009 reported that while her MIL financially supported her oldest son, she did not help the youngest son with whom she lived and who went bankrupt. The DIL 0009 said,

I found that my PILs had a small amount of land in a rural area. . . . It seemed like they were keeping it for their life savings. I can understand that my PILs didn't help us because they wanted to help their oldest son. . . . What I wanted to hear [from my MILs] was, "I am sorry, because of my son, you are suffering from financial problems". But, my PILs did not offer to help us nor did they apologize me. When I left my MIL, she said, "If I knew your money was going to be wasted, I would have given more [to] the oldest son." So . . . I didn't see my PILs for 6 years". (1.5 years of caregiving)

DIL 0006's MIL, who was always on her oldest brother-in-law's side, ignored her urgent requests and DIL 0006 felt betrayed by her. The DIL felt that her MIL treated her and her husband unfairly because of this traditional privileging of the eldest son common in Korean culture. However, 6 years later, the DIL said she received an apology from her MIL. Her relationship with her MIL slowly became better after moving to Canada.

Endless Requests

Several DILs also reported being stressed by the endless requests of their parents/mothers-in-law on a daily basis. Parents/mothers-in-law did not have adequate English skills to perform activities in their daily life (ADL) and instrumental activities in their daily life (IADL). The following example shows how a DIL's life was affected by her MIL. DIL 0010 said becoming stressed over her MIL's relentless requests. DIL 0010's MIL is 89 years old and was recently diagnosed with a mild cognitive dementia. DIL 0010 also said that her MIL would not admit that her persisting eye problem, not being able to see well, was the result of her age, insisting instead, it was her glasses that

were the problem. Therefore, DIL was irritated by her MIL's repeated requests for new glasses. As DIL 0010 reported,

I told my MIL, "Please be aware your sight and quality of vision cannot be improved by new glasses," . . . My MIL told me, "I still don't see well." What she meant was that we had to go to another optical clinic to find another pair of new glasses for her. . . . So, she and I continue to argue these days. (7.5 years of caregiving)

DIL 0010's obvious frustration was exacerbated because of her lack of support from her oldest brother-in-law. Though he lived close to his mother, he frequently broke his promises to help her. As DIL 0010 said,

I booked an appointment and asked my brother-in-law to take his mother there because I had to work, but he broke his promise with me. He canceled the appointments twice. Eventually, I had to take his mother to the optician myself. (7.5 years of caregiving)

As she worked full time, she also faced time constraints in caring for her MIL. Her husband is in Korea for his employment, so she has to do everything for her MIL when she needs help. The DIL 0010 still believes that her oldest brother-in-law, who is 70 years old, was able to bring his mother to an optician. She said, "His health is still good for someone his age. . . . He can [still] do whatever he wants." Clearly, the lack of support from other family members only increases the burden of care for DILs as they face the relentless demands from their MILs.

All of the previous examples clearly show that DILs often experienced intense stress in their caregiving duties. The findings indicate that 5 DILs (DIL 0002, DIL 0004, DIL 0006, DIL 0007, and DIL 0009) rebelled against their parents/mothers-in-law when their forbearance ran short. Three DILs (DIL 0001, DIL 0003, and DIL 0010) showed their patience was endless, and the other 2 DILs (DIL 0005 and DIL 0008) did not feel any caregiving hardships.

Summary of Section B

This section shows that the caregiving hardships these Korean female caregivers in Canada experienced, based on direct caregiving practices at home, negatively affected their quality of life. Their caregiving hardships also came from many different contributors not only from filial obligations. Six contributors usually led to the DILs being upset because the contributors affected their roles and caregiving performances. The first contributor: negative comments from their parents/mother-in-law often made the DILs feel their competence was not recognized by their MILs. Three DILs described their MILs as people who had strong personalities, were more knowledgeable on maintaining a household, had strong financial status, and were established members of a church. So, the DILs felt that their abilities were poorer than their MILs'.

The second negative influence on the DIL's caregiving experience was the MIL's privacy intrusions. The DILs felt that they were denied the opportunity to build a good relationship with their husbands due to their MIL's intrusions. Authoritarian styles also contributed to the DILs feeling stressed. The parents/mothers-in-law's forceful advice on education and/or religion usually caused a confrontation with their DILs. The degree of the

MIL's dependency (e.g., financial or emotional), favoritism and endless requests were other negative factors. When 8 DILs faced the conflicts caused by these contributors, the DILs were usually patient; because of their cultural upbringing, they had learned that they should respect older adults.

Finding C: Coping with Caregiving Hardships

Types of emotion

Caregiving hardships of two categorized themes, such as filial piety values and direct caregiving practices led the Korean female caregivers to experience extreme emotional distress. DILs expressed very complex emotions depending on each respondent's situations and stressors, such as living arrangement, filial piety values, and direct caregiving practices. Most of the DILs commented on their negative emotions in this study. Each one felt different emotions and usually kept their emotions to themselves. The emotions they expressed in the interviews were likely not as strong as the ones they had been keeping in check for many years. They seemed to refrain from what they really wanted to say sometimes. For example, respondent 0004 refused to answer which symptoms she manifested when she was stressed.

Another example shows how complicated the DIL's emotions were. Respondent DIL 0002 said,

[W]hen my husband came back home from work, my MIL always was waiting for him and opened the door when he rang the bell. . . . I was behind them all the time. [Laughs] . . . I was offended by my MIL. *I am his wife.* [emphasis added]
(7.5 years of caregiving)

DIL 0002 felt her rightful position as wife was taken away from her and so felt embarrassed, upset, frustrated, and offended by her MIL. DIL0002 also described her MIL's domineering character in the following:

My MIL always wanted to lead my family like the front wheels of a vehicle. . . . She also tried to control my daughters and have them follow in her ways. . . . I didn't have my position in my family as a wife and a mother. . . . My MIL was always with us. [Laughs]. (7.5 years of caregiving)

The DIL was angry because she felt as if she were being replaced by her MIL, as if her MIL had stolen her position in the home. This chapter examines the following questions:

(1) What kinds of emotional distress did the DILs experience and in what situations? (2) What caregiving stress symptoms did the DILs in Canada experience while they were living together with their MILs?, and (3) How did the DILs cope with their stress?

Symptoms of Caregiving Stress

Irritation

Eight out of 10 DILs experienced symptoms of caregiving stress. The main symptoms included being irritated (most respondents), body malfunction (4 respondents), and negative memories (2 respondents). Most respondents said they were often irritated with their family members including their husband and children and even coworkers in their workplaces as a result of the stress they were experiencing as caregivers. DIL 0001, reported her irritation usually resulted from her oldest brother-in-law's wife's behaviour. Respondent 0001 commented on the manifestation of her stress. She said,

[Caring for] my MIL herself is fine. But [preparing ancestors' worships made me stressed] . . . my brother-in-law's wife never wanted to [prepare ancestors' worships], so . . . I would make the food the night before or way in advance. I would cater for the events and finish work early, but I wouldn't necessarily call this stress, just annoyance and irritation. (22 years of caregiving)

As she reported, preparing food for the ancestral worships and family events without any assistance were her stressors. She also added, "Every time my MIL does something, anyone that ever comes to our house, it's extra stress." (DIL 0001, 22 years of caregiving)

Body Malfunction

Four DILs experienced their physical ailments when they had big arguments with their MILs. For example, DIL 0004 lived with her PILs in one apartment in Korea. She provided care for her PIL for 9 years. Her FIL was very sick and her MIL cared for her husband. Her circumstances did not help DIL at all, and she was conflicted about whether or not to divorce her husband. Her husband, as the oldest son, believed that caring for his parents was his responsibility. The DILs' family also suffered from an unstable financial situation. She could not endure living in this environment, which resulted in her experiencing bodily problems. The respondent did not want to share what physical issues she experienced. She said, "I experienced my body was not very good. I don't want to tell you about this part . . . I was sick and my body didn't" The respondent refrained explaining her feelings and her bodily condition.

Another respondent, DIL 0006, similarly expressed that her stress, specifically having to deny her true feelings, resulted in physical symptoms. She said,

I was suppressing my feelings, and I got ill. When my blood pressure got low, I would fall, throw up, lose control of my bowels, [and] tears and snot came out . . .

It continued for about 3 years . . . so, that's why I tried to say "yes" to whatever my MIL [asked of me]. . . . I couldn't move physically at the time, but what my MIL was saying was echoing in my ear. (13 years of caregiving)

These physical symptoms suffered by DIL 0006 were clearly symptoms of her stress. The DIL's style of discipline, which she acquired as an early childhood educator, were undermined by her MIL. Further, as a wife and mother, the DIL's social location in her family was not stable. She, therefore, decided to not allow herself to fit in the family as her MIL perceived it should be. By acquiescing to her MIL's opinions and demands, the DIL believed her whole family would be quiet and comfortable. Unfortunately, this caused her to suffer these types of bodily malfunction for 3 years.

Negative Memories

The experience of negative memories was another common symptom of stress experienced by 2 of the 10 DILs interviewed for this study. For example, DIL 0009's family had serious financial problems on many occasions after getting married.

Nonetheless, when her husband earned a lot of money from his investment, the DIL would help her brother-in-law as well as her MIL. However, her husband eventually lost money from his investment and went bankrupt and her sibling-in-law's wife only blamed her for lending money to her husband.

As DIL 0009 described,

My husband's brother's family had a hard time, and I willingly wanted to help him. However, his wife found that I had sent money to her husband. She said later that sending money to him was my fault [not helpful]. Her saying that was really hurtful. Neither my mother-in-law nor my husband's brother's wife knew about that. Only my husband knew. [I argued with him I didn't tell her that I had lent money to her husband.] After immigrating to Canada, each time I argued with my husband, I would experience episodes from my past. (1.5 years of caregiving)

She went on to say,

After I moved to Canada, I stopped listening to Korean music. It reminds me of the hard times that I experienced in Korea in the past. If I listen to Korean music, I cannot control my crying. In Canada, not everything is easy, but I am satisfied with my life at the present. . . . (1.5 years of caregiving)

The DIL's negative episodes with her parents/mothers-in-law made her avoid anything Korean because it recalled all those bad memories (e.g., her MIL's favoritism for her oldest son, MIL's ignorance of DIL's asking financial help, and her arguments with her MIL in the aftermath of bankruptcy).

Daughter-in-Laws' Coping Strategies

Participation in Church Activities

This study identifies a number of strategies the Korean female caregivers used to relieve their stress. The most common strategy used by the majority of respondents was participating in their church and praying to God at home. Nine of the 10 DILs were

religions and went to church. One DIL does not have a religion. The 9 DILs relied on God and they were actively involved in church activities. They were devoted to God. DIL 0003 described how she coped with her feelings by consulting her fellow church members:

I had to have a consultation with my church members, who have a lot of life experience. . . . In [response to their saying], if we believe in the Lord, we can understand everything, I just said to them, “I got it,” but in reality, I was thinking “what do they know?”, and “They don’t know because they didn’t go through this.” However, later on, I felt the Lord solving this problem eventually . . . As time went by, I wasn’t mad, and I started to understand my MIL. (27 years of caregiving)

The DIL relied on God to relieve her stress and also to reconcile with her MIL. The following excerpt from her interview describes how she believed praying was helpful for her. As she said,

When praying [in my church] . . . I felt that the Lord embraced me with his arms. When I held my MIL’s hands and prayed for her health and spirits sincerely, I felt that my mind changed. When praying, tears came down my face, and I hugged my MIL, saying “I love you”. (27 years of caregiving)

Another DIL 0006 also said,

Even though all of my family’s focus was set on my mother-in-law, I thought that I needed to be happier. Now, I feel that the Lord has healed me and I have recovered physically and spiritually. . . .”. (13 years of caregiving)

Most of the DILs used their church programs to help heal emotional wounds and build positive relationships. They also remained loyal to their traditional cultural norms centered on filial piety (e.g., giving up a travel's plan with their friends for caring for PILs and children), which ultimately caused their distress. Their acceptance of the conventional Korean belief that "women are expected to tolerate their hardships and miserable situations and to suppress their emotions in order to adjust and not be noticed by others" (Kim & Theis, 2000, p. 271) is at the root of their caregiving burden, and the church afforded them a means of dealing with it.

The Use of Hobbies and Social Networks

The second strategy that the DILs commonly used to relieve caregiving stress was the use of hobbies and to social networks. Their hobbies included going shopping, watching television, listening to music, and traveling. A few DILs liked chatting on social networks. For example, DIL 0009 chatted with her child's home visit teacher in Korea to relieve her stress. She said,

I had to work and look after them at the same time. So, I had back and forth, back and forth . . . [My children's home visit] teacher said, "You don't look like a mother these days, why do you live like this? . . ." (1.5 years of caregiving)

After moving to Canada, she listened to music to relieve her stress but she sometimes yelled at her children. "I also listened to music. I don't know how to play the piano . . . [However, when] I felt bad . . . I yelled at my kids to relieve my stress." (1.5 years of caregiving). In addition, a few DILs used other strategies such as positive thinking (e.g., trying to enjoy their duties, change their opinions, and accept their in-law's behaviour),

and keeping busy. According to Kim and Theis (2000) “caregivers seemed to accept their negative feelings by finding some positive aspects of their current situation” (p. 268), This study supports this statement.

This study reveals while the DILs relied on God and church to relieve their stress, they did not use any formal services in either Korea or Canada. Respondents said they did not know what types of counseling services were offered for the immigrant women and/or they did not have any interest in the services. They had not even heard any of the names of the social agencies that the researcher provided. For example, DIL 0010 reported, “I never thought I needed counseling. . . . I assume that every Korean thinks like me.” Though the majority of DILs were stressed, they did not believe they needed counseling. Canda (2013) reported that adult children are forced to practise their filial piety obligations due to the lack of care services, there were no reasonable, approachable, possible, or suitable services for immigrants available inside or outside the home. The majority of DILs had no experience in using counseling services. This may mean that they are not comfortable with seeing counselors who do not provide culturally sensitive services due as well as fearing they may be misunderstood because of their English language skills.

Summary of Section C

The DILs’ responses to their stress were varied and complicated. Caregiving stress manifested in different ways as well. The most common symptoms identified were bodily malfunction (e.g., a DIL experienced her body did not move as she wanted), negative memories (e.g., a DIL avoided Korean music because the music recalled her bad

memories), and being irritated (e.g., a DIL was irritated with her family because she did not get any help preparing food for the ancestral worships).

Many DILs reported that they felt most angry and frustrated when they argued with their parents/mothers-in-law in Korea. After moving to Canada, they found that these emotions persisted even though the arguments happened in the past. However, most DILs did try to understand their MILs. One DIL attempted to be empathetic toward her MIL, saying “My MIL gave me a hard time, but . . . I thought, “Ah! . . . This is her way of showing love; her way was just different. . . .” (13 years of caregiving)

The majority of DILs reported they did not need counselors to help them deal with their stress. They did not believe counseling would work for them. However, they did not know where to go, should they need help. Even if most Korean female caregivers in Canada were very distressed, they did not seek help through formal services. They even seemed to make light of their stress, undermining its seriousness.

Chapter 5: Discussion

Filial Piety Values and Women's Quality of Life

This study suggests 4 major filial piety obligations have had the most impact on the burden of caregiving for these women; these include: living together with parents, being responsible for parents, enduring the prioritization of parents and/or son, and having to obey/sacrifice. This chapter examines how filial piety obligations, especially living arrangement and duty to obey, affected the DILs' quality of life. In addition, the direct caregiving practices that added to the caregiving burden and how the nature of the family of the DILs changed as a result of caregiving hardships will be discussed.

Living Together with Parents-in-Law

In this study, adult children in Canada lived with their PILs (DIL 0003, and DIL 0008) or lived separately (DIL 0002, DIL 0004, DIL 0007, and DIL 0010) but in close proximity (Choi, 1996; Koh & Bell, 1987; Sung, 2000; Yoo & Sung, 1997). Most families in this study were composed of three generations living in arrangements like this. The DILs were stressed while they were living together with their parents/mothers-in-law. For Korean DILs, the negative aspects of living together were remarkable and exacerbated the conflicts between the DILs and the parents/mothers-in-law.

However, as seen earlier, there were two DILs (DIL 0005 and DIL 0008) who experienced a positive side to co-residing. In these cases, the family bond became stronger among the multi-generations and influenced the sharing of filial piety obligations. This phenomenon was also observed by Choi (1996); Chun et al. (2007); Kim & Lee (2003); Park et al. (2004); and Sung (1994). This study then, supports

Canda's (2013) assertion that there are both positive and negative aspects to caring for PILs.

Nonetheless, this study sheds new light on how this Korean living arrangement affects female Korean immigrant caregivers in Canada. Seven older parents/father/mother-in-law were cared for by their youngest DILs in Canada. This study indicates that the factor of "living with parents" generated conflicts between DILs and parents/mothers-in-law. Based on these findings, it is concluded that the DILs had a difficult time caring for their parents/mothers-in-law because of this cultural norm.

Obeying Parents-in-Law

10 Korean female caregivers in Canada cared for their parents/father/mother-in-law since they were married and lived with their husband and their parents. The duration of their caregiving ranged between 1.5 years and 27 years. The duty to obey and care for PILs led to the caregiving hardships of these Korean DILs. In this study, most DILs accepted their caregiving role and provided caregiving from the beginning of their marriage to the end, which confirms Kim (2000, 2001); and Sung's (2000) findings that Korean women tend to accept their caregiving role without question. As primary caregivers, the DILs felt their ongoing caregiving role was burdensome but since this was expected by their family they accepted their situation, which shows that they were and so were strained by this Korean cultural norm.

In this study, a DIL was forced to take on the responsibility of caring for her MIL by all family members who were in the hospital for their father. DIL 0003 said that her oldest brother-in-law and even her own mother coerced her into saying consequently

denying her agency. In this situation, it was very difficult for DIL 0003 to say “no” to her in-laws because she knew they needed her at this moment with the FIL being in the hospital. For example, the DIL said, “I would pray for the Lord” instead of “yes” immediately. She, as a DIL, did not want to accept their forcing her to assume the role, but eventually she accepted because she felt that she could not deny the cultural norms that all the family members accepted. She also believed that she, as a child must respect and obey her elders, especially, a male who has more power as the oldest son in the family (Min, 2001); therefore, she acquiesced in her situation, conforming to filial piety obligations she had learned in Korea.

The results of this study are consistent with Park et al. (2004) who found that DILs did not have a choice in beginning their caregiving position. Their caregiving roles were implicitly decided by their family members. In this hierarchal family structure, where obedience rules all, the women did not have the power to decide whether they should accept the caregiving role. Sung (2000) asserts that the wives in his study were generally pressured by a social norm to follow orders and accept living together with their PILs. Consequently, the DILs sacrificed themselves to obey their elders, and submitted to the male. In this study, the Korean women were forced by the Korean cultural norms which originated from Confucianism in Korea.

Changes in Korean Caregivers’ Families

Evidence suggesting that DILs’ families have been undergoing change as a result of accumulating to a new culture in Canada. The changes in their families include (1) a diminishing familism, (2) a preference for individual living arrangements including

institutionalization, and (3) a change in women's role as a breadwinner. Firstly, the findings of this study revealed that DILs' care of and duties for the extended family have lessened after their families moved to Canada. Most DILs' families in this study considered their extended family (e.g., a siblings-in-law's family) to their family because of their parents/mother-in-law as parents play a significant role in connecting the extended families. So, the DILs' siblings, who live in different cities or in Korea visit their parents'/mother's house during holidays.

However, 8 DILs reported they were severely stressed as a result of extended family events without their family assistance. It is not difficult to assume that most families in this study would be disconnected if their parents/mother-in-law died. Indeed, it is very difficult for immigrant families to gather because of physically, extremely long distance. For example, DIL 0002's all siblings-in-law live in Korea, and they do not visit their mother in Canada. Instead, their mother rarely visit Korea to see them.

Further, 9 DIL's families go to church/Catholic church and do not follow ancestor's worship in a traditional Korean Confucian way of service (e.g., in Christianity teachings, family does not vow to dead ancestors even if they set a table in a holy room.). In this case, if parents/mothers-in-law died, familism in which ancestor's worship ritual is emphasized in the Confucian Korean society would also be diminished because, probably, no one likes to come to pray for their dead ancestors, especially, in a time the ritual of ancestor's worships are not welcomed by DILs due to caregiving hardships.

In addition, as Sung and Song (2001), and Sung (1998) assert, there has been a social shift in children's parental care practices. These authors found that society has

changed and relationships and affections between parents and children based on filial piety have been weakened.

A second significant social change occurring in Korean DILs' families is that most DILs preferred living independently of their in-laws because they could avoid further confrontations, escape the social circles that they were involved in, and because they could be free of caregiving (DIL 0002, DIL 0007, and DIL 0008). Several DILs, DIL 0002,, DIL 0007, DIL 0009, and DIL 0010 also asserted that institutionalization or nursing homes for elderly PILs could be considered as an alternative way of caregiving. This preference for a separate living arrangement indicates that individualism and the nuclear family structure in Canada has had an influence on family orientation of the Korea families, diminishing traditional familism and the multigenerational family structure.

The third major change in Korean families is that Korean women are assuming to have the role of primary income provider more frequently. There are 2 cases in which the DILs provide the primary means of income while their husband was trying to open a business or get a job right after moving to Canada. These DILs did not work in Korea. After immigrating to Canada, they had a difficult time dealing with caring for their children and parents/mothers-in-law while they were working in the Korean community in Canada. The current study supports Min (2001)'s findings that immigrants' women had a hard time dealing with both caring and working. According to Min (2001)'s findings, there is a significant change in Korean women's participation in the labour markets in the USA, which was much greater than when they lived in Korea. Min (2001) stated that Korean women worked for their own family business, at small grocery stores run by the

Korean owners, or as babysitter for a Korean family. This change for Korean women in the Korean society in the USA was a big shift from their lives in Korea (Min, 2001).

This study shows that the DILs' economic activities out of home were the main source of income until their husbands got a business operating or got a job. It was very challenging for them to deal with their full-time work and the care of their children as well as of the MIL who had very low English skills in Canada.

Women's Quality of Life

This study found 4 ways in which these women's quality life was affected by both cultural norms and direct caregiving practices in the Korean community in Canada. These include being treated unequally, having their performances unrecognized, having their voices silenced, being middle-aged and caught between culture and caring for elder in-laws, who had not prepared for their old age. An example of each of these ways in which Korean felt forced by their culture and caregiving burden will be examined in the next paragraphs.

Firstly, the Korean female caregivers were often not treated the same as their husbands by their MIL. For example, DIL 0001's mistreatment by her MIL is culturally conditioned. DIL 0001's MIL believed cutting a watermelon is a woman's work. And because in the conventional Korean family, MILs generally have more power than their DILs, the DIL 0001 acquiesced. DIL 0001's MIL was able to coerce the DIL to conform to her request because, as the elder, she must be obeyed. And because the DIL's position as a woman is lower than her husband's, she is also required to obey. This gender role, and the unequal treatment it implies, derives from the hierarchical family structure and is

founded on Confucian principles.

DIL 0001 is just such a victim, and her story shows that “[f]emales in a male dominated society are expected to repress feelings of anger and oppression.” (Calderon & Tennstedt, 1998, p. 175). The DIL was devalued by her MIL, and still she sacrificed herself for her MIL. As well as having their quality of life affected negatively by this unequal treatment by their MILs, DILs’ quality of life was also adversely altered by having their performances go unrecognized (Baines et al., 1998) by their MILs and other family members. They usually did not receive any compliments. Another respondent, DIL 0002 said, “I didn’t hear [any] kind of [positive] comments [from my MIL].” Such frustration was one of the reasons which caused her to live separately from her MIL.

Furthermore, the MIL’s very close relationship with her son also provoked DIL 0002 and made her feel threatened because she felt as though she had lost her position in the family as a wife and a mother. In this situation, the DIL’s frustration illustrates that she, as a newlywed, was uncomfortable in her MIL’s presence. In addition, she felt she had to suppress because she was not able to speak up against her MIL. In her frustration, she went on vacation with only her husband and children, leaving behind her MIL. Korean female caregivers do not tend to be acknowledged and complimented for what they have done for their parents/mothers-in-law. Choi, (1993) asserted that it is important for the care receivers to express their appreciation to the caregivers and that these expressions would reduce the caregivers’ stress.

A third way in which Korean caregivers’ quality of life is affected is in having their voices silenced because the home is supposed to be filled with a sense of obedience

and respect for elders. (e.g., although DIL 0003 did not want to take a caregiving role, she was forced to become a primary caregiver on the oldest brother-in-law's demand, who have more power than her). The Korean women's willingness to speak up was blocked by filial piety values upheld in Korean families. In Korean society, when a DIL expresses her opinions or speaks her mind, not only is she criticized, her parents are as well by her PILs. This refusal to uphold any independent opinion on the part of the DIL caused many Korean female caregivers to remain silent, holding their stress inside even while their opinions were being ignored. It is assumed that they, as adult children, do not want their own parents to be criticized by other Koreans because of them. The respondent, DIL 0006, therefore, would often be criticized for not learning about what filial piety is and/or not knowing how to treat older parents. This finding is supported by Kim and Theis' (2000) finding.

Lastly, the fact that the respondents were middle aged, between 47 and 51 years, and so caught between generations, raised according to Korean values but now influenced by the very different values of the new culture in which they are now living, was another factor affecting their quality of life. Most of them are the first Korean generation to care for their PILs according to Korean traditions but in a Canadian context. The parents/father/mothers-in-law's age range is between 70 and 97 years old was an additional burden because even if some of them had a stable financial status, others did not and relied on their children. DILs were influenced by the caregiving style of their parents but also by the new style evident in their new Canadian environment, and so they experienced conflicting perceptions of caregiving. A future study is needed to

further investigate the effect of this clash between different caregiving approaches on immigrant caregivers.

Study Strengths and Limitations

Caregiving issues have frequently drawn the attention of many researchers. In the context of Asian culture, caregivers' stress and/or caregivers' relationships based on filial piety and Confucianism have also drawn interest. These studies were usually researched in North America, especially in the United States of America. However, comparatively, there was limited Canadian research. This study provides necessary insight into the experience of female Korean-Canadian caregivers. By highlighting the effect of traditional filial piety norms on the quality of life of female Korean-Canadian caregivers in the Canadian context, this study makes a valuable contribution to the field of social work regarding cultural understanding, competence and sensitivity.

Nonetheless, there are three limitations to this study. Firstly, L. Taylor (personal communication, December 12, 2016) notes that “[q]ualitative research is rarely generalizable”, the findings in this study cannot be generalized because the caregiving hardships 10 women experienced are all different and cannot represent all Korean immigrant women in Canada.

As well, this study was primarily focused on women in the province of Manitoba. Eight participants reside in Winnipeg, Manitoba while the other two reside in other cities in Alberta and Ontario. The findings, therefore, may not generate enough information to represent all Korean-Canadian women, especially those who reside in bigger cities, such as Vancouver, Edmonton, or Toronto, which may have more resources than Manitoba.

Perhaps, findings of caregiving stress in this study would be quite different if many respondents in different cities had participated in this study.

Secondly, scholars who criticize a narrative approach point out the difficulty of achieving accurate transcribing because researchers may not always understand the respondents' real meaning (Riessman, 2001). I was cognizant of the importance of accuracy and transcribed all the respondents' experiences to Korean with care.

Nonetheless, this study may not have been perfectly transcribed and translated because of the different usages between Korean and English.

Thirdly, as mentioned earlier, the original motivation for investigating of caregiving by older female Korean-Canadian immigrants was drawn from my personal experiences; therefore, my transcriptions and translations may be biased by my assumptions. A few husbands kept quiet by staying away from their wife and mother even though they observed the arguments while there were a few husbands who were very supportive of their wives. It is likely that the husbands were stressed and did not know how to solve the problems. Therefore, this study cannot provide a 100% guarantee that the respondents' experiences are reflected precisely.

Summary of Chapter 5

Most respondents in this study continued to follow the strict obligations of filial piety; despite having lived in Canada for some time, the influence of this cultural value still determined how they provided care. It is clear that Confucian principles affect the direct caregiving practices of the DILs, making it more burdensome because of strict, sexist obligations of filial piety. It was shown that co-residing (Choi, 1996; Koh & Bell,

1987; Sung, 2000; Yoo & Sung, 1997) in one house/apartment may serve to facilitate filial piety obligations and family functioning, but it may also simultaneously aggravate conflicts through other filial piety values. Women's quality of life was also affected by direct caregiving practices. However, as Canda (2013) asserted, Korean women in this study showed they are compassionate and felt pity for their in-laws even when they were stressed. The findings also revealed that the women's silence did not mean that they accepted their situations but rather that they were stressed by the influence of their culture which denied them power, agency, and a voice. Therefore, 4 women chose an independent living arrangement to solve their caregiving problems.

The next chapter will provide the recommendations, implications, and conclusions of this study. Korean immigrants in Canada, especially, Koreans in Manitoba may learn strategies on how they can manage the caregiving situations. Since this study focuses on examining caregiving hardships from women's perspective, it may provide valuable insight which will be helpful for Korean families to attain a better understanding of the challenges women struggle with when they provide caregiving for their PILs.

Chapter 6

Recommendations for Korean Families

The women in this study experienced stress as a result of caregiving yet only a few discussed their hardships with their families to find better solutions. Their experiences suggest a few ways in which Korean families can improve the caregiving experience. The first step in reducing caregiving stress is for Korean immigrant families to understand caregiving as a whole concept. To begin with, families need to consider the woman's perspective. The DILs' hardship was intensified because they were not allowed to challenge or oppose their parents/mothers-in-law. However, the more the DILs remained silent, the more troublesome their relationships became which led to more personal distress. Therefore, Korean families need to give DILs a chance to speak out and consider their perspective. The husbands and the parents-in-law need to ask for the DILs' thoughts, needs, feelings, and opinions about the caregiving practice, family roles, and family rituals.

Secondly, Korean families need to ensure that DILs have a personal life. If the DILs do not have free time, they are more stressed and this can lead to more conflicts. Setting up a certain time for free time for DILs will be helpful for them to enjoy their lives without any interruptions. They can read a book or newspaper, go out to see a movie, or take a trip with their own family. The families need to guarantee to set up this time frame for the DILs every day. Further, most DILs reported that living together with their parents/mothers-in-law in one house or apartment was uncomfortable and stressful. To untangle their relationships, the families need to consider the physical space and

ensure they do not constantly bump into each other by purposely being away from one another at certain times. For example, the families need to have meals at different times. If family relationships become negative, it would be better to live separately so that they can have more personal time and space without interruption.

According to Kim and Theis' (2000) finding, separate living arrangements can prevent conflicts between family members. Yoo and Sung (1997) also found that if DILs' relationships with their PILs are too enmeshed, their private lives and freedom would be threatened. This study revealed that 4 women enjoyed their personal lives after moving away and, eventually they could recover and heal their ruined relationships with their parents/mothers-in-law. They also felt comfortable because they had a lot of freedom and felt themselves to be the owners of their own lives even though they felt a little guilty because they couldn't visit their parents/mothers-in-law every day.

Thirdly, as the findings show, women were identified as a primary caregiver by their families. Or, women were naturally given a caregiving role when they got married. They were not given any chance to participate in a process of decision making when families selected a primary caregiver. In this case, women had complaints and even felt furious because families ignored them. Therefore, the families need to invite women to come to a decision making process and encourage them to talk about their opinions. When women keep silent, families need to understand that their silence is not a sign of agreement or acceptance. The families need to create a comfortable atmosphere so that everyone can have the right to speak equally. It is important for families to consider that when a person speaks up, everyone needs to listen respectfully to the person without any

interruptions.

Fourthly, caregiving is considered women's work in Korean society in both Korea and Canada. As seen in the findings, to depend only on women's assistance in practising care contributes to greater problems for women with their parents/mothers-in-law. Family members need to understand that caregiving is not the sole responsibility of one DIL. To find an alternative way, they may need to look at how other Canadian males help their wives care for the elderly parents.

As the findings indicate, the husbands' emotional support reduced their wives' caregiving stress. To alleviate the burden of care for the DILs, they need to consider sharing caregiving responsibility, rather than relying on one primary caregiver. In addition, DILs experienced conflicts both their parents/mothers-in-law and siblings-in-law. As Archbold (1983) asserted,

Perceived inequities in the distribution of parent-caring activities created sibling conflicts. Generally, one sibling was the "parent-care." She inevitably felt the heavy burden of responsibility more than the other siblings, even if the others were involved to some degree in parent-caring activities. (p. 43)

Therefore, siblings-in-law need to help the primary caregiver by sharing the responsibility of care.

Fifthly, family members may need to adapt more to the Canadian culture in order to thrive in this new environment. In Canada, older adults frequently live alone and are able maintain their own lives independently. As a few respondents suggested, a Korean family need to arrange for a regular family dinner agreeable to with all family members,

rather than calling on them to attend a family dinner whenever it is requested by PILs. In general, there is only “one way” of respect among Korean families; respect among Koreans refers specifically to the respect children owe their parents. A suggestion for positive change would be for Korean families to adopt more of the values of the Canadian culture, in particular, the value of mutual respect. If respect was accorded to both children and parents, rather than to parents only by children, thus undermining the authoritarian power of parents, the family would be very likely function better. For this to occur, it will be necessary reject the hierarchal structures of the family and the preference given to birth order. Above all, DILs should be treated equally as men and older adults are treated.

Further, Korean PILs should become more conscious of the Canadian culture in which they currently live, which is very different from the Korean culture. Rigidly adhering to conventional behaviour regarding Korean conventional filial piety values may not helpful for Koreans because, as this study shows, women’s complaints about caregiving hardships may not be silenced and may increase until the women turn against their elders.

As well, another suggested recommendation resulting from this study is to consider the role of religion in the hardships of women caregivers. According to Min (2001), Koreans gather in Korean culture-centered churches in the United States of America, where they learn Korean cultural norms in this way, Korean immigrant churches have played a role in preventing Korean immigrants from adapting to the culture of American egalitarianism. As Min (2001) stated,

Korean immigrants socially segregated from the larger society. This social segregation, in turn, perpetuates the patriarchal ideology Korean immigrant brought with them from Korea by preventing them from learning the more egalitarian gender role attitudes prevalent in American society. (p. 309)

Most Korean DILs in this study also frequently attended Korean churches. It is concerning to note that the Korean DILs' devotion to their Korean community churches may serve to isolate them from the wider society (Kim, 1996; Min, 2001). As a result, the DILs may feel more helpless when they need assistance that their churches cannot provide. Therefore, it would be a constructive change were Korean family members to open their minds to the positive effects of accumulating to Canadian culture.

Lastly, the fourth recommendation for Korean families in this study makes is for Korean immigrant families to recognize the shift that has occurred in caregiving practice that some Korean caregivers are welcoming, including alternate living arrangements for PILs. For example, as the findings indicate, several Korean DILs reported that placing older parents in a nursing home or a senior's apartment could be one option to solve the family caregiving conflicts.

The DILs still seem to be in a state of transition regarding this shift in perspective on the nature of care. As a result of their conflicts with parents/father/mothers-in-law, DIL 0002, DIL 0004, DIL 0007, and DIL 0009 began to live independently from more than 3 decades ago to at least 7 years ago while DIL 0003, DIL0008 still live with their MIL/FIL together in Canada. The others DIL 0001, DIL 0005, DIL 0006, and DIL 0010 lived together in Korea, but they were separated when they moved to Canada. These

DILs said if they had lived in Korea, they would have lived with or closer to their parents/mothers-in-law. This study shows 4 DILs already separated from their parents/father/mother-in-law's residence, and the other 4 DILs may be in the process of changing. Families, therefore, need to understand this caregiving trend and accept alternative ways of caregiving instead of using only informal care. No one benefits from resisting change without examining the positive effects as well as negative effect of institutionalization.

To do so, it is necessary for Korean families to learn about the formal care services offered by the provincial and federal governments in Canada. There are home care services and respite care programs at the Winnipeg Regional Health Authority (n. d.) and adult day care centres – for example, Prime, and Get Away Club at the Deer Lodge Centre (n. d.). Preparing and planning for future outcomes may be impossible if Korean families do not know about all of the options they have. Even if many Korean immigrants suffer from a language barrier, they still need to learn about the system.

In summary, it is crucial for Korean-Canadian immigrants to be aware of the many resources available to them to aid in their caregiving even if they are accustomed to the conventional Korean ways. A problem is that they do not know plenty of affordable support for immigrant families is provided. Or, even if they know of the support, they may be afraid of using it, and so they ignore it. The next section will show what implementations are needed for Korean-Canadian immigrants.

Implications for Social Work Professionals and Government Authorities

The findings of this study also suggest 5 implications for professionals who provide social services. Firstly, professionals in the social work field need to understand a Korean family's structure, which is family orientated, and that the definition of "family" generally includes extended families if the parents are still alive. For example, a few women said they experienced challenges when they had to deal with their extended family members who frequently visited in order to seeing their in-laws. These women admitted that their visits and the aftermath of these family events irritated them greatly. Professionals may need to understand how Korean families deal with filial obligations and other cultural norms in this structure.

Secondly, Koreans often refrain from asking for help outside of their family (Chen, 2006) because, Korean women are afraid to use formal services because of the fear of stigmatization and/or a lack of confidentiality. However, I found that these Korean women were willing to share their whole stories once they decided to be open with me. Because of their openness to and acceptance of me as a respectful recorder of their stories, I was able to get very rich interview data. As a result of this process, these DILs may use formal services if they find culturally appropriate and accessible counselors. And if the DILs did seek and get the help they needed from professional services, more people might use these services as Koreans tend to follow the advice of other Koreans in their community.

In addition, social work professionals also need to improve mental health services for Korean immigrants who struggle to cope with the distress of caregiving. Indeed, it

may be difficult for Korean families to use formal services, but if one family experiences helpful resources, this would lead other hidden families to use the services. Korean families may seek services to relieve their stress, and the professionals, therefore, need to understand the factors causing them stress and the cultural impact of filial piety that is exacerbating it; i.e., social agencies need to provide culturally appropriate services (Canda, 2013) and accessible counselors for Korean immigrants (Kim, 2001).

Thirdly, the governments need to develop its social services for ethnic minority groups, including Korean immigrant groups. Kim (2013) asserted that if immigrants receive little support from its citizens and organizations of the host nation, it is difficult for them to completely be part of the host nation as citizens. In Manitoba, there is a relatively small number of Koreans. Some of the respondents mentioned that they did not know where to go if they needed help. For example, in this study, DIL 0008, who was having serious conflicts with family members, wanted me to provide counseling sessions for her. She said she had heard from her acquaintances that non-Korean counselors did not relieve their concerns. Unfortunately, the Korean community in Manitoba does not have services specifically for them. This admission by the DIL gave insight into the importance of having culturally appropriate counselors. It may be implied from these interviews that Korean women, in general, believe they cannot be helped by non-Korean professionals if they do not have an understanding of Korean culture.

Fourthly, many Koreans in Manitoba came to Canada using the Provincial Nominee Program. Kim (2013) noted that “[s]ince provincial nominee class and independent class are part of the economic class, 136 persons or 52.3% of the sample has

immigrated to Manitoba for economic reasons. The share of the Korean economic class immigrants in the sample is 25% lower than the economic class in Manitoba's overall immigrant landings at 77.5% in 2008." (p. 93).

This study found that 6 out of 10 respondents used the Provincial Nominee Program to come to Canada and 4 respondents had already repaid the deposit they received from the government. However, 2 respondents' families are still looking for their business in Manitoba. 2 respondents told me that it was difficult to find a suitable business in Manitoba. One of them said she could not sleep well at night due to concern about repaying the deposit. The professionals who work with Korean immigrants need to understand DILs concerns and enhance appropriate services so that they can meet the needs of these immigrants.

I assumed that the Korean immigrants' needs must be very different from other immigrants, including refugees who came from the Third World countries. In general, while most Korean immigrants may spend a few years to seek their own business after immigrating to Canada, refugees may get a job right after arriving to Canada. Rather, as a few respondents reported, the Korean immigrants want to find a business to repay their deposits from the government of Manitoba. They need assistance from the government in finding and opening their business.

Lastly, governments may need to change their promotional strategies to inform immigrants of their services and programs. For example, although the municipal government, the City of Winnipeg (2016), advertised recycling and garbage services and the Manitoba government (2016) promoted the service of a job search, both in a major

newspaper – the *Winnipeg Free Press* – the ads did not appear in a local ethnic newspaper. The governments should be asked how many immigrants, who likely have low English skills, can read a major newspaper. It is also doubtful that many immigrants can afford to subscribe to a major newspaper.

An additional problem for accessing information exists when newspaper advertisements are in small font that is difficult to read. For example, the Anxiety Disorders Association of Manitoba (2016), which is funded by the government, promoted a service they offered in a very small ad in the *Winnipeg Free Press*. I wonder how such an ad can inform immigrants of this service when they do not read the *WFP* but rather ethnic newspapers or magazines. The governments, therefore, need to consider better ways of disseminating relevant information about services for immigrants. Establishing an ethnic minority media would be useful to inform immigrants of governmental policies including services and programs. These five key points are the recommendations for social work professionals and the government authorities to help Korean immigrants.

The female Korean caregivers' quality of life in Canada is very much linked to filial piety obligations, and its impact is still being felt today. Their caregiving practices are extremely challenging and stressful for them because of a combination of cultural and non-cultural factors, but they can be ameliorated if family members, the government, and social agencies work together to initiate positive change.

Conclusion

Confucianism is a unique traditional norm in the Korean collectivist society that has consistently been inherited to their descendants. This ideology of basic moral excellence of human beings, which is filial piety (孝, Han'gŭl), has still been asserted as an essential element of life by Korean families in both Korea and Canada. However, as the findings of this study suggest, the great majority of women experienced a negative aspect of caregiving by this unanimous societal norm. While the women provide parental caregiving to their aging parents/mothers-in-law, their voice was not heard in the family, and treatment of women was not as equal as their husbands' by their parents/mothers-in-law.

Nonetheless, almost 8 women had put up with their caregiving hardships for the sake of family peace and/or harmonization. The women's direct informal filial duties were executed to the best of their abilities, but their efforts were rarely recognized by the family. Rather, other family in fact devalued the DILs' informal duties at home, which made most of the women feel even more discouraged by the caregiving burden. Therefore, the DILs often faced moments that evoked fury against their MIL. Their biggest fear in speaking out in retaliation was that their anger might create more problems in the family.

This study illustrated that both the conventional filial piety (cultural norms) and direct care performances (non-cultural norms) caused women to feel that giving care was difficult and their stress was serious. Their irritations often occurred as a result of their obligations while they were giving care directly. Negative expressions and authoritarian

or dependent attitudes from their parents/mothers-in-law in response to the DILs' caregiving frequently provoked frustration and irritation in the DILs. Despite this, all 10 women still only use informal services for help aging parents/mothers-in-law. To relieve their stress, they often participated in Korean churches.

This study recommends a few ideas for Korean families as well as professional social workers and government authority who may meet Koreans in the future. To reduce the DILs' caregiving stress, the family needs to understand a whole concept of caregiving, in particular, from women's perspective. The families need to listen to DIL caregivers' opinions and let them talk freely and openly discuss them, share caregiving roles with the DIL, and adopt mutual relationships. In particular, emotional and economic support by siblings-in-law needed.

For the social work professional and government authorities, they need to understand most challenges of Korean families who came to Canada using provincial Nominee Program because women may feel more difficult if an immigration condition does not solve. To encourage Korean families to use formal services, culturally competent and sensitive approach are needed and different strategies of promotion of government's service need to take other optional way to meet the Korean families needs.

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APPENDIX: ENGLISH

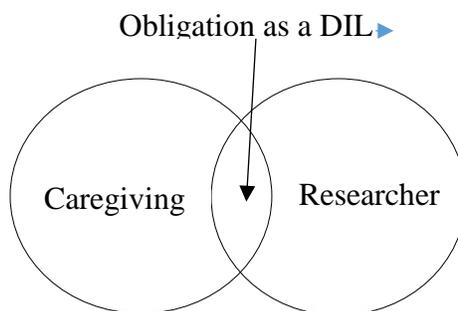
A: A Conceptual Map of Caregiving

What does caregiving mean to the researcher?

- to provide ADL (e.g., cooking meals, personal care, etc.)
- to provide IADL (e.g., financial support, banking, transportation, etc.)
- Caregiving is stressful.

If DILs are not asked to care for their PILs, what would happen to them?

- DILs would not feel that they are caught by PILs beliefs and feel free from guilt.
- DILs would have more free time for themselves as women and feel able to fly in the sky like a bird.
- DILs would not be scapegoats.
- DILs would have higher positions in the employment.



Researcher's Assumptions:

PILs believe the oldest son's family should live close to them, and should take responsibility to care for all other siblings on behalf of the parents.

Legend:

PILs: Parents-in-Law
 DILs: Daughter-in-Law
 ADL: Activities of Daily Living
 IADL: Instrumental Activities of Daily Living

B: Demographics and Social Location

Name does not appear in this cell. Instead, a number (e.g., 0001) is used.			Birth Year			
Religion			Geographic Region			
Education	No School	Elementary School Graduate (Kindergarten)	Middle School Graduate	Secondary School Graduate	Post-Secondary School Graduate	Graduate School
Marital Status	Single	Married	Divorced	Widowed	Separated	
Length of marriage to your current spouse (year)						
Social Class: <input type="checkbox"/> Upper <input type="checkbox"/> Middle <input type="checkbox"/> lower						
In regard to an immigration category, please place a check mark that you belong to regarding your immigration. <input type="checkbox"/> Provincial Nominee Program <input type="checkbox"/> Other than Provincial Nominee Program						
Family Income Level: Please indicate to the range of your total family income level. Less than - \$ 10,000 () \$ 47,000 - \$ 56,999 () \$ 10,000 - \$ 26,999 () \$ 57,000 - \$ 66,999 () \$ 27,000 - \$ 36,999 () More than \$ 66,999 () \$ 37,000 - \$ 46,999 ()						

C: Informed Consent Form



Faculty of Social Work
Graduate Studies
521 Tier Building
Winnipeg, MB
R3T 2N2

Informed Consent Form

Research Title: Lived Experience and Quality of Life: Korean Female Caregivers of Their Aging Parents-in-Law in Canada

Investigator: Eun Kyeong Do, MSW Candidate, Faculty of Social Work, Graduate Studies, University of Manitoba (Phone: (204) 663-5051/ (204) 807-0908, Email: umdoe@myumanitoba.ca)

Research Supervisor: Dr. Don Fuchs, Professor, Faculty of Social Work, Graduate Studies, University of Manitoba (Phone: (204) 474-7879, Email: Don.Fuchs@umanitoba.ca)

This is a consent form that will keep your rights protected during this research. Please take time to read this carefully. If you have questions or want to know more details about something mentioned here, you should feel free to clarify. Since this is only part of the process, this consent form will give you the basic idea of what this research is about and what your roles are as respondents.

The purpose of the research is to examine the lived experience of Korean female caregivers of their aging PILs in Canada, and to help them attain quality lives. My main research questions are: What have Korean female caregivers experienced in Canada regarding caregiving of PILs? How have their lives been affected by filial piety obligation? How have they been influenced by Canadian culture and environment? How do they deal with caregiving?

You are being invited to share your caregiving experiences of aging PILs and how it affects your quality of life. Now, you are being provided information about your right to privacy and confidentiality. Participation to this study is voluntary. This means that if you want to participate in this study as a respondent, you can say yes, or you can say no. You may decline without penalty if you do not want to participate. Should you agree to participate, you will take part in an individual interview.

The interview will last between 1 hour and 10 minutes and 1 hour and 40 minutes and will be held in a place where you feel comfortable to share your experience. The interview session will be audio recorded. As a respondent, you are involved in this study, so you will be kept up to date on all developments with the data.

While participating in the interview, you will be asked to provide information about your experience of caregiving for aging PILs, specifically, about filial piety and your thoughts. Please note that there may be some risks which may affect present caregiving performance, such as emotional distress from recalling your past experiences, arising emotional

symptoms, and frustration with the caregiving experience. In this situation, the researcher will provide community resources so that you can choose to access the resources independently. In addition, there may be a “small risk of respondents being identified in the community” because the Korean community in Manitoba is relatively small.

Please also note that any identifying information including your name, age, education, religion, social class, and geographic region will be kept confidential; all data collected will be examined and any personally identifying information will not be recorded. Your name on the demographics form will be changed, and will appear as numbers like 0001. All written documents and electronic records will be placed in locked file cabinets or on a computer hard drive. All files pertaining to the research will be secured by password protection only known to the researcher. The file cabinet and computer (laptop) being used for this project will be stored in the researcher’s home; this laptop will be transported but will be fully protected by a password.

The audio recording and written transcriptions will be destroyed as soon as possible after completing this study. An approximate date for destroying all data will be April 30, 2020. Your name will only be recorded on this consent form, which will be kept in a locked drawer by the researcher.

The information you provide this study will be used to create a detailed and composite report, which may help other researchers in the future. The results will be shared with Dr. Don Fuchs, who is my academic research advisor, and ultimately published. This means that the research will eventually be published to journals such as *Journal of Gerontological Social Work*, *Journal of Ethnic & Cultural Diversity in Social Work*, *Journal of Aging Studies*, and *Journal of Women & Aging*.

Immediately following the interview, time will be made available to answer any questions or de-brief any difficult issues or topics that were discussed. If you have any questions following this de-briefing session, please contact me. My contact information is at the end of this informed consent form.

Furthermore, you are being provided information about the limitations of confidentiality. Please note that if child abuse is discovered in your household, the researcher must report to Child and Family Services. The contact number is 1-866-345-9241. If the researcher suspects an older adult is being abused, neglected, or mistreated in your house hold, the researcher will also report to Elder Family Services (contact number: 204-945-1884). Furthermore, if you harm yourself or the researcher, the researcher will immediately report to the supervisor of this study. In serious cases, for example, regarding suicide, the researcher will contact your family members immediately without your consent.

Finally, at the beginning of the interview, respondents and the researcher will be reminded not to share the details of this interview with anyone outside. Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a respondent. In no way does this waive your legal rights nor release the researcher or involved institutions from their legal and professional responsibilities.

You are free to withdraw from this study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way. This research has been approved by the Psychology/Sociology Research Ethics Board which is responsible for the social work research process. If you have any concerns or complaints about this project you may contact Eun Kyeong Do at 204-663-5051 or the Human Ethics Coordinator (HEC) at 204-474-7122.

If you want to receive a copy of summary of this study, the researcher will send it to you. A copy of this consent form has been given to you to keep for your records and reference. To honour your participation and assistance in this study, you will receive an honorarium which will be a \$ 20.00 gift card after interviews. Please read the following questions below and place a check mark: ✓ in the corresponding circle () if you agree. If you do not agree, leave it blank.

- I have read the details of this consent form or had them read to me. ()
- I have been provided an opportunity to ask the research questions. ()
- I will participate in this study. ()
- I agree to have the interview audio-recorded. ()
- I agree to have the findings presented to the academic research supervisor in Social Work. ()
- I agree to have a summary sent to me. ()
- I understand the researcher will report to Child and Family Services if child abuse is found. ()
- I understand the researcher will report to Elder Family Services if elder abuse is found. ()
- I understand the researcher will contact my family members and report to the researcher's supervisor if I harm myself. ()
- I understand this interview can be stressful for me. ()
- I understand that I might be identified in the Korean community. ()
- I agree to receive community resources for self-care information. ()

Respondent's Address:

Respondent's Email:

Respondent's name (please print)

Respondent's signature

Date

Researcher's signature

Date

D: List of Community Resources

Agency	Address and Email Address	Phone & Website
A & O	200-280 Smith Street, Winnipeg MB R3C 1K2	204-956-6440 www.ageopportunity.mb.ca info@ageopportunity.mb.ca
Aurora Family Therapy Centre	Room 2S03, 515 Portage Avenue, Winnipeg MB R3B 2E9 aurora@uwinnipeg.ca	204-786-9251 www.aurora.uwinnipeg.ca
Jewish Child & Family	C 200-123 Doncaster Street, Winnipeg MB R3N 2B2 jcfs@aspercampus.mb.ca	204-477-7430 www.jcfswinnipeg.org
Klinik Community Health Centre	870 Portage Avenue, Winnipeg MB R3G 0P1 klinik@mb.ca	204-784-4090 Crisis Line: 204-786-8686 or 1- 888-322-3019 www.klinik.mb.ca
Mount Carmel Clinic and Multicultural Wellness Program	886 Main St, Winnipeg, MB R2W 5L4	204-582-2311
New Directions	# 400- 491 Portage Ave, Winnipeg, MB R3B 2E4	204- 786-7051 www.newdirections.mb.ca
NorWest Co-op Community Health	Access NorWest A 785 Keewatin Street Winnipeg, MB R2X 3B9	204-938-5900 www.norwestcoop.ca
Winnipeg Regional Health Authority	4th Floor, 650 Main Street, Winnipeg, MB R3B 1E2	204-926-7000 www.wrha.mb.ca/contact/index.p hp

E: Interview Questions

1. Do you live with your parents-in-law at the same household? Can you explain about your family?
2. What would you like to talk about caregiving? What do you do for them?
3. For how many hours do you provide caregiving tasks? How long have you been providing caregiving?
4. How did you become a primary caregiver for your aging PILs? Does filial piety affect your caregiving roles, attitude, and/or behaviour?
5. Does caregiving of aging parents-in-law affect your quality of life?
6. What are your thoughts regarding cultural expectations of filial piety? What do you want to say?

Additional Questions regarding Caregiving Stress

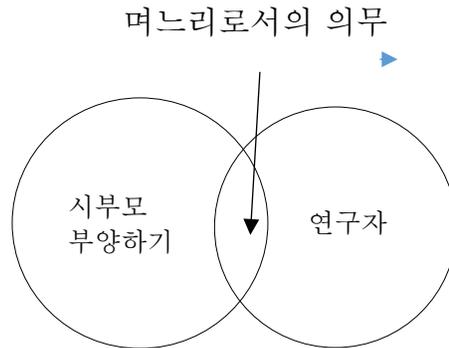
1. What caregiving situations cause you stress?
2. What symptoms manifest when you feel stressed?
3. What factors influence you the most regarding your caregiving?
4. What does caregiving mean to you? Please describe it.

APPENDIX: KOREAN

A: 부양에 관한 개념 지도

연구자에게 케어기빙 (부양하는 일)은 무엇이며, 어떤 의미를 가집니까? 시부모를 부양해야 하는 의무가 없다면, 며느리들에게 어떤 일이 일어나겠습니까?

- | | |
|--|--|
| <ul style="list-style-type: none"> · 일상생활의 활동을 돕는 행위 (예: 음식 조리, 개인 관리 보조 및 돌봄 등) · 일상생활의 기능적인 활동을 돕는 행위 (예: 은행 불일 보기, 재정적인 도움, 교통이용 등) · 부양하는 일은 스트레스가 쌓이는 일이다. | <ul style="list-style-type: none"> · 시부모의 신념에 통제되는 느낌을 갖지 않을 것이고, 죄의식을 느끼지 않을 것이다. · 여성으로서 자신만의 자유시간을 더 가질 것이고, 새처럼 하늘을 나는 기분을 느낄 수 있을 것이다. · 동네북이 되지 않을 것이다. · 직장에서 높은 자리에 오를 수 있을 것이다. |
|--|--|



연구자의 추정:

한국의 시부모는, '장남 가족이 부모 가까이에 살아야 하고, 장남이 부모를 대신하여 모든 형제를 돌보아야 한다'고 생각한다.

단어 축약:

- PILs: 시부모
- DILs: 며느리
- ADL: 일상 생활의 활동
- IADL: 일상 생활의 기능적인 활동

C: 연구 참여 동의서



UNIVERSITY
OF MANITOBA

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연구 제목: 캐나다 한국 여성들의 시부모 부양에 관한 생생한 경험과 효도
연구자: 도은경 석사 후보, 매니토바 대학교 대학원 사회복지학과 석사과정 (전화번호:
 (204) 663-5051 / (204) 807-0908, 이메일: umdoe@myumanitoba.ca
연구 지도교수: Dr. Don Fuchs, 교수, 매니토바 대학교 대학원 사회복지학과 (전화번호:
 (204) 474-7879, 이메일: don.fuchs@umanitoba.ca)

이 동의서는 연구 기간 중, 귀하의 권리를 보호해 줄 문서로, 사전에 이 연구 인터뷰에 참여하시는 모든 분들께 동의를 구하기 위함이니 먼저 주의 깊게 읽어보시기를 바랍니다. 만약 질문이 있으시거나 이 동의서에 적힌 내용에 대해 자세하게 알고자 하시면, 언제든지 질문해 주시기 바랍니다. 이 동의서는 연구를 시작하기 위한 한 과정이기 때문에, 이 연구가 무엇에 관한 것인지, 그리고 응답자로서 귀하의 역할이 무엇인지에 대한 기본 아이디어를 줄 것입니다.

이 연구의 목적은 캐나다에서 살고 있는 한국 여성들 가운데, 시모, 시부, 또는 시부모를 모시는 주부양자들, 즉 귀하와 같은 분들로부터 시부·모를 모시는 일과 관련된 효의 경험을 들어보기 위함입니다. 저의 주된 연구 질문은 다음과 같습니다. 시부, 시모 또는 시부모 부양과 관련하여 캐나다의 한국여성 주부양자로서 귀하는 무엇을 경험했고, 또 현재 어떻게 경험하고 있습니까? 귀하의 삶은 효도 사상으로 부터 영향을 받고 있다고 생각하십니까? 귀하는 캐나다의 문화와 환경으로부터 영향을 받고 있습니까? 귀하는 현재 시부, 시모, 또는 시부모를 부양하고 있습니까?

귀하는 시부, 시모, 또는 시부모를 모시거나 모신 경험에 대한 이야기, 그리고 어떻게 그것이 자신의 삶의 질에 영향을 끼쳤는가를 이야기 하는 자리에 초대되었습니다. 지금, 귀하는 개인정보보호법과 비밀보장에 대한 정보에 대해 설명을 듣고 있습니다. 이 연구에 참여하는 일은 자발적으로 이루어집니다. 이것은 만약 귀하가 응답자로서 이 연구에 참여하기를 원한다면 “예”라고 말할 수 있고, 그렇지 않을 경우, “아니오”라고 말할 수 있다는 것을 뜻합니다. 귀하가 만약 참여하기를 원하지 않으면 참여하지 않으셔도 되며 거기에 따른 제재는 아무 것도 없습니다. 참여하는 것에 동의하신다면, 귀하는 연구의 한 부분으로 개인적인 인터뷰를 가지게 될 것입니다.

개인 인터뷰 시간은 1 시간 10 분에서 1 시간 40 분 정도이고, 어디든 귀하가 이야기하는 것이 편하다고 생각되는 장소에서 진행될 것입니다. 인터뷰는 자동 녹음이 될 것입니다. 응답자로서, 귀하는 이 연구에 참여하게 되므로 언제든지 귀하가 원하시는대로 인터뷰 자료를 추가로 덧붙일 수 있습니다.

인터뷰에 참여하실 동안, 귀하는 시부, 시모, 또는 시부모를 모셨거나 모시는 것에 대한 자신의 경험을 들려 달라는 요청을 받으실 것입니다. 어쩌면 현재 부양에 영향을 끼칠 지도 모르는 위험 요소가 몇 가지 있을 수 있습니다. 예를 들면, 과거의 경험을 회상함으로써 정서적인 스트레스나, 정서적인 이상 징후, 부양 경험으로부터의 좌절감 같은 것입니다. 이러한 경우, 연구자는 귀하가 커뮤니티에서 이용할 수 있는 기관 (리소스) 을 알려 드려 귀하가 직접 개별적으로 그러한 자원을 이용하실 수 있도록 할 것입니다. 추가로, 한국 커뮤니티가 상대적으로 작기 때문에 누구라고 알 수 있을 지도 모르는 아주 미미한 위험요소도 있다는 것을 알고 계시기 바랍니다.

아울러, 귀하의 이름, 나이, 교육, 종교, 지리적인 지역, 사회적인 지위, 그리고 수입을 포함한 모든 자료는 반드시 비밀보장이 될 것이라는 것을 인지하시기 바랍니다. 수집된 모든 자료는 조사되어지고, 누구인지를 알 수 있는 정보는 전혀 기록되지 않습니다. ‘인터뷰 응답자에 대한 배경 질문’ 상에서는 귀하 이름 대신 0001 처럼 번호가 적히게 될 것입니다. 글로 적은 모든 문서와 전자 기록은 자물쇠가 있는 파일 캐비닛이나 컴퓨터 하드 드라이브에 저장됩니다. 연구를 위해서 보관하고 있는 이 모든 자료는 오로지 연구자만 알 수 있는 비밀번호 잠금장치에 의해 안전하게 보호됩니다. 이 프로젝트에 사용 되어질 파일 캐비닛과 컴퓨터 (랩탑)는 연구자의 집에 안전하게 보관될 것입니다. 이 랩탑은 가지고 다닐 수 있으나, 비밀번호 잠금장치에 의해 확실하게 보호됩니다. 오디오 녹음과 구술된 내용을 글로 옮긴 전사는 이 연구가 끝난 후에 가능한 빠르게 없앨 것입니다. 어림잡아 2020 년 4 월 30 일까지 이 자료들은 모두 파쇄기에 의해 없어질 것입니다. 귀하의 이름은 오로지 이 ‘연구동의서’에만 기록될 것이고, 이 동의서는 연구자의 잠금 서랍에 안전하게 보관될 것입니다.

이 연구를 위해 귀하가 제공하는 정보는, 장래에 다른 연구자들에게 도움이 될 수도 있는 자세하면서도 복합적인 리포트를 만드는데 사용됩니다. 이 연구의 결과는, 저의 논문 지도교수이신 돈 폭스 박사 (Dr. Don Fuchs) 와 함께 상의될 것이고, 이후 석사 연구 논문집으로 출판이 될 것입니다. 이것은, 이 연구가 결과적으로 학회지나 저널, 예를 들면, Journal of Gerontological Social Work, Journal of Ethnic & Cultural Diversity in Social Work, Journal of Aging Studies, or Journal of Women & Aging 과 같은 학술지에 출판될 것이라는 것을 뜻합니다.

곧 이어 있을 인터뷰에서는, 어떤 질문, 이미 이야기 나눈 주제, 또는 어려운 문제를 서로 이야기 하기 위해서 귀하가 충분히 대답하실 수 있을 정도로 시간이 배정될 것입니다. 만약 또 다른 질문이 있을 경우, 언제든지 본 연구자에게 다시 연락해 주시기 바랍니다. 본 연구자의 연락처는 이 ‘연구 동의서’ 맨 앞에 나와 있습니다.

더 나아가, 귀하는 비밀 보장과 관련된 정보를 제공 받게 됩니다. 만약 귀하의 맥에서 인터뷰할 당시, 어린이를 학대할 경우, 연구자는 반드시 Child and Family Services 1-866-345-9241 에 보고할 것입니다. 또, 인터뷰할 당시, 귀하가 노인을 학대하거나, 무시하거나, 잘못 대우하는 것으로 연구자에 의해 의심이 될 경우에도 연구자는 Elder Family Services 에 보고할 것입니다. (연결번호: 204-945-1884). 추가로, 만약 귀하가 귀하 자신이나 연구자를 해칠 경우에도, 연구자는 연구지도 교수인 수퍼바이저에게 즉각 보고할 것입니다. 예를 들어 연구자가 자살 처럼 심각한 상황에 처해질 경우, 연구자는 귀하의 동의없이 즉각 귀하의 가족들에게 이 사실을 알릴 것입니다.

마지막으로, 이 인터뷰의 시작 단계에서, 응답자, 즉 귀하와 본 연구자는 외부의 어느 누구와도 이 인터뷰에 대해서 이야기 하지 않을 것을 다시 약속할 것입니다. 이 동의서 상의 귀하의 서명은 귀하가 응답자로서 이 연구에 참여함에 동의하고, 이 연구 프로젝트에 참여해 관련 정보를 제공하는데 만족한다는 것을 이해하고 있음을 가리킵니다. 또, 연구자나 연구 관련기관에 의해 이 동의서 상에 있는 귀하의 법적 권리가 절대 철회될 수 없고, 그들의 어떤 법적 근거나 전문적 방법으로도 이 동의서가 해제되지 않음을 알려드립니다.

귀하가 원하시면 언제라도 이 연구 참석을 취소할 수 있으며, 편견과 결론에 상관없이 귀하가 선호하지 않는 질문에는 대답을 하지 않을 수 있습니다. 귀하가 본 연구에 참여하기 위해서는 처음의 이 동의서에서처럼 정보를 제공 받아야 하므로, 귀하는 내용의 명확성을 위해 언제나 연구자에게 질문하거나 참여하는 내내 새로운 정보를 자유롭게 제공할 수 있습니다.

매니토바 대학교는 저의 연구가 안전하고 적절한 방법으로 연구가 진행되었는지를 살펴 보기 위해 연구자의 연구 기록들을 볼 지도 모릅니다. 이 연구는 사회복지 연구과정을 책임지고 있는 심리학/사회학 연구 윤리위원회에 의해 승인되었습니다. 이번 연구에 참여함으로써 만약에 우려되는 사항이나 불만이 있으시면, 본 연구자 도은경 (204-663-5051/ 204-807-0908), 또는 Human Ethics Coordinator (HEC, 204-474- 7122)로 연락하시면 됩니다.

만약에 귀하가 이 연구에 대한 요약 복사를 원하시면, 본 연구자가 그것을 보내드리도록 하겠습니다. 귀하의 기록과 참조를 위해서 이 동의서의 사본을 귀하에게 보내드리도록 하겠습니다. 이 연구를 위해 참여하고 도와주시는 귀한 뜻에 사례하는 의미에서 귀하는 인터뷰 후에 20 달러의 선물 카드를 받게 될 것입니다. 다음의 질문을 읽어보시고 귀하가 동의하신다면 괄호 () 안에 를 해 주시기 바랍니다. 만약 동의하지 않으신다면, 그냥 빈 칸으로 남겨 두시기 바랍니다.

- 나는 이 동의서의 내용을 상세히 읽었습니다. ()
- 나는 이 연구에 대해 질문할 수 있다는 사실을 알고 있습니다. ()
- 나는 이 연구에 참여할 것입니다. ()
- 나는 인터뷰가 녹취되는 것에 동의합니다. ()

- 나는 연구자가 이 연구의 결과를 사회복지 대학원의 논문 지도교수와
상담하는 것에 동의합니다. ()
- 나는 이 연구에 대한 요약을 나에게 보내주는 것에 동의합니다. ()
- 나는 연구자가 아동 학대를 알게 될 경우 이것을 Child and Family
Services 에 보고할 것이라는 것을 이해합니다. ()
- 나는 연구자가 노인학대를 알게 될 경우 Elder Family Services 에
보고할 것이라는 것을 이해합니다. ()
- 나는 나에게 무슨 해로운 일이 있을 경우, 연구자가 나의 가족에게 연락할
것이고, 또 지도교수에게 보고할 것이라는 것을 이해합니다. ()
- 나는 이 인터뷰가 나에게 스트레스가 될 수도 있다는 것을 이해합니다. ()
- 나는 내가 한국인 커뮤니티에서 어찌면 알려질 지도 모른다는 사실을
이해합니다. ()
- 나는 나 자신을 돌보기 위해서 커뮤니티의 리소스 (복지기관)를 소개받는
것에 동의합니다. ()

응답자의 주소:

응답자의 전자메일:

응답자의 이름: (정자체로 적어주세요)

응답자의 서명

날짜

논문 인터뷰를 위한 연구자의 서명

날짜

D: 커뮤니티 리소스 (복지기관) 목록

Agency	Address and Email Address	Phone & Website
A & O	200-280 Smith Street, Winnipeg MB R3C 1K2	204-956-6440 www.ageopportunity.mb.ca info@ageopportunity.mb.ca
Aurora Family Therapy Centre	Room 2S03, 515 Portage Avenue, Winnipeg MB R3B 2E9 aurora@uwinnipeg.ca	204-786-9251 www.aurora.uwinnipeg.ca
Jewish Child & Family	C 200-123 Doncaster Street, Winnipeg MB R3N 2B2 jcfs@aspercampus.mb.ca	204-477-7430 www.jcfswinnipeg.org
Klinik Community Health Centre	870 Portage Avenue, Winnipeg MB R3G 0P1 klinik@mb.ca	204-784-4090 Crisis Line: 204-786-8686 or 1-888- 322-3019 www.klinik.mb.ca
Mount Carmel Clinic and Multicultural Wellness Program	886 Main St, Winnipeg, MB R2W 5L4	204-582-2311
New Directions	# 400- 491 Portage Ave, Winnipeg, MB R3B 2E4	204- 786-7051 www.newdirections.mb.ca
NorWest Co-op Community Health	Access NorWest A 785 Keewatin Street Winnipeg, MB R2X 3B9	204-938-5900 www.norwestcoop.ca
Winnipeg Regional Health Authority	4th Floor, 650 Main Street, Winnipeg, MB R3B 1E2	204-926-7000 www.wrha.mb.ca/contact/index.php

E: 인터뷰 질문

1. 귀하는 시부모, 시모, 또는 시부와 한 집에 살고 계십니까? 가족에 대해 설명해 주실 수 있습니까?
2. 시부모, 시모, 또는 시부를 모시는 일에 대해 어떤 얘기를 하고 싶습니까? 그분들을 위해 주로 어떤 일을 하십니까? 그분들을 모시는 일과 관련해서 어떻게 생각하십니까?
3. 하루에 몇 시간 정도를 시부모, 시모, 또는 시부를 위해 일하십니까? 귀하는 얼마나 오랜 기간동안 시부모, 시모, 또는 시부를 모시고 있습니까?
4. 귀하는 어떻게 해서 시부모, 시모, 또는 시부를 모시는 ‘주부양자 (primary caregiver)’ 가 되었습니까? 효도사상이 귀하가 시부모, 시모, 또는 시부를 부양하는데 있어서의 역할과 태도 또는 행동에 영향을 끼친다고 생각하십니까?
5. 연로한 시부모, 시모, 또는 시부를 부양하는 일은 질적으로 귀하의 삶에 영향을 미칩니까?
6. 효도사상에 대한 사회 문화적인 기대감과 관련해 귀하가 생각하는 바는 무엇입니까? 하고 싶은 말씀은 무엇입니까?

추가 질문

1. 시부모, 시모, 또는 시부 부양과 관련하여, 어떤 상황이 귀하에게 스트레스를 초래한다고 생각하십니까?
2. 스트레스를 느낄 때 어떤 증상이 나타납니까?
3. 부양과 관련하여 귀하에게 가장 많은 영향을 미치는 것이 있다면 무엇입니까?
4. 시부모, 시모, 또는 시부를 부양한다는 것은 귀하에게 어떤 의미입니까?