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Eroding Filial Piety and Its Implications for Social Work Practice

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FOR SOCIAL WORK PRACTICE

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ABSTRACT

A pilot study was conducted in the Asian American
communities on practitioners' assessment of the effects
of compliance/non-compliance with the value of filial
piety and its impact on Asian American adult children,
aged parents and practitioners themselves.

Eighty-two practitioners in six cities returned
mailed questionnaires. Since filial piety was an emotion-
laden topic, projective technique was used in questionnaire
design. Practitioners were asked questions regarding a
hypothetical case.

The findings demonstrated a gradual shift of filial
responsibilities to health/social service providers with
concomitant affective conflicts on the part of Asian Ameri-
can adult children, aged parents and practitioners them-
selves. With greater understanding of these conflicts, it
is hoped that filial piety and the extended family support
system will be strengthened.

INTRODUCTION

For two thousand years, the cultural value of filial
piety has guided the actions and behaviors of Asian people
in their relationships with their aging parents. It was
the foundation of all virtues including loyalty and devo-
tion to one's country.

The word "filial" indicates the relationships between
children and their parents and the concept of "piety"
includes: respect, honor, fidelity, devotion, dutifulness,
and sacrifice.

The first recorded document on filial piety was in the Classics, specifically the anonymously written, twenty-four volume Canons of Filial Piety. Confucius and his disciples elaborately depicted the standards of proper behavior of children toward parents, and by extension, to all elders in society. Confucian doctrine stipulated that "the man of great filial piety, to the end of his life, has his desire toward his parents." Confucius said, "Are not filial piety and fraternity the basis of benevolence?", "a youth should be filial at home and fraternal when away," and "in serving his parents, he should exert his utmost strength" (Legge, 1960).

Most Asian Americans in the United States still adhere to this ancient value. However, changing circumstances with changing times have led to drastic changes in the expectations, norms and attitudes regarding filial piety. Today, some adult children feel that filial piety is both impossible and unnecessary. Some aged parents no longer expect fulfillment of filial responsibilities from their children.

Health and social service practitioners are often caught in a dilemma of choosing between strengthening or weakening this cultural value in their attempt to deliver adequate services. Should filial responsibilities be shifted to health/social service providers? Is it adult children's responsibility to take care of aged parents or is it institutions' and society's responsibility?

The focus of this paper is to examine some of the psychological conflicts within Asian American adult children, aged parents, and practitioners who are confronted with decisions implicit in compliance or non-compliance with the value of filial piety.

Previous Research Studies on Filial Piety

Little has been researched in the area of filial piety. Most literature points to studies regarding filial responsibilities.

Seelback (1977) referred filial responsibilities to the obligations of adults to meet their parents' needs. The findings showed gender, ethnic and class differences in expectations for fulfillment of filial responsibilities.

Socio-economic mobility of the younger generation might have contributed to the breakdown of ethnic traditions among Japanese Americans (Levine, 1973).

Assimilation and acculturation of the values of the

dominant American culture might account for the erosion of sub-cultural values. Fong's study (1973) of the Chinese American college students illustrated that Chinese Americans whose families had been in the United States for two or more generations were largely assimilated.

Sue and Sue (1971) devised three typological characters: the traditionalist adhered strongly to cultural values of the original country, whereas the Marginal Man and the Asian American rebelled against parental values and preferred dominant American values.

DeVos and Abbott (1966) depicted the Chinese and Japanese Americans' respect for elders as equivalent to respect for authority. Self blame was the usual consequence of one's failure to live up to the elders' expectations.

Wu's study (1974) described the serious erosion of the value of filial piety and its impact on the Mandarin speaking Chinese American kinship support system.

Similarly, Yu (1974) indicated that the definition of filial piety had been modified and differed from the Canons of Filial Piety in a study of Chinese high school students in Taiwan.

Osako's study (1976) revealed that the socio-economic status of Japanese adult children affected their relationships with their parents. Refusal of assistance to parents occurred when it conflicted with adult children's performance in other roles.

Chen (1979) found in successive studies (1972-1976) that lack of filial piety on the part of the Chinese American adult children was the cause of great unhappiness among their parents who live independently in Los Angeles Chinatown hotel rooms.

RESEARCH STUDY

Research Objectives and Questions

The focus of this study was practitioners' assessment of the effects of compliance/non-compliance with the value of filial piety and its impact on adult children and aged parents (clientele) as well as on themselves.

Specifically, the study aimed to determine 1) the extent of the psychological conflicts within adult children, aged parents and practitioners themselves; 2) the types of alternatives available in regard to problematic families

with aged parents; 3) the role of practitioners in streng-
thening or weakening the value of filial piety.

Four research questions were posed:

1. Should Asian American adult children comply/not comply
   with the value of filial piety?

2. What are the psychological or affective consequences of
   compliance/non-compliance on adult children and aged
   parents?

3. In attempting to deliver comprehensive health/social
   services, have practitioners weakened or strengthened
   the value of filial piety?

4. Are filial responsibilities being shifted to health/
   social service providers?

Methodology

The research design was a survey of a cross section of
health and social service practitioners in the Asian Ameri-
can communities. Six cities: New York, Los Angeles, San
Francisco, Chicago, Boston and Detroit were selected
because of their high concentration of Asian Americans and
health/social services. Since little was known on this
topic, an exploratory pilot study was deemed appropriate.

Over a three-months period from July to September,
1979, data were collected in several stages:

1. Compilation of an adequate listing of health/social
   service providers by visiting each city, calling Asian
   American organizations and United Way agencies; and by
   purchasing health/social services directories and
   resource handbooks.

2. Telephone contacts with each appropriate health/social
   service provider to inquire about the number of practi-
   tioners working in their agencies/organizations who
   served Asian American clientele, i.e. aged parents,
   their adult children and other family members.

3. Mailing appropriate numbers of questionnaires to each
   health/social service provider to be distributed to
   each practitioner.

Of a total of 150 mailed questionnaires, 82 were
returned (48 Chinese Americans, 8 Japanese Americans,
7 Filipino Americans, 4 Korean Americans, 5 Caucasians,
10 Vietnamese or Cambodian Americans and all others).

Due to manpower and cost constraints, there were no tele-
phone follow-ups.

The questionnaire consisted of mostly open-ended
questions. Since filial piety was a highly emotive subject,
projective techniques were used in which respondents were
asked about a hypothetical case rather than about their own
life experiences.

The following hypothetical case was presented in
which respondents were asked a list of questions regarding
their assessments of clients' attitudes, behaviors, expec-
tations, feelings and actions regarding filial piety, and
their role in contributing to the strengthening or weaken-
ing of this cultural value.

> Mr. C is the oldest son, 2nd generation
> Chinese American, 50 years old with moderate
> income. He was brought up with Chinese culture,
> traditions and values such as "filial piety".
> Currently, he has a full-time job. He has three
> children: the oldest son, 20 years old, who goes
> to college; a 17 year old daughter and another
> 15 year old son. His wife is not working, having
> to take care of his aged mother, 72 years old,
> who is getting forgetful, and has cataracts,
> hypertension, and heart ailment. They all live
> together in a five bedroom house. His wife
> feels that the aged mother is a nuisance. They
> have their own children to think of. Mr. C is
> also feeling the financial, physical and emo-
> tional burden of having to support and take care
> of his aged mother. Due to the strained rela-
> tionship between his wife and his aged mother,
> he is faced with the dilemma whether to send his
> aged mother to a nursing home or keeping her at
> home. He has approached your social agency/
> organization for assistance.

Perceived Actions of Adult Child

The practitioners gave numerous actions which Mr. C,
the adult child should take. The most frequently mentioned
was to place the mother in a nursing home and obtain employ-
ment for Mrs. C. Other courses of action included family
gatherings, independent living for mother, employment for
Mr. C's oldest son, moving to a bigger house, and part-
time employment for Mr. C. Respondents agreed that Mr. C
should set a good model as a pious son for the next genera-
tion in a way which did not incur sacrifice or impose
burdens on his wife.

Treatment Plans for Adult Child

Table 1 represents the practitioners' suggested treatment plans and alternatives for the adult child, Mr. c.

TABLE 1

Suggested Treatment Plans and Alternatives
for the Adult Child

	Frequency
Obtain financial aid for mother	62
Receive family counseling	54
Find activities for mother	46
Find a homemaker	42
Visit mother regularly	41
Find elderly apartment/communal living for mother	29
Nursing home placement for mother	22
Find independent living accommodation for mother .	17
Discuss feelings with everyone in the family	10
Ask other family members to take more responsibilities	9
Ask siblings to help mother	4
Ask wife to go to work	4
Place mother in hospital or convalescent home	4
Social agency's responsibility to care for the aged	4
Other accommodations for mother	4
Keep mother at home	3
All others	15

The majority of the practitioners (76) recommended physical removal of the mother from the home by placing her in either an elderly apartment building/communal setting (29), or in an institution such as a nursing home (22), or a separate independent living accommodation (17), or a hospital/convalescent home (4). Other practitioners

suggested obtaining financial aid (62), counseling services (54), home-maker services (42), recreational/cultural activities (46) for mother. "Keeping mother at home" was rarely mentioned (3) and sacrifice of the adult child, his spouse and his children to accommodate the aged mother was not mentioned at all.

Perceived Affective Consequences on Adult Child and Aged Parents

Given the treatment plans which practitioners outlined, the perceived affective consequences were both positive and negative. Mr. C's positive affects were listed as relief (25), and happiness (10), which included feelings of comfort, relaxation, satisfaction and contentment. Mr. C would become less anxious, frustrated and burdened (12). The negative affects were guilt (17), a sense of irresponsibility and desertion, or heightened anxiety and feelings of ambivalence and confusion (13). Some respondents sensed that Mr. C would become angry at mother or self or resentful which included feelings of unhappiness, fear and dissatisfactions (6).

Similarly, the perceived affective consequences on the aged mother were both positive and negative. The perceived positive affects of the mother were the same as those cited for the adult son, that is, feelings of relief (17) which included freedom, independence, no longer a burden to adult child and more contacts with the outside world. Practitioners generally felt that the mother would be happier and more satisfied living away from her adult son's family (12). Others were of the opinion, however, that the mother should be loved and cared for at home where she would be appreciated and accepted (12).

Since the majority of the practitioners listed placements away from home, therefore, the most frequently quoted negative affects on the part of the mother were feelings of being rejected, forsaken, deserted, abandoned and neglected (13). She would become angry toward her son and other family members or self (11). She would be resentful (9), lonely and isolated (5), depressed, disappointed and hurt (7), or she might be shocked, confused and frustrated (5). Guilt was also mentioned by several responsents (5) for being a burden. Ten practitioners commented that the mother would eventually resign herself to the situation with understanding (10).

Role of Practitioners

The question whether practitioners had strengthened or weakened the value of filial piety had elicited considerable

feelings of discomfort and conflicts. Slightly over half
of the total number of respondents (45.5%) viewed their role
as strengthening the value of filial piety. Thirteen
(16.8%) admitted that they had weakened filial piety in
their recommended treatment plans and methods of interven-
tion, and 37.7% replied that they had neither strengthened
nor weakened it. A few were ambivalent and defensive about
their practices and inquired, "Is it not the right way?".
Others commented that they were disappointed about the lack
of filial piety among their clientele. Nevertheless, health
and social services were often the last resort for most
problematic Asian American families.

Practitioners' Opinions Regarding Filial Piety

The opinions of practitioners on this emotive topic
were varied. It ranged from "lack of upbringing and teach-
ing of filial piety" to "regarding the elderly as useless
parasites and not deserving of all the goodness children
gave them". For the most part, however, practitioners felt
that filial piety should be kept and strengthened but
perhaps modified due to influences of a changing society
(18). Some practitioners pointed out that there were other
ways of expressing love and respect without living together
under the same roof (9). The traditional filial piety was
seen as obsolete. A few explained that sacrifice was not
necessary. The adult child's responsibility was primarily
towards his own nuclear family members (5) and not the
extended family members.

Many practitioners expressed that it was necessary to
be realistic in the United States (5). In the ancient and
traditional sense, the practitioners felt that they might
have weakened filial piety in their practices. Nonetheless,
in their new modified definition of filial piety, they had
in fact strengthened it by helping adult children and aged
parents to choose the lesser of the two evils between
strained family relationships or independent living for
mother. Some practitioners admitted encouraging indepen-
dence in their clients and strengthening the nuclear rather
than the extended family support network. A few (5) com-
mented that the practitioner's goal should be to blend self-
reliance with social services and community support. Re-
maining objective in the client's situation was seen as
most difficult. The fact that clients wanted outside inter-
vention and resources had already indicated a weakening of
filial piety and family support networks. Three practi-
tioners related their attempts to reach some compromises
between aged parents and their adult children without
seriously weakening filial piety.

Shifting Filial Responsibilities to Health and Social Service Providers

Eighty percent of the practitioners disclosed that filial responsibilities were gradually being shifted from Asian American adult children to health and social service providers.

Reasons cited for the shift varied. Primarily, practitioners argued that there was less stigma today in using health/social services (13). Taking care of the aged was seen as the government's responsibility or the responsibility of health/social services rather than that of the adult children (7). Often, it was felt that the practitioners could do a better job than adult children could (7). Practitioners verbalized that many adult children were too busy (6) and had their own problems (10). Since more professional services were currently available to clientele (7), coupled with changes in societal attitudes (12), and children's attitudes (10), it was natural for service providers and institutions to replace and fill in the gaps left by adult children. With more alternatives currently available for aged parents and adult children, weakening of filial piety was perhaps inevitable.

DISCUSSIONS AND RECOMMENDATIONS

This study demonstrates that eroding filial piety has its concomitant effects on Asian American adult children, aged parents and health/social services practitioners. It has induced tremendous stresses and affective conflicts. The intensity of these stresses and conflicts may depend on one's definition of filial piety and one's expectations of the extent of fulfillment of filial responsibilities.

The Asian American Adult Child

If the adult child complies with filial piety norms and attempts to fulfill filial obligations, the consequences may be to add to the existing financial, social, physical and emotional burden of having to support the aged parent(s) besides spouse and children. Although sacrifice is very rare, the extra burden itself may cause anxiety and frustration on the part of the adult child and even resentment, leading to willful neglect and maltreatment of the parent(s). The psychological conflicts may become intensified especially when the adult child lacks the capabilities, the resources or the willingness to fulfill filial responsibilities. However, if the adult child does not comply with · filial piety norms and attempts to fulfill filial responsibilities, the psychological conflicts may be guilt, self-

blame and shame, including feelings of ambivalence, confusion and anxiety.

Previous literature has disclosed that self-blame was the result when a younger Asian American failed to live up to the elders' expectations (DeVos and Abbott, 1966). The degree of guilt and self-blame may depend on the degree of assimilation and acculturation to the American society. Fong (1973) has postulated that the second and third generation Asian Americans have retained very little of the cultural values of parents and are largely assimilated. Thus, the greater the assimilation and acculturation of the younger generations, the less adherence to the cultural value of filial piety.

The Asian American Aged Parents

This survey illustrates that in the opinions of practitioners most Asian American aged parents still expect filial piety to some extent. At the same time, they fear dependency and becoming burdens to their children. These conflictual feelings may be especially intense if they are first generation immigrants and therefore have not yet been assimilated and acculturated to the American society.

Based on their experience with Asian American clientele, most practitioners also deduced that when the adult child complies with filial piety norms and attempts to fulfill filial responsibilities, the aged parent is more likely to live with the adult child's family, obtain direct psychological, financial and social support, and enjoy a general sense of well-being and happiness. However, the negative consequences may be greater hardships on the adult child's family. In such instances, the aged parent's feelings of guilt and fear of being a burden to the adult child may be intensified.

On the other hand, when the adult child does not comply with filial piety norm and does not attempt to fulfill filial responsibilities, the aged parent may feel disappointed, depressed and angry. Feelings of loneliness and isolation may be accompanied by fear of being unwanted, rejected and neglected by the adult child.

The American norm is that a dependent person carries the connotation that he/she is weak. Dependency may refer to helplessness or powerlessness in a social/personal relationship (Hill, 1970; Brody, 1974). Dependency may also refer to a psychological and physical need to be looked after, controlled or nurtured.

If the aged parent is able to maintain independent

living, he/she may enjoy greater freedom and contentment.
If he/she cannot maintain independent living, the family is
the traditional natural support system for all elderly in
all societies. When this natural support system fails,
health/social services providers may then step in.

Health/Social Services Practitioners

Rosow (1968) believes that responsibility for aged
parents is being increasingly shifted from the adult child-
ren to the state. Practitioners participating in this
study are sometimes caught in a dilemma of choosing between
fostering 'filial piety' by limiting health/social services
provisions or attempting to fill in the gaps left by unful-
filled filial responsibilities.

Blenkner (1965) proposes that the ambiguity of the
adult child is partially the fault of the social service
system which has not provided the support that adult chil-
dren need during the time of 'filial crisis', i.e., when
the adult child is faced with increasing dependency on him/
her by an aged parent, and a consequent change in role
which Blenkner identifies as 'filial maturity'.

Practitioners and their clientele may differ in their
views regarding filial obligations toward aged parents.
Practitioners may emphasize greater independence, self-
reliance in favor of the nuclear support network, whereas
clients may place greater value on mutual inter-dependence
and the extended family support network.

Since practitioners tend to be more westernized and
acculturated to the American society than do some of their
clients, the perceived course of action which the adult
child should take may differ too. The practitioners may
encourage separate living arrangements for the aged parent
in their treatment plans. This study has pointed out that
most practitioners felt that the definition of filial piety
should be modified to exclude sacrifice. The adult child's
prime responsibility was seen as toward the nuclear family
members and not his/her parents.

Most of the practitioners perceived their role as
having strengthened filial piety. Nevertheless, in the
course of implementing the designed treatment plans, is it
possible that practitioners could have unintentionally
weakened filial piety and the extended family ties? By
taking over some of the filial responsibilities, is it
possible that practitioners have inadvertently discouraged
filial support by replacing it with professional services
and government support.

One may argue as some practitioners did that they can often do a better job than adult children can. This may be true but at the same time, the consequences can be negative. The aged parent may end up in a nursing home or another type of institution. The adult child may visit occasionally. The affective consequences may lead to the intensification of feelings of rejection and mental anguish on the part of the aged parent and guilt and shame on the part of the adult child.

Directions for Future Researchers
and Administrators

Should practitioners provide comprehensive health/ social services in all instances? Should these services be limited so that filial responsibilities can be fulfilled? Has the existence of various alternatives led to incoherence and loosening of the Asian American families?

This research study is centered around practitioners' perceptions, and thus the perceptions of clients (aged parents and their adult children) are still largely unknown. A comparative study on perceptions of both clients and practitioners will be necessary to explore these questions. At present, the results are too inconclusive to merit comparisons.

Future researchers may be interested in finding out more about both the positive and negative consequences of the provisions of professional services. It is important for researchers and administrators to examine how these services and government support may have influenced the type of support Asian American aged parents may expect from their adult children. Services should supplement rather than substitute for family ties. Hence, in designing service delivery, all efforts should be made to strengthen the natural extended family support systems.

SUMMARY AND CONCLUSION

Filial piety is an eroding value in the Asian American communities. This study has demonstrated that this erosion has affected kinship relationships, especially between aged parents and their adult children. Decisions inherent in compliance or non-compliance with this historically prime value have both positive and negative consequences on the adult children as well as their parents.

Health and social service practitioners are caught in a dilemma of strengthening or weakening this cultural value. This study has shown that filial responsibilities are

gradually being shifted from adult children to service providers and the government. With greater understanding of these changes and conflicts, it is hoped that the negative consequences can be prevented and the extended family support system strengthened.

If commitment to filial piety is strained among Asian Americans, where the tradition is strongly rooted, then it might be expected to be even more seriously disrupted where the tradition is weaker. It points to the need for comparative studies of Asian American and non-Asian American groups to further understand the effects of this eroding cultural value.

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