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**Subjectivity and Health for
Korean “Goose Mothers” in New Zealand**

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Hyun Ok Jeon

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Abstract

The number of Korean goose mothers living in New Zealand with their children, while their husbands remain in their home country, is rapidly increasing. This particular form of Asian migration to Western countries is a new phenomenon, and brings with it new forms of family life. Existing research does not tell us much about how these mothers adjust to, and manage their health in, such different circumstances. This research explores how these Korean goose mothers experience their subjectivities in the new country and how these subjectivities relate to their health practice. Drawing on a critical perspective, I suggest that multiple subjectivities form through the different cultural discourses that are available to the mothers in their new context. Discourses around gender, health and ethnicity provide relevance to the Korean women, through constructing meanings of what it is to be a good mother, a Korean as well as a member of an ethnic minority group while in New Zealand. These constructions position the women in asymmetrical relationships: between men and women, between western health practitioners and Korean patients, and between the host society and the ethnic minority group. These multiple and simultaneous relationships complicate the Korean women's subjectivities, which are constantly renegotiated in response to these relationships. By both complying with and resisting positionings caused by these asymmetrical relationships, the women reinterpret and reformulate their subjectivities. They experience changes in their health, because their health practice relates so closely to their multiple subjectivities in New Zealand as mothers, Koreans, and members of an ethnic minority group. These findings provide further possibilities for understanding, and for intervening with Korean goose mothers' adjustment and health, if we attend to these multiple and contingent subjectivities which are complicated by gender and ethnicity in their new context.

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Chapter 1

Introduction

The latest New Zealand census (Statistics New Zealand, 2006) shows that the ethnic group with the greatest growth in the last decade is Asian. Asians now comprise 9.2% (354,552) of the total population. In particular, the number of Koreans (30,792) has rapidly increased by two and a half times in ten years, making up the third largest ethnic group among Asians. The reasons for this influx of Korean people vary and are not solely due to long-term or permanent immigration. There are also a great number of short-term migrants moving for specific purposes, such as to learn English or to become familiar with Western culture (Koo, 2004). Some of those migrants are Korean parents with children of primary and secondary school age. In many cases, only mothers come to New Zealand with their children, solely for the purpose of their children's education, while their husbands remain in Korea to provide financial support to the family. The mothers and children normally return to the home country and reunite with the fathers or the rest of the family after one or more years. Although this kind of family arrangement is found in many ethnic groups in New Zealand, Koreans are known to be the largest group amongst them (Education New Zealand, 2004). This new family structure has also been found in other countries such as Canada, the U.S.A., and Australia (Aye & Guerin, 2001). However, the lifestyles of these short-term migrants are barely known at all to the host societies and there has been little research, locally or internationally, on the issues that subsequently arise. In particular the experiences of

mothers are scarcely mentioned by policy makers, educational providers or academic researchers, while the children of short-term migrants gain some level of attention from schools or government organisations. Therefore, this study aims to explore the experiences of these mothers in relation to their mental and physical health in New Zealand.

Recently the New Zealand Ministry of Education recognised the need to issue special visas for those parents that come to New Zealand specifically to take care of their children. Guardian visas were introduced in 2003. The point of this new policy was to allow for one parent with international students under the age of 13 years, to stay in New Zealand for the sole purpose of parenting. In fact, it is compulsory for the young students to have legal guardians in order to study in New Zealand (currently, Jan 2007). Therefore, the existence of these single parents of international students can be seen as becoming legitimised and acknowledged at national and organisational levels.

There are few reliable estimates of the number of Korean mothers in New Zealand. However, the numbers are believed to be high, given the substantial number of Korean international students¹ attending primary and secondary schools. Among the 4,383 international students aged 13 and under enrolled in 2003 (New Zealand Ministry of Education, 2003), Korean students made up the biggest portion (91%). If students at secondary schools are included, the number will be significantly greater. Also it has been reported that there are fewer Korean men than Korean women in New Zealand aged between 25 and 39 years (41%, 59%, respectively) (New Zealand Statistics,

¹ Students who pay foreign fee rather than domestic fee for their studies.

2002a). This is probably because of a substantial number of Korean women staying with their school aged children while their husbands remain in their home country (Ho, Au, Bedford, & Cooper, 2002).

Although the demographic profiles of these mothers are not known, studies on their partners done in Korea show that the fathers tend to be in their 30's to 50's, with financially stable employment and relatively high qualifications (Choi, 2005; Kim & Jang, 2004). This is not surprising, as it is costly to support a family in a foreign country as well as maintain a base in the home country. Although the number of families coming to New Zealand, or to other countries, primarily for the children's education has been rapidly increasing, these are still quite special cases. It is an arrangement affordable only to relatively well-off Korean families.

The emergence of this new form of family arrangement, temporarily split between countries with a specific purpose, has become a more identifiable phenomena in the modern society and has elsewhere been termed the 'astronaut family' (Aye & Guerin, 2001; Sheppard, 1999). The astronaut refers to the heads of the household frequently flying back and forth to visit their family in another country while they are living and working in the country of origin. The term 'astronaut family' comes from the Chinese word 'taikongtren', which means 'a person who spends time in space' (Ho, Bedford, & Goodwin, 1997). In Korea these families are called 'goose families', interpreted with various meanings. Geese are known to be very devoted to their families, and the parents, the so-called 'goose dads' and 'goose moms', are assumed to be sacrificing themselves for children's future. Also 'goose parent' reflects, like 'astronaut

parent', the frequent flying visits to their families.

The main motivation for the goose family arrangement has been identified as parents seeking a better educational environment for their children (Choi, 2005). In a study which interviewed 20 goose fathers in Korea (Choi, 2005), the fathers presented the educational purpose to explain their family's arrangement. However, there were also other forces identified in this study such as marital problems or other family disturbances (Choi, 2005). In these cases the adoption of goose family arrangements can be an alternative to dissolving the family completely. However, there can be rather negative impacts beyond the intended purposes in the family split. These include the hardship that the fathers come to face in the empty nest. Many of them suffer from the physical and emotional distance from their wives and children (Kim & Jang, 2004). They also experience uncertainties in their sense of self as the head of the family (Choi, 2005). These physical and psychological challenges that those fathers experience in Korea have become a significant issue as a consequence of the abnormal family arrangements in contemporary Korean society.

In this study, the focus is on the Korean mothers who come to New Zealand with their children rather than the Korean fathers that remain in Korea. As indicated by Choi's study, mothers may also experience many challenges in their lives. While the Asian migrant population keeps growing (9.2%), New Zealand's population is largely European (67.6%) (Statistics New Zealand, 2006) and has a recent history of dominant European culture. The Korean women coming to this western country have to deal with new culture, different language, unfamiliar social systems and other foreign

environments. Furthermore they have to take care of their young school aged children, normally attending primary or secondary schools. Previous studies show that mothers in these astronaut families suffer from overwhelming responsibilities made worse by the language barrier (Sheppard, 1999; Lee, 2002).

Another important issue faced by the Korean mothers is their use of health services. Reports on Asian migrants' health in New Zealand suggest that these migrants under-utilise mainstream health services (Ho, Au, Bedford, & Cooper, 2002; Holt, Crezee, & Rasalingam, 2001). Such factors as 'language barrier' or 'suspicion about consulting health practitioners from another culture' have been suggested as some of the reasons for the phenomenon (Scragg & Maitra, 2005). Korean women may have these issues because they are less likely to speak English language (New Zealand Statistics, 2002b) and have little connection to mainstream society (Ho et al., 2002). However there is little research that identifies or addresses the health issues of these Korean goose mothers.

As a researcher I am interested in what being a mother means to those Korean women who have moved into a quite distinctive cultural context. I am interested in the impact on their health and their experiences. My view of this research is informed by the epistemological approach of social constructionism. Research from this perspective of social constructionism question concepts and categories, such as gender, ethnicity, or health, that we have taken for granted (Gergen, 1999). It is based on the perspective that concepts and categories are not 'truth'. Rather "what we regard as truth, which of course varies historically and cross-culturally, may be thought of as our current accepted ways

of understanding the world.” (Burr, 2003, p. 4). In other words, ‘truth’ applies to a successfully functioning experience within a relational event (Gergen, 1999). Thus concepts like “to be a good woman” and “to be healthy” are not same across the culture and time.

Social constructionism differs from the positivist perspective. Positivism treats the world as if understanding only occurs through objective observation and by discovering general rules and logics (Burr, 2003). From this perspective researchers are in a position where they use their rational thinking and scientific knowledge to discover the universal rules, or essential causes, of ‘abnormality’. Social constructionists, however, understand the world differently: There is not such an objective truth or essence that is free from the context. Rather, in context, the prevalent view in any environment is constructed and offers a certain form of social experiences. In this vein, as Burr notes (2003), we should not claim that our ways of understanding morality or of being healthy are better and nearer to the truth than other ways.

Social constructionism asserts that language has an immense power to shape the way that people perceive themselves, the way they experience their world and their health and wellbeing (Burman & Parker, 1993). As Burr (1998) notes, even if we talk about an object reality beyond language, once you start to talk, it immediately engages with the discursive realm. It is because language contains basic categories that we use to understand ourselves and our environment. For example, words associated with gender roles or stories about nationality or ethnicity affect “the way we act as women or as men and reproducing the way we define our cultural identity” (Burman & Parker, 1993. p. 1).

The meanings we make of the world are formed discursively, while we talk to each other, and language is therefore a social practice (O'Conner & Chamberlain, 2000).

This view highlights discourse analysis, one of the main methods used to research people's subjective experiences and often in research related to health. Discourses are constituted in language as "ways of thinking, speaking, and writing about a particular knowledge and life domain, such as health, as well as the actual practices." (Robertson, 2001, p. 294). Speakers experience and take up certain subject positions, such as being healthy or being ill, by drawing on certain discourses. For example, in the hospital setting where medical discourse is dominant, the subjective position of patient and clinician is determined discursively. In this sense, discourses enable or constrain the way of being in a socially constructed world (Davis & Harre, 1990). Thus, the important point for research would be "the relationship between discourse and how people think or feel (subjectivity), what they may do (practice) and the material conditions with which such experiences may take place" (Willig, 2004, p.157).

It is noted however (Mehta & Bondi, 1999), that people are neither free to choose certain social positions, nor are they objects that are simply animated by pre-existing discourses. The former is likely to rely on notions of individuals as independent from various social relationships, capable of making a rational decision unaffected by these relationships. The latter may ignore various discourses existing in people's everyday lives in complex ways, such as being challenged, being complied with and being reformulated (Willig, 2000). Researchers have attempted to theorise how people

take up or are located in their subjectivities through discourses. David and Harre (1990) suggest that people locate themselves in various positions and draw on particular discourses while engaging in specific interactions with others. The particular discourses offer particular positions and serve a particular function during the interaction. In this sense, the human subject is designed by discourses as well as manipulated by them (Burr, 2003). Some discourses may offer more empowering or rewarding positions, while some provide passive and oppressed positions. Therefore, in any given context, there are negotiations of meaning that can achieve more functional subjectivities that are formed through existing discourses. This research focuses on exploring the Korean women's negotiating their subjectivity by drawing on various discourses available in their current context.

As a migrant from Korea to New Zealand myself, I have experienced that the dominant discourses I took for granted in my home country are not always absolutely useful, or useless, in this new country. Rather, they are resources to construct a new life in a new place with new rules. It appears important to recognise that previously acquired knowledge and the discourses that were normal for me remain as valuable as new inputs from the new context. In this sense, life as an migrant is a constant negotiation between different sets of discursive resources. It includes the process of deconstructing and reconstructing the meaning of what it is "to be a good woman" and "to be a healthy person".

Informed by social constructionism, its methodological approach and my personal experiences, I question in what ways the subjectivities of being a woman and

of being healthy as experienced in Korea become meaningful in New Zealand. Given the Korean mothers' cultural origin, which is quite different from European culture, they are a group that might well experience huge confusions in their subjectivities. This research therefore begins to explore how different cultural and social contexts provide discursive resources for Korean goose mothers, and in what ways available discourses provide meaningful subjective experience to them.

This research uses a qualitative approach with data collected by interviewing Korean mothers in New Zealand. The qualitative method "gives priority to the participant's own experience and point of view" (O'Conner & Chamberlain, 2000, p. 75) and therefore allows investigation of various forms and meanings. Qualitative research, therefore, often employs open-ended, semi-structured interviews to collect data rather than using already structured questionnaires or numerical scales. Qualitative research provides richer discursive text and allows exploration into how the participants construct and experience their subjectivities. To this end, this thesis has the following structure.

I firstly explain the historical and philosophical aspects of Korean culture, where the subjective meanings of being a woman and of being healthy originate from and are partly constituted by. I also look at the previous studies on Asian migrants to help background existing understanding of Korean women migrants. The methods section explains how I worked to recruit participants, to collect data and to analyse the data. Then I analyse and discuss in depth what the data highlights about the participants' meanings of being women and being healthy in their current lives. The conclusion

section summarises what I took from the analysis and from the whole research process. Finally, I suggest some options for further studies and recommend applications for the future.