



**Obeying an Evolving Cultural Value:
Influences of Filial Piety and Acculturation
on Asian-Americans**

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Abstract

Elder care is a concern for adult children with aging parents in Asia, America or practically anywhere else in the world. Yet, it is a particularly acute issue for members of the Asian-American community due, in no small measure, to the profound influences of the Asian cultural value of filial piety and acculturation. After all, filial piety dictates an expectation grounded in moral principles that children must care for their parents in old age; however, as Asian immigrants and their children face acculturation, they are exposed to new and different American cultural influences relating to parental elder care.

Drawing on this author's personal family story as inspiration and as an anecdote, this paper explores the ways in which the notions of filial piety and acculturation, ostensibly at odds, affect Asian-Americans' expectations and behaviors relating to elder care responsibilities for aging immigrant parents. In doing so, this exploration seeks to inform questions about the extent to which filial piety and acculturation create cultural conflict in managing cultural expectations of elder care, and how such conflict might be reconciled.

Based on a review of the literature discussed in this paper, filial piety and acculturation may not necessarily be at odds, based on the idea that expectations of caregiving affecting Asian-Americans are evolving in ways that reflect the dual influences of traditional Asian culture and American culture on both parents and adult children in ways seemingly compatible to both. As a result, it seems fair to suggest that Asian-Americans can gain a sense of comfort in knowing that elder care need not be the subject of cultural conflict and angst because cultural expectations of care are evolving as their cultural values are evolving.

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Introduction

As long as I can remember, in my family and community, I have been referred to as a *hyo-ja*, a Korean term meaning filial son. The etymology of the term is derived from the Korean characters *hyo* meaning filial piety and *ja* meaning son. It is an honorable designation for any son in a Korean family. It suggests that a son has exhibited certain behaviors consistent with the Confucian notion of filial piety, such as respect for elders (Guo, Xu, Liu, Mao, & Chi, 2016). Although it is a badge of honor, it comes with certain cultural expectations. In particular, filial piety dictates that an adult child must care for his or her parents during their old age when they are no longer able to care for themselves (Chappell & Funk, 2012). Although elder care is a concern for adult children everywhere, this is not a topic that has been formally discussed in my family, aside from an occasional remark during my childhood that they trust that their children would never place them in a nursing home. Over the years, this and similar comments have ingrained in my mind a deep-seeded sense of duty of care toward my parents. Certainly, no *hyo-ja* would want to let his parents down. At the same time, however, there is a great sense of uncertainty and conflict about exactly what our respective expectations are and what it would mean in terms of trying to reconcile them. My parents are first generation immigrants from South Korea. Although they have lived in the U.S. for over 40 years, they still observe many Korean cultural traditions: they primarily speak in Korean, they mostly eat Korean food, and they socialize within the Korean community where they live. Although they have instilled in their children certain Korean cultural traditions, they are keenly aware that our generation, having been raised in the U.S., has been engrossed in a culture different than their native one. Indeed, as a second generation Korean-American who was raised in the U.S., I consider myself

mostly acculturated to American values and norms. However, traditional Korean values and norms have influenced my cultural identity to some unquantifiable extent. This phenomenon is often described in the context of theories, such as biculturalism, acculturation, assimilation and enculturation. They all share a process by which there is a balancing and negotiation of disparate cultural systems leading to the formation and/or modification of cultural beliefs unique to a person (Cole, 2018; Schwartz et al., 2010; Zhang & Moradi, 2013). Accordingly, based on our differing cultural belief systems, my expectations may differ from my parents' expectations in terms of their future caregiving plans, which will inform my approach to elder care for my parents. This raises profound questions about how the influences of filial piety and acculturation have affected the development of my values and beliefs about my future caregiving role. How have these notions affected their expectations as the potential care recipients living in the U.S.? This presents a qualitative quandary that is both equally complex and intriguing with real life implications.

We are not alone. There is a larger cohort of Korean-Americans (part of an even larger cohort of Asian-Americans), who face a similar predicament of having certain cultural expectations of elder care. However, the approach to elder care is not going to be a one size fits all. Indeed, although Asian-Americans may be broadly grouped and labeled as members of the Asian-American cohort, the heterogeneity within this cohort is staggeringly diverse. Twenty million Asian-Americans trace their roots to over 20 countries in Asia with their unique cultures, languages and histories (Pew Research Center, 2017). Although it would be impossible to make any sweeping generalizations based on an entire cohort of people, the people that originate from Asian countries influenced by the Confucian notion of filial piety (i.e. China, Korea, Japan

and Southeast Asia) share a sense of commonality influencing the establishment of a similar belief system in terms of expectations of elder care (Canda, 2013). Combining the scale and diversity of this cohort, the influence of filial piety, and the individualized nature of the acculturative process, Asian-American adult caregivers and care recipients are likely to possess a unique set of cultural values and beliefs influenced by those of the traditional Asian home country and/or those of the American culture in which they now live. Possessing a unique set of cultural values likely informs equally unique expectations of providing and/or receiving elder care.

Accordingly, this paper explores the ways in which the notions of filial piety and acculturation, ostensibly at odds, affect Asian-Americans' expectations and behaviors relating to elder care responsibilities for aging immigrant parents. In doing so, this exploration seeks to inform questions about the extent to which filial piety and acculturation create cultural conflict in managing cultural expectations of elder care, and how such conflict might be reconciled.

Chapter One: All in the (Asian-American) Family: Recipes of the Cultural Code

This chapter discusses the four key foundational concepts that establish the basis of this paper: Asian-American cohort, elder care, filial piety, and acculturation.

Asian-American Cohort.

For purposes of this paper, the Asian-American cohort is made up of a diverse population of approximately 20 million people who trace their roots to more than 20 countries in Asia (Pew Research Center, 2017). The U.S. Census Bureau projects this population will reach 25.7 million people by 2019 (Nielsen, 2016). Asian-Americans of Chinese, Indian, Japanese, Korean and Filipino origins collectively account for 88% of this population. This population grew 72% between 2000 and 2015 and was the fastest growing racial or ethnic group in the U.S. (Pew Research Center, 2017). By 2050, they are projected to become the largest immigrant group in the U.S., surpassing the Hispanic population. In fact, in 50 years, Asian-Americans will constitute 38% of all immigrants (Pew Research Center, 2017). In terms of the elderly in this population, the 2010 U.S. Census data indicate that over 1.3 million people are 65 years and older and that number is projected to increase six fold by 2050 (U.S. Census Bureau, 2014). The sheer demographic significance of this cohort seems worthy of exploring the issues of elder care that are raised in this paper.

Asian-Americans have a diverse immigration history. Some are fifth and sixth generation Asian-Americans whose ancestors immigrated during the mid-1800's to early-1900's as part of the sugar and pineapple plantation era in Hawaii and the California Gold Rush and Transcontinental Railroad periods in U.S. history (Kim, Ahn, & Lam, 2009). Others are third and fourth generations whose families immigrated during World War II and the Korean War (Kim et

al., 2009). However, the largest wave of Asian immigrants arrived in the U.S. after passage of the Immigration and Naturalization Act of 1965 (Pew Research Center, 2013). In fact, since 1965 about 24% of all immigrants have been from Asia (Pew Research Center, 2013). This is significant because the two prior immigration waves during the late 19th and early 20th centuries had almost nine in ten immigrants who came from Europe (Pew Research Center, 2013). The 1965 immigration law eliminated the previous quota system based on national origin, which many viewed as discriminatory (History.com, 2010). Although past immigration policies effectively barred Asian immigrants, the new law had the effect of opening the nation's borders for the first time on a relatively equitable basis to non-Europeans as Europeans (Pew Research Center, 2013). The changes to our national immigration policy greatly changed the demographic makeup of the U.S. population. This outcome and the associated timing of the new policy are meaningful in that the first and second generation Asian-Americans have recently transitioned or will soon be transitioning in age to assume the roles of elder care recipient and giver, respectively, which makes the exploration of the issues raised in this paper timely and relevant. Indeed, with the growing Asian-American population, this paper should add to the otherwise limited literature that examines these issues for the benefit of Asian-Americans like myself who are faced with these issues in real life, as well as policy makers and third-party care providers.

Elder Care.

Elder care is a general term to describe caring for an elderly person, which can include varying types of personal care, health care, and social support (Bookman & Kimbrel, 2011).

Elder care is frequently referred to in the literature (including, many cited in this paper) using

other terms such as care, caregiving and other similar terms. Although elder care is seemingly straightforward it is far from it. Elder care may mean different things to different people. Elder care can vary by gender, socioeconomic status and race (Bookman & Kimbrel, 2011). In particular, cultural differences among elders and their family members may inevitably influence their beliefs about the meanings associated with aging, health and dying, and thus affect expectations about who should provide elder care and what type of elder care should be provided (Bookman & Kimbrel, 2011). Elder care can involve a variety of supports and responsibilities, which can change in intensity and complexity with time (Bookman & Kimbrel, 2011). It can be provided by and through formal means, such as a nursing home, assisted living facility, adult daycare facility, and home health care (Bookman & Kimbrel, 2011). Care can also be provided on a more informal basis at home by family members (Bookman & Kimbrel, 2011). In fact, informal care is the predominant form of care throughout the world (Chappell, 2003).

There are wide variations in the expectations and provisions of elder care, which are influenced by a number of dimensions. For instance, there is a time dimension to elder care in which care can typically take on any one of three categorical durations: short term care, intermittent care, and long-term care (Bookman & Kimbrel, 2011). Another is the geographic dimension, which suggests that the distance between an elder's residence and that of the caregiver affects the type and frequency of care (Bookman & Kimbrel, 2011). Financial resources are another dimension in which the availability of economic resources affects the type of care and the ability of caregivers to provide elder care (Bookman & Kimbrel, 2011). Finally, another significant dimension is the health condition of an elder, which influences the extent of a caregiver's level of care (Bookman & Kimbrel, 2011). The health condition of an

elder determines the nature of a caregiver's provision of personal care, such as ADL (activity of daily living), which includes basic self-care tasks, such as bathing, dressing, toileting, and feeding (Bookman & Kimbrel, 2011; Chappell & Funk, 2012). Health condition also shapes the extent of a caregiver's involvement in IADL (instrumental activity of daily living), which involves more complex tasks, including preparing meals, managing medications, dealing finances, shopping, housework, and transportation (Bookman & Kimbrel, 2011; Chappell & Funk, 2012). Unless the meaning of care or similar concept is specifically defined, any such reference in this paper may carry a specific type of meaning or a general meaning, as the context requires.

Although the normal aging process does not in and of itself warrant elder care, it can become a necessity when an elderly person can no longer live independently as they might have once enjoyed as a result of physical, mental, or emotional deterioration or impairment (Anngela-Cole & Hilton, 2009; Bookman & Kimbrel, 2011). For instance, people suffer from mental and emotional impairments such as dementia, Alzheimer's, and depression, as well as physical limitations due to a general decline in health (e.g. vision, arthritis, frailty), injury, stroke, or other illness and disease. If any of these conditions limit the ability to handle ADL or IADL then caregiving may be necessary, recognizing that such conditions requiring such caregiving can arise suddenly or gradually (Bookman & Kimbrel, 2011). Presumably, in some cases, elders may never suffer limitations warranting any caregiving at all.

Filial Piety.

Culture is generally defined as a set of values, beliefs and behaviors commonly shared by a group of people (Lai, 2010). Asian countries in East and Southeast Asia are strongly influenced by the principles of Chinese Confucianism, including, specifically, the cultural virtue

of *xiao* or filial piety (Canda, 2013). The Chinese character for *Xiao* depicts an elder father above a son, which represents that the son supports and respects the father and, by inference, that children respect and care for parents generally (Canda, 2013). It is a moral relationship between parent and child (Sung, 1998). Filial piety was widely encouraged during China's Han dynasty (206 BCE – 220 CE), and has since spread widely throughout East and Southeast Asia (Canda, 2013). In modern times, filial piety remains very influential in that region of the world as well as among immigrants originating from there (Canda, 2013). Confucianism has a long tradition of over 2,500 years and maintains extensive texts (Canda, 2013). Confucius is said to have coauthored a short two-volume work called *Xiao Jing* or *Classic of Filial Piety*, which is considered one of the most influential sources about the Confucian view on filial piety (Canda, 2013). It was widely circulated in China by the third century BCE and was recognized as a classic in the Han dynasty (25-220CE) (Canda, 2013). It espouses, among other things, the cultivation of love, respect and humility toward other people (Yan, 2017). In particular, these values focus on the parent-child relationship in terms of respecting parents, not bringing dishonor to parents, and caring for aging parents (Schwartz et al., 2010). Filial piety is a holistic account of broader ethical conduct for a person in greater society, which promotes a sense of caution about both action and words (Yan, 2017). Recognizing that filial piety toward parents is tantamount, filial dealings with larger society beyond the immediate family are stressed because of the potential of such outside dealings to impact the relationship with the parents (Yan, 2017). For instance, how a person deals with his or her superior in public may become a private family matter in terms of the potential to reflect on the reputation of the parents (Yan, 2017). This conceptualization of filial piety makes possible the bringing of dishonor to parents

based on the negative actions of children. Accordingly, vigilance in conduct is a prominent aspect of filial piety because of this blurred line between conduct in the public and private spheres as a person's words and actions in public can affect private family dynamics.

Undoubtedly, filial piety affords great privileges to parents as they wield significant power and influence over their children. In some ways, it may seem like these privileges are unfettered, which may cause burden to their children (Canda, 2013). Filial piety, however, does not promote blind obedience and servitude to parents, which is a common misconception (Yan, 2017). It does not sanction parental exploitation of children (Canda, 2013). Rather, filial piety is viewed as a virtue that requires critical reasoning in the sense that Confucius intended that, in a parent-child relationship, the child is not deemed filial by merely obeying the parent's commands; in fact, protest can be appropriate response to certain behavior while maintaining conformance with filial piety (Yan, 2017). Respectful protest is viewed as necessary and desirable to assist parents in avoiding mistakes or harming their reputation (Canda, 2013). Therefore, blind obedience in all cases could be considered unfilial, but adjusting one's behavior while remaining morally upstanding and respectful would seemingly be perfectly filial. Needless to say, filial piety is a complex notion. It is a fluid concept that can take on many different forms depending on the situation. This notion of fluidity is espoused in the tenets of a writing called *Classic of Filial Piety*, which is divided into chapters each offering specific advice to a person according to his or her social status, such as feudal lords, government officials, and commoners (Yan, 2017). Thus, each chapter guides how a filial person should act based on the person's social role. The higher the social status, the more that is required to satisfy filial duties (Yan, 2017). Consequently, because social status does vary among people, the manner by which

a person fulfills filial piety can also vary. This fluidity poses challenges in contemporary times because of the difficulty in clearly differentiating people by social status, especially in a modern democracy that treats people as equals (Yan, 2017). Accordingly, filial piety cannot be seen as a static one-size-fits-all virtue (Lan, 2002), but rather a fundamental virtue that takes on a customized meaning for different people.

Filial piety stresses the significance of social ties over individual wants and needs (Schwartz et al., 2010). In this sense, filial piety is a notion that fits into the broader cultural value system of collectivism, which is based on the tendency to value others' needs over personal needs (Schwartz et al., 2010). In collectivist cultures, people tend to view themselves as interdependent (Anngela-Cole & Hilton, 2009). Asian (or Eastern) cultures, in general, are associated with collectivism (Weng & Nguyen, 2011). In a collectivist culture, for instance, the obligation of parental care is based on sacrifice in which a child's individual self-interest is set aside for the benefit of such child's parents (Sung, 1998), and family decisions are based on the interests of the family over the individual (Weng & Nguyen, 2011). As a result, Asian culture tends to lead to differences in expectations regarding caregiving (Van Liew, Santoro, Kothari, Wooldridge, & Cronan, 2016). Although it is beyond the scope of this paper, it is worth noting that there are shared transcultural dimensions among filial piety and other similar collectivist cultural value systems that originate from other ethnicities. For instance, collectivism is thought to apply also to Latin American, Caribbean, African and Middle Eastern cultural contexts, yet based on different cultural and ethnic value systems and orientations, such as communalism and familism, which in many respects are similar to filial piety (Schwartz et al., 2010). Thus, the

ethnic groups who originate from such countries may have similar cultural approaches to elder care as Asian-Americans.

In stark contrast to collectivism is the cultural value system of individualism, in which priority is given to the individual person over the group (Schwartz et al., 2010). In individualistic cultures, people tend to view themselves as independent, and they value the uniqueness of the individual, self-expression and autonomy (Anngela-Cole & Hilton, 2009). American culture is generally seen as the archetype of individualism (Schwartz, et al., 2010). To be sure, in American society, individual happiness, personal needs, independence and a strong sense of self are idealized (Weng & Nguyen, 2011). Parents encourage and expect children to be autonomous once they reach adulthood, and children have limited expectation to contribute to the family (Weng & Nguyen, 2011). Admittedly, however, some research indicates that Whites do not differ from other ethnic groups in terms of endorsing certain collectivist values, albeit to a much lesser extent than those of collectivistic cultures (Schwartz et al., 2010).

Notwithstanding, the U.S. is still considered the most highly individualistic and least collectivistic nation in the world, which suggests that collectivist beliefs are fundamentally incompatible with cultural expectations of family in the U.S. (Schwartz et al., 2010). For instance, filial piety would proscribe that a child obey parents even when the child disagrees, which is a notion that would be at odds with American cultural values (Schwartz et al., 2010).

Notwithstanding the general distinctions between collectivistic Eastern culture and individualistic Western culture, there must be an awareness that any generalizations about groups of people can be meaningful, as long as there is an acknowledgment that individual variations and exceptions exist. For instance, although commonalities among collectivistic Asian

ethnic groups exist in that they are known to be communal in nature and value filial piety, there can be significant variation among and within such groups (Weng & Nguyen, 2011). On an individual level, it would seem that variability could arise from a number of internal and external factors. For example, variability may be attributable to a person's level of biculturalism, and the extent to which such person adopts values of both the ethnic culture and the mainstream American culture (Schwartz et al., 2010). In short, the dichotomy of collectivism-individualism refers to the relative priority or position of the group or self, and is a function of general cultural values (Schwartz et al., 2010). It is an important distinction to consider because culture plays such a critical role in shaping beliefs, norms, values, and traditions (Weng & Nguyen, 2011), as well as associated behaviors.

Acculturation.

Acculturation was first defined as the process by which individuals or groups having different cultures maintain continuous first-hand contact with a new culture, which result in changes in the original cultural patterns of one or both groups (Zhang & Moradi, 2013). It is an inherently complex phenomenon. In the context of immigrants, including Asians, this theory of acculturation exists in the narrative of a minority culture adopting the majority culture (Cole, 2018). Acculturation can involve widespread adoption of new values, ideas, ideologies, and beliefs (Cole, 2018). Acculturation is at work when immigrants adopt host culture foods, language, clothing, etc. (Cole, 2018). Acculturation can occur quickly or slowly depending on the person and his or her unique circumstances (Cole, 2018). It can also register consciously, subconsciously or a combination of both (Cole, 2018). Moreover, the process can take different forms and yield different outcomes based on the extent to which a person believes it is

important to maintain the native culture and how important it is to adopt the new host culture (Cole, 2018). Although acculturation is generally discussed in the context of a member of a minority culture assuming elements of the majority culture, in theory acculturation is a two-way process in which members of the majority culture may also adopt elements of the minority culture (Cole, 2018; Zhang & Moradi, 2013). In the lexicon of acculturation, assimilation is a concept that is often mistakenly used synonymously. Assimilation is a potential outcome of the acculturation process in which a person wholly abandons the native culture in favor of the new culture (Cole, 2018). It falls on the far end of the acculturation spectrum in which a person becomes culturally indistinguishable from the majority culture into which he or she assimilated (Cole, 2018).

In the early twentieth century, sociologists like W.I. Thomas and Florian Znaniecki began to focus on the process of acculturation to study immigrants and the extent to which they integrated into U.S. society (Cole, 2018). Psychologists also have studied acculturation in various immigrant populations (including Asians) because acculturation can inform a number of behavioral, attitudinal and psychological outcomes (Zhang & Moradi, 2013). Specifically, as will be discussed extensively in this paper, acculturation can affect attitudes and behaviors related to elder care among the Asian-American population. Scholars have noted that immigration and exposure to U.S. cultural values can create tensions and conflict between ethnic retention and assimilation (e.g. see Kong & Evans, 2010). Acculturation affects Asian-American immigrants, as well as their second generation children and perhaps beyond.

However, for second generation and later generation Asian-Americans who were not exposed to their Asian ethnic culture in the same manner as their immigrant parents, a related

concept to acculturation called enculturation may more accurately apply to these later generations. Enculturation was first defined as the process of socializing and maintaining the cultural norms of a person's indigenous culture (Zhang & Moradi, 2013). For the generations removed from immigration, in the context of Asian-Americans, enculturation is more applicable because it focuses on the process of learning and adopting Asian cultural values much in the same way that acculturation focuses on the adoption of U.S. cultural norms (Zhang & Moradi, 2013). That is not to suggest that the immigrant generation is not subject to enculturation because in addition to acculturation they are also experiencing enculturation in the sense that they may be maintaining certain cultural norms of their native culture. In short, enculturation describes the process of adopting the norms of the indigenous culture and acculturation describes the process of adapting to the dominant culture. Given the inherent complexity of this distinction, it is not always distinguished in the research. Similarly, in this paper, notions of acculturation and enculturation are simply referred to as acculturation to suggest that regardless of generation both concepts may be at work in terms of adopting, maintaining and/or rejecting cultural values from two sets of cultures.

Since acculturation is a complex phenomenon, researchers have taken different approaches to conceptualize and measure acculturation among Asian-Americans in order to inform various social issues affecting this population like the one that is the subject of this paper (e.g. see Bito et al., 2007; Diwan, Lee, & Sens, 2011; Hsueh, Hu, & Clarke-Ekong, 2008; Iwasaki & Brown, 2014). In the literature, although there is no single standard conceptualization or measure of acculturation across the board, there are many that share common features. For instance, a common conceptualization involves a spectrum consisting of cultural retention on

one end and cultural adaptation on the other, such that people are assumed to start on one end and move toward the other in a single linear fashion (Zhang & Moradi, 2013). Another conceptualization involves a bilinear model in which people may experience low or high levels of cultural retention and adaptation to the native and new culture (Zhang & Moradi, 2013). This model captures the variations and nuances of a person's adherence to the native culture and the new culture, which seems more flexible and realistic in terms of capturing the complexity of biculturalism (Zhang & Moradi, 2013) and the uniqueness of individuals.

Yet another conceptualization of a bilinear model contemplates the ability to maintain a positive relationship with both cultures and the ability to shift behaviors as needed to fit both cultures (Zhang & Moradi, 2013). In some cases, a person can go back and forth along the spectrum throughout life stages (Iwasaki & Brown, 2014). Indeed, acculturation strategies can differ because of the variability of experiences among immigrants (Choi, Poh, Yasui, & Hahm, 2016). These are some of the various conceptualizations of acculturation that illustrate the variability and complexity of this qualitative attribute and are indicative of the diversity of such conceptualizations in the empirical studies referenced in this paper.

In addition to the lack of consensus on the use of a single conceptualization framework, another issue that can pose variability in studying acculturation is the diversity of measures used to assess acculturation. Two of the most common measures are the length of residence and the proficiency and preference for English language, which are utilized in many of the empirical studies covered in this paper. Utilizing a combination of measures, researchers create varying types of models to assess acculturation. Ultimately, however, these metrics all attempt

to quantify what is essentially a qualitative attribute, which makes measuring acculturation a less than perfect science with inherent limitations.

Chapter Two: A Perspective on Traditional Asian Elder Care

This chapter provides a perspective on the Confucian notion of filial piety and its influence on elder care expectations and experiences in traditional Asian culture. This will establish a foundational and comparative basis from which to advance additional discussions about American elder care and Asian-American elder care.

Culture plays an integral role in elder care (Lai, 2010). In many traditional collectivistic Asian cultures, there is an expectation that children will care for their parents in old age. This expectation is grounded in moral, cultural and legal principles (Park, 2015), and is particularly relevant for Asian cultures that subscribe to filial piety. In fact, filial piety has greatly influenced parental care and the parent-child relationship of peoples of East Asian cultural heritage where such care is considered a normative duty of adult children (Smith & Hung, 2012; Sung, 1998). The parent-child relationship is governed by an implicit moral contract in which raising a child is seen as a process of investment with an expectation of deferred repayment (Lan, 2002; Sung, 1998). Indeed, parents have, after all, given children life and have raised them, which are viewed as monumental contributions practically insurmountable to repay (Canda, 2013). A failure to support parents in their old age is seen as bringing shame on both parents and children, while complying with the expectations of care brings parental appreciation and social approval (Canda, 2013). Korean culture represents an example of an Asian culture that adopts filial piety, where children are expected to uphold their family obligations to ensure generational and family harmony as well as to maintain the parent-child relationship as a top priority (Sung, 1998).

The traditional concept of filial piety would advocate for not only caring and support, but also for providing them in a manner that is accompanied by honor and respect (Park, 2015). Indeed, according to Confucian teachings, Confucius is said to have remarked that: “Filial piety today is taken to mean nourishment for parents, but even dogs and horses are provided with nourishment. If it not done with reverence for parents, what’s the different between men and animals?” (Sung, 1998). Furthermore, children caregivers should feel a sense of happiness and personal fulfillment (Smith & Hung, 2012). Thus, the physical acts of support are insufficient by themselves without genuine displays of respect and caring as well as a sense of personal satisfaction. Clearly, filial piety establishes a high standard of care and conduct.

A fundamental component of filial piety in the context of traditional Asian family caregiving is that it defines roles and responsibilities based on family hierarchy and gender (Jones, Zhang, Jaceldo-Siegl, & Meleis, 2002; Pharr, Dodge, Terry, & Clark, 2014). The son (if more than one son, the eldest) is often viewed as the family member to maintain the key responsibility of providing care to elderly parents, even though the major source of care actually falls on daughters-in-law and daughters (Lai, 2010; Sung, 1998). As an aside, in recent times there is a growing concern about the declining number of women that are available to serve as primary caregivers to old parents (Park, 2015; Sung, 1998). Although sons in theory have primary responsibility, they are known to provide emotional and financial resources and less hands-on care (Sung, 1998). In assessing the nature of filial behaviors of daughters-in-law, some have suggested that, although daughters-in-law assume the traditional caregiver role of caring for their in-laws, they may also be motivated to care by the desire to make up for not having cared for their own parents (Sung, 1998). Generally, the family and gender hierarchy is

such that if there are no daughters-in-law or, if they are unable to provide care, then the responsibility follows along a hierarchy of preference to unmarried daughters, then to married daughters, and then to extended female family members (Pharr et al., 2014). Filial piety supports this hierarchical model in which family members assume their role in order to harmonize and unify the family unit (Smith & Hung, 2012).

Another significant aspect of traditional Asian elder care is the common coresidential living arrangement. In Korea, for instance, coresidence is the preferred cultural living pattern (Sung, 1998). This tradition is based on filial piety and remains largely intact for Korean families (Shin, 2008). Children tend to accept this arrangement and social pressures provide reinforcement (Sung, 1998). Coresidential living arrangements that involve multiple generations living together in a household has a culturally reinforcing feature in that it can facilitate the ability of children living in such a household to absorb traditional cultural values from their parents (Miyawaki, 2008). This type of living arrangement also provides a convenient and efficient environment in which to provide requisite care and allow caregivers to live up to their filial obligations (Sung, 1998; Weng & Nguyen, 2011).

Challenges to Tradition and Changing Expectations.

The relationship between caregiving and the ideal of filial piety is a complex one, and one that is increasingly under scrutiny in contemporary Asia. Although there is a notion of virtuosity inherent in the ideal of filial piety, it is an ideal that in practice can be challenging and burdensome akin to an implicit contractual arrangement (Canda, 2013). Some critics have pointed to the outmoded nature of filial piety due in large part to the seemingly insurmountable expectations it creates relating to elder care (Canda, 2013). Others have

suggested that the expectation that family caregivers will be wholly faithful to the traditional strictures of filial piety is simply unrealistic (Lai, 2010) and incompatible with modern life. Also, in the face of what is already an inherent challenge in determining filial expressions of caregiving behaviors, the types of care that meet the standards of filial piety are evolving as categories of care are inherently qualitative, difficult to universally define, and subject to wide variability. These outcomes may be reflective of the economic and social changes occurring in Asia, which are challenging the traditional notions of filial piety and related caregiving behaviors (Sung, 1998).

Several empirical studies demonstrate the challenges and changing care behaviors and expectations in Asia. Chan et al. (2012) examined the evolving nature of filial piety in Hong Kong in the context of caregiving for older terminally ill patients. They interviewed 15 adult children caregivers and elicited stories about their caregiving experiences. Faced with a rapidly aging population and elevated life expectancy, the Hong Kong government established elderly care policies based on filial piety by stressing the principles of aging in place, which had the effect of placing adult children like those in this study at the forefront of providing care. However, the researchers noted that the problem with this strategy was the apparent disconnect between government policies based on traditional cultural values and the modern social reality of family caregiving practices. The caregivers in this study indicated that filial piety was the prime motivator for caregiving, but their interpretations were different from traditional notions that emphasized authoritarian hierarchy and unbridled obedience. They perceived a new norm in which caregiving was not a function of debt repayment, but instead compassionate duty as an expression of love and caring, reciprocal relationships, and mutual support. Nearly half the

caregivers also acknowledged the validity of other expressions of filial care besides supporting IADL, especially financial subsistence. In fact, the researchers cited government statistics that showed that 7% of ailing Hong Kong elders were living in nursing homes and were financially supported by children, which was a significant figure relative to other developed countries. They attributed this phenomenon to various limiting structural factors indicative of social changes, including time spent at work, smaller family size (which led to limitations on ability to provide care), and decline in coresidential living (which was a function of tight living quarters). Another finding of Chan et al. (2012) was that the caregiving responsibilities did not rest solely on the eldest sons and daughters, as was traditionally the case, but rather on the entire family. The findings of this study suggest that contemporary notions of filial caregiving in Asia may be evolving from traditional expectations, as some Asians are exercising alternative types of filial behavior and re-conceptualizing the meaning of filial piety.

In South Korea, the expectation of caring for parents while raising children, supporting siblings and providing for the family as a whole is commonplace (Sung, 1998). However, South Korea's rapid post-war industrialization has had a profound effect on its people and culture, including social changes that have given rise to concern over the erosion of traditional notions of elder care (Sung, 1998). In attempting to fulfill expected filial obligations of elder care, caregivers there face some of the same structural and circumstantial challenges as in Hong Kong. In particular, more women have been educated, entered the workforce, and fewer want to have children (Park, 2015). Nuclear families have become the primary family structure in South Korea (Park, 2015) as in the West. Indeed, even though a son and his wife are traditionally obligated to care for his parents and reside with them, in recent times many elder

parents are increasingly living separately (Sung, 1998). This trend is consistent with the experiences of my own extended family in South Korea where several sets of uncles and aunts live independently of their children. Another sign of societal change is that increasingly a growing number of children purport to practice filial piety by phone, visits and mail (Sung, 1998), instead of in the confines of a shared residence. This seeming erosion of traditional filial piety has been occurring over the last several decades, which many blame on the permeation into Asian societies of Western ideals, such as individualism (Park, 2015). These dynamics have presented a formidable challenge to traditional filial elder care. The concern is palpable enough that the Korean government has gone as far as to legislate filial piety by passing a law in 2007 that promotes the tradition of filial piety to encourage, among other things, adult children to care for their elderly parents (Park, 2015). Interestingly, South Korea is not alone in utilizing the legislative process in this manner, as other nations have similar laws (Park, 2015). Notwithstanding the extent to which filial piety has been changing in Asia, the ideal of filial piety still remains one of its most important cultural values (Sung, 1998).

In addition to societal changes and the structural challenges faced by adult children caregivers, an inherent issue that is exacerbated by these challenges is that filial piety largely represents abstract ideals based on a traditional value system (Canda, 2013). This makes it difficult to articulate specific behaviors and practices that would sufficiently uphold its mandates. Indeed, the definition of filial piety holds different meanings to different people because there are variations of imputed behaviors and meanings (Canda, 2013). What is the embodiment of filial piety in terms of care? What are the care behaviors that are expected of adult children caregivers in modern times? Sung (1998) sought to explore these questions by

deconstructing filial piety through identifying specific behaviors of filial piety in Korea based on 46 real life stories of adult children who were awarded the Filial Piety Prize established by the Korean government for exemplifying filial piety. Ten categories of filial piety actions emerged, and all of them were interrelated in their meanings in that they all demonstrated ways of caring. Indeed, although the second highest category was fulfilling responsibility (i.e. literally representing the obligation of an adult child to provide care to aging parents), the highest category was showing respect for parents, which would be considered an inseparable element of caregiving. All of the identified categories allowed for a holistic understanding of an idealized form of filial piety. In practice, a person might have given more emphasis to one or more categories over others based on everyday circumstances unique to them, even though practicing all the categories would be considered ideal. Indeed, the researcher found that there was no single recipe for embodying filial piety given the typical constraints of life associated with family, work and social environment. Yet, whatever unique approach the participants took was considered successful enough to warrant the recognition of the Filial Piety Prize. Although the findings of this study noted that filial piety was being modified and modernized, it also acknowledged that the ideal of filial piety remained one of the most important values in Korean culture.

Sung (1998) illustrated flexibility in the many forms and ways in which the provision of elder care satisfies filial piety in modern times. It showed that filial piety could be modeled into various categories of behavior that reflected their level of social importance and the desire of adult children to care for their parents. Although the researcher in this study sought to identify specific proxies of filial piety through developing a descriptive qualitative measure of specific

actions that could be viewed as filial piety in practice, it is not by any means a perfect science that could be applicable to all caregivers. Indeed, the lack of a standardized approach makes it challenging for many adult children to ensure that they are satisfying their filial expectations of caregiving (Chan et al., 2012).

Also, other filial piety measures can be based on a priori definitions and characterizations, which can be a limiting factor in trying to determine broader cohort applicability (Canda, 2013). Thus, it has been suggested that filial piety should be viewed in the context of consideration for other Confucian virtues such as benevolence, reciprocity and self-cultivation (Canda, 2013). In this way, filial piety can take on unique meaning for each person, which in turn could inform expectations of elder care appropriate for such person. Sung (1998) evidenced the important association between internal process or values and the moral action of caregiving for filially pious children caregivers. In other words, the more a person identifies with filial piety, the more such person will perceive that providing elder care is rewarding (Lai, 2010). This outcome may, in turn, lead to a higher expectation of providing elder care. Conversely, a person who identifies less with filial piety may have less expectation of rendering elder care. Indeed, there may be a positive relationship between how much a person professes value to filial piety and such person's filial conduct (Sung, 1998). Notwithstanding the challenges, evolution and complexity of filial piety in an ever changing social and cultural landscape, the ideal of filial piety remains one of the most important values in Asian culture that informs expectations of caregiving in traditionally Asian cultures. The extent to which filial piety actually informs a particular person's expectations and behaviors of caregiving varies according to such person's unique set of beliefs and circumstances.

Chapter Three: A Perspective on American Elder Care

This chapter provides a perspective on American cultural norms relating to caregiving expectations and experiences. This will provide a cultural comparison of American elder care to traditional Asian elder care.

As discussed previously, cultural beliefs regarding caregiving can greatly affect decisions about providing caregiving. In general, since American cultural values differ from Asian cultural values, members of these cultures are influenced in ways that differ in their decisions and behaviors in terms of elder care. Generally, in individualistic-oriented Western societies like the U.S., there is an expectation of self-support and autonomy from parents once children reach adulthood, which might suggest that parents generally would not expect their children to provide care for them in old age (Weng & Nguyen, 2011). Moreover, some members of individualistic cultures may subscribe to the belief that neither the government nor family should provide caregiving assistance to elders (Van Liew et al., 2016). The cultural norm in these societies is for the elderly to live separately from their children, and when their spouses die they tend to reside alone (Chappell, 2003). In fact, nuclear families are the norm in American and other Western societies as opposed to multigenerational family households common in Asian culture (Weng & Nguyen, 2011). Some contend that this norm is a function of a mutual preference among elderly parents and their children not to live together, opting instead to live independently while maintaining close ties (Chappell, 2003).

The data seems to support this residential preference. The 2010 Census data showed significant disparity in household size by race in the aged 65 and over population: 43% of Whites lived alone compared to 30.4% of Asians, and only 3.9% of Whites lived in the

household size category of four or more people compared to 14% of Asians (U.S. Census Bureau, 2014). This data reveals that more elderly Whites live alone than Asians and significantly fewer Whites live in larger households relative to Asians. The comparatively lower percentage of Whites living in larger household size suggests that Whites may not be living in multigenerational households as much as Asians, which would be consistent with the American individualistic cultural system that values independence and self-support. Americans' propensity for non-multigenerational living arrangements may also say something about their caregiving expectations and practices as well as others' perceptions of the same.

This data on nuclear families coupled with the distinctive cultural differences does little to debunk the widespread belief that elders in North America are neglected and alienated in comparison to those in places like China where they are supposedly cared for and respected (Chappell, 2003). In fact, according to Bookman and Kimbrel (2011), this "myth of the abandoned elderly" has been the subject of decades of research challenging its validity, but acknowledging that changes in external conditions in families, the community, and the workplace were responsible for making elder care more challenging. Ask any member of the Asian community and chances are that they would probably attest that there is a commonly held belief in their community that White Americans place their elderly population in nursing homes whenever possible in lieu of family caregiving. Indeed, there is some support for the idea that Whites are more likely than Asians to relocate parents to a nursing home, and by implication do not tend to their care. Speirs, Huang, and Konnert (2017) examined 63 Asian and 119 White young adults in Canada (a country similar to the U.S. in terms of being more culturally individualistic than the more collectivistic Asian countries, according to Chappell

(2003)) about their perceived future caregiving activities, such as the likelihood of providing parental care or placing parents in a nursing home. The participants were asked to respond to various statements, including: “What is the probability that you will be a caregiver for your parents in the future?” and “What is the probability that one or both of your parents will be living in a nursing home at some point?” Based on their responses, ratings were assigned and measured. The findings showed significant ethnic differences between the Asian and White study participants. The Whites reported a lower probability that they would provide future caregiving as compared to the Asians, and the Whites were found to be more likely to report that one or both parents would be living in a nursing home in the future. The findings of this study attributed the Asians’ probability of experiencing these life events to a strong endorsement of filial piety. Although this particular study suggested the higher probability that Whites would endorse nursing home placement as compared to Asians, the statistical data does not reveal a significant nursing home population, which tends to temper the findings of this study.

The 2010 Census data shows that the total U.S. nursing home population stood at approximately 1.25 million for the population aged 65 and over out of a total population cohort of approximately 40.27 million (U.S. Census Bureau, 2014). This equates to a mere 3.1% of aged 65 and over in nursing homes, which is a far less than what may be expected to justify the nursing home stereotype held by Asians. In addition, although the data reveals that a relatively small number of the population aged 65 and over live in nursing homes, the data also suggests that among the nursing home cohort there is an appreciable difference by race (U.S. Census Bureau, 2014). Among White women, 4.1% were living in nursing homes compared to 1.3% for

Asians, and among White men 2% were living in nursing homes compared to 0.9% for Asian men (U.S. Census Bureau, 2014). Granted, these comparison data reflect a meaningful difference between Whites and Asians, but in the larger picture the belief that White Americans routinely place their elderly in nursing homes is simply unfounded. For those families that opt for nursing homes there may be a number of legitimate factors related to nursing home residency, such as cognitive issues, depression, incontinence, and ADL dependency (U.S. Census Bureau, 2014). In sum, the data is persuasive in showing that the stereotype is more myth than reality, but recognizing, however, that on a strictly comparative basis there is a relatively greater population of nursing home residency of Whites over Asians.

Nevertheless, the fact is that for most of U.S. history, elder care was a family endeavor primarily undertaken by women in the home (Bookman & Kimbrel, 2011). The literature further debunks as myth the belief that nuclear families in the U.S. abandon their elders to nursing homes (Chappell, 2003). Indeed, not only do Americans not place their elderly in nursing homes *en masse*, they may provide care in ways not entirely dissimilar to Asians. In a study that challenges the commonly-held belief that elder caregiving practices are significantly different in Asia compared to Western cultures, Chappell (2003) contends that informal caregiving by friends and family is the primary form of care worldwide. Indeed, she asserts that in virtually all countries the majority of children care for their elderly parents despite differences in strength and/or nature of cultural norms (Chappell, 2003). Further, Chappell (2003) suggests that in Western societies like the U.S., the reality is that there is a general societal expectation that children will, in fact, provide care for their parents. Admittedly, although the expectation is not couched as explicitly in moral rhetoric (Chappell & Funk, 2012) or dictated by the same reasons

as in Asian cultures, nonetheless the suggestion is that American adult children expect to and do routinely provide caregiving to their parents.

This idea that caregiving expectations are universal among Asian and American cultures, yet based on fundamentally different cultural grounds has been articulated in the literature. Pharr et al. (2014) conducted a phenomenological study of focus groups composed of various ethnic groups, including Asian-American and White American caregivers, in order to better understand the influence of cultural values on caregiver experiences as it relates to perceived expectations of caregiving. The findings showed that all of the caregivers perceived that caregiving was “right and correct,” including the White American group. As would be expected, however, the justification cited for such caregiving differed between these groups. Unlike the Asian American focus group that felt that caregiving was deeply rooted in their cultural subconscious such that the decision to provide care was irrelevant because it was viewed as almost a matter of fact obligation, White Americans expressed personal responsibility rather than culture as the impetus for their “decision” to provide care. In respect of White Americans, the findings of this study seem to suggest that personal responsibility and conscious “decision,” as the basis for caregiving, are indicative of individualism (i.e. the decision was made by the individual independently and as an expression of his or her own free will). Thus, recognizing that individualism is a cultural orientation, it seems fair to suggest that culture affects expectations of caregiving among White Americans, but for entirely different reasons than for Asian Americans. Thus, the findings of this study stand for the larger proposition that White Americans who subscribe to personal responsibility (i.e. as a virtue of American culture) might similarly maintain expectations to render caregiving for their elderly parents.

The notion that there exists in American culture an expectation of caregiving that leads to meaningful caregiving behaviors is supported by various empirical studies. For instance, Anngela-Cole and Hilton (2009) evaluated cultural differences in attitudes toward caregiving and stress levels among 98 Japanese and 86 White caregivers living in Hawaii. The findings showed that two of the most important cultural differences among these distinct cultural groups were counterintuitive in terms of comparison to Asian cultural expectations. That is, the researchers' expectations were that the Japanese caregivers would have provided more time caregiving and held stronger beliefs about the role of family in caregiving consistent with filial piety and the collectivist orientation of the Japanese in general, yet it was the White participants who scored higher in these two attributes. They suggested that the individualistic cultural orientation of Whites was not incompatible with caring for elders, but rather that such cultural orientation meant that it was possible that Whites took on the caregiving role as a conscious decision in ways similar to the findings in Pharr et al. (2014). In other words, it was free choice, a hallmark of individualism, that explained the unexpected outcome in which they chose to provide care and not out of a sense of filial piety or obligation. The researchers speculated that the outcome of the Japanese caregivers—reporting less caregiving time and more negative attitudes toward caregiving—may be blamed on the stresses and pressures of filial obligation and a lack of perceived free choice.

Other studies have shown similar counterintuitive results. In a study that examined perceptions of long term care planning among Japanese American boomers and White American boomers, the White boomers were more likely to report that they would depend on their family and friends for long term care if they required it for more than six months (Iwasaki,

Pierson, Madison, & McCurry, 2016). This was an interesting finding that they would have such expectations considering that Iwasaki and Brown (2014) showed that relative to Japanese Americans that White Americans were shown to be much less likely to visit parents. Indeed, contact from children tends to demonstrate greater involvement with older parents (Guo et al., 2016), which suggests the likelihood of more caregiving.

Despite some evidence that suggests commonalities between American and Asian cultures in terms of expectations and actual provision of caregiving to the elderly, and some like Anngela-Cole and Hilton (2009) and Iwasaki et al. (2016), which revealed unexpected outcomes, there appear to be innumerable studies that reflect notable differences in both quantitative and qualitative measures of caregiving in favor of Asians (i.e. the expected outcome). For instance, Miyawaki (2016) investigated caregiving practice patterns among Asian, White and Hispanic family caregivers across three generations. The findings revealed differing caregiving patterns due to underlying cultural values among these caregiver groups. White caregivers on average spent significantly less time and duration in providing care and were more likely to seek out formal care than Asian caregivers. Whites also had the highest utilization rates of respite care relative to the other ethnic groups. Also, White caregivers coresided with their care recipients at lower percentages compared to the other groups. Finally, the findings of this study also revealed that Whites had the fewest alternative caregivers available to them.

In spite of, or perhaps as a result of, America's individualistic cultural orientation, Americans apparently maintain certain expectations and behaviors associated with caregiving for their elderly despite stereotypes to the contrary. In fact, although nuclear family residential arrangements may make it less optimal or convenient from a proximity standpoint for informal

family caregiving (Chappell & Funk, 2012), the data and empirical evidence simply does not bear out that Americans abandon their elderly and routinely place them in nursing homes. On a comparative basis relative to Asians, the preponderance of the evidence nonetheless reveals that Americans are more likely to opt for nursing homes and other formal services and offer less time providing informal care. Besides the less explicit American cultural notion of personal responsibility that may serve as the basis for providing caregiving, it seems reasonable to suspect that Americans may do so for any number of other non-cultural reasons, such as love, respect, affection and so forth. In any case, contrary to what some may believe, Americans expect to, and do, care for their elderly parents, even if the manner, extent, and basis for which they provide it differ from those espoused in the Asian tradition.

Chapter Four: A Perspective on Asian-American Elder Care

This chapter provides a perspective on how traditional Asian filial piety and its influence on elder care expectations and behaviors intersect with Western or American culture when Asians immigrate to the U.S. In addition, it discusses the effects of acculturation on Asian-Americans on a generational basis from the first generation to the second generation and beyond.

This paper has discussed the ways in which the ideal notion of Confucian filial piety has influenced elder care in Asia in terms of traditional expectations and behaviors, and some evidence to suggest that the hold of filial piety faces pressure and changes in an ever-changing modern world. This paper also has broadly examined these same issues of elder care in the context of Western and, in particular, American culture. This binary presentation has provided a broad comparative lens through which similarities and differences in caregiving expectations and behaviors can be viewed. Although some commonalities have been notable in the general sense that the respective cultures influence caregiving expectations and behaviors, the cultural foundations giving rise to these expectations and behaviors are nonetheless fundamentally different. This chapter will now introduce into the discussion the final concept of acculturation. Together with the other foundational concepts discussed previously and the comparative baseline of Asian elder care and American elder care, this paper will delve into the ways in which filial piety and acculturation affect Asian-Americans' expectations and behaviors about elder care for aging immigrant parents and inform the associated inquiries.

Filial Piety: Transplanted.

Based on the discussion about traditional Asian elder care, it should come as no surprise that Asian immigrants to the U.S. have largely brought with them their cultural beliefs about elder care. Their caregiving attitudes, beliefs and practices differ compared to mainstream Americans. In a nationwide survey that asked whether caring for parents is expected, 73% of Asian-Americans age 45-55 agreed compared to only 49% of the general population (AARP, 2014). In addition, in the same survey 42% of Asian-Americans indicated that they were actually providing care to elders, which was more than twice that of the White American survey participants at 19% (AARP, 2014). From the perspective of Asian-Americans age 45-55 who want their children to take care of them in the future, the survey showed that 38% of Asian-Americans responded that they somewhat or strongly agreed compared to only 19% of White Americans; and only 24% of Asian-Americans answered somewhat or strongly disagree relative to 50% of White Americans (AARP, 2014). In sum, based on this data, Asian-Americans have relatively greater expectations of caring for their elderly parents, greater incidence of providing actual care, and greater expectations of their own children caring for them.

Although it was previously discussed that Americans maintain certain cultural expectations and behaviors of caregiving, this data likely reflects the powerful duty-filled mandates of filial piety on the Asian-American population, relative to the individualistic cultural orientation of White Americans in which care is not borne out of the same sense of duty and obligation. Indeed, considering that two-thirds of Asian-Americans are first generation immigrants (AARP, 2014), who were exposed to traditional Asian cultural values of their home country, they may largely continue to maintain such beliefs. This implementation in the U.S. of

cultural values developed earlier in life prior to immigration has been conceptualized in one study as “transplanted filial values” (Jones et al., 2002). The extent to which filial piety persists in immigrants’ life experiences and into successive generations, moving away from the immigrant generation, and how that may affect elder care is discussed later. Beyond the cited data, empirical studies reveal the complex and nuanced ways in which cultural values like filial piety impact caregiving experiences for this population in the immigrant setting.

Filial piety has had an enduring effect on various aspects of the caregiving experience for Asian immigrant caregivers. In a study of 339 caregivers that investigated the effects of filial piety on caregiving burden, it revealed that filial piety indirectly affected caregiving burden by modifying appraisals of the caregiver role (Lai, 2010). Caregivers were asked 22 survey questions on how caregiving impacted the caregiver’s health, well-being, finances, social life, and relations with the care recipient. Caregiving appraisal was measured based on three factors, including perceived gains, values and economic costs of caregiving. The researcher measured filial piety in terms of how the caregivers viewed obligations toward elderly parents. Finally, the researcher measured caregiving stressors, such as care recipient’s health and the types of care, which varied from simple tasks to intensive personal care (i.e. ADL, IADL). The overall results showed that caregiving burden was mild and the filial piety score was high. Caregivers with higher filial piety reported a more positive caregiving appraisal value (i.e. more gains and positive values and lower costs), which also predicted lower caregiving burden. The findings of this study showed that filial piety did not have a direct effect on caregiver burden, but it did significantly affect caregiving appraisal in terms of how caregivers perceived the gains, values and costs of caregiving. Thus, the more caregivers identified with filial piety, the greater

the chance that they perceived their caregiving role as positive. That is, filial piety acted as a protective factor that reduced the negative stressors of caregiving by providing caregivers with the psychological strength to deal with the challenges of caregiving, and enhanced the positive effect of caregiving appraisal. Based on the findings of this study, it seems reasonable to suggest that if the level of filial piety dictates caregiving appraisal, then expectations and care behaviors may also be affected. For illustration, if a caregiver has a high level of filial piety and, in turn, a positive outlook on the caregiving role, then it seems to follow that this would likely lead to having the motivation, strength and desire to expect to, and actually, provide caregiving.

Tang (2011) looked at how cultural values predicted positive aspects of caregiving among 113 Chinese American caregivers who provided care for their elderly family. In this study, the care recipients required at least two IADL or one basic ADL. Cultural values, behaviors and expectations were measured by posing questions like "It is my duty to care for my relative," "A person should share his/her home...if they are in need," "Sons and their wives should take care of parents," "The oldest son has the major responsibility of caring for parents," and "An adult woman should care for the in-law first, parents second." The positive aspects of caregiving were measured by whether the caregivers perceived their caregiving to be personally enriching and if the experience has enhanced their connections to a community of similarly situated and a philosophical position that is nurturing. The findings showed that cultural values predicted positive aspects of caregiving. The study participants valued filial piety and the obligations of elder care. The caregivers accepted their cultural obligation to carry out their caregiving role. Most felt glad and proud that they could fulfill their filial obligations and

did not discuss any burdens they felt. Indeed, it was suggested that they tolerated their difficult situations because of a sense of filial obligation. The findings of this study demonstrate yet again the prominence of the cultural value of filial piety on Asian-American caregiving.

Research by Lee and Smith (2012) represents another empirical examination into the hold of filial piety in which Asian-American adult children caregivers feel duty-bound to provide caregiving. It examined Korean-American dementia caregivers' perceptions of caregiving to spouses and parents. The positive aspects of caregiving were predicted by cultural values. That is, those with strong cultural values were reflected in their responses. Similar to the caregivers in Tang (2011), the findings showed that adult children caregivers mostly accepted the societal role that was assigned to them and their sense of fulfillment in meeting their filial duties and expectations. The following comments by a caregiver illustrate this sentiment: "I need to take care of her because she is my mother-in-law...I haven't thought about the benefit of caregiving. This work has been given to me and I cannot escape from it;" and "I want to do the best as a daughter while she is alive. I don't want to regret the way I deal with this situation."

Participants expressed the idea of reciprocation expressed in terms of "paying their parents back." Despite the sense of fulfillment, some caregivers also expressed the struggle with the expectations and the conflicts they experienced between Korean and Western culture. The pressure to be a "good" child led them to feel "trapped" between cultures. The candor with which the caregivers in this study expressed their misgiving is intriguing because it reflects reality in many cases. In fact, in my own extended family, there are several instances in which daughters-in-law seemingly gladly provided care to their elderly in-laws, although privately it

was well known among family members that the caregivers struggled with significant conflict and despair.

The Great American Nursing Home.

The traditionally negative views of nursing homes held by Asians stem from the emphasis on family caregiving, which eliminates the need to consider formal services. Instead of seeing nursing homes as one of the multiple options for elder care, Asians view placing elderly parents in a nursing home as shameful conduct. They believe that such an act would bring shame on the family and show a lack of respect to parents (Lai, 2010; Smith & Hung, 2012). The negative attitude toward nursing homes is so strong that many Asian immigrants have kept the elderly suffering from significant mental illness such as dementia at home until professional assistance is unavoidable (Lee & Smith, 2012). Besides the cultural admonitions, reluctance on the part of some caregivers stems from understandable concerns about cultural barriers for the elderly, such as lack of culturally applicable TV programming, meals, and language (Jones et al., 2002; Lee & Smith, 2012). These cultural factors drive the underutilization of formal support services and nursing homes by Asian-Americans (Lai, 2010). On account of this, a relatively high number of Asian-Americans live in multigenerational, coresidential living arrangements (U.S. Census Bureau, 2014).

In some cases, however, nursing home placement becomes necessary even for Asian-Americans. How do these caregivers reconcile their cultural beliefs with nursing home placement of their elderly? Kong, Deatrack, and Evans (2010) examined the lived experiences of Korean-American immigrant caregivers following placement of their elderly family members with dementia in a nursing home. All of the study participants had negative attitudes about

nursing homes. They viewed filial piety as a strong cultural value affecting caregiving to the elderly, and understood that nursing home placement translated to “not fulfilling filial piety.” They experienced a strong sense of guilt and considered themselves “bad” and “unfilial.” The feelings of guilt caused them to make frequent visits to the nursing homes. As an aside, when my aunt was placed in a nursing home our family experienced a similar sense of guilt. One of her sons coped with the guilt by making frequent visits not unlike the participants in this study. In Kong et al. (2010), the majority of the caregivers revealed that they did not change much following immigration in terms of adoption of American culture. The following comment by a caregiver captured this idea: “I came here when I was all grown up. That makes a whole lot of difference because I was raised by the traditional Korean way. So it’s hard for me to change because I came here when I was formed by Korean way.”

Although all the caregivers felt pressured to fulfill Korean filial piety, many contemplated feeling stuck between the traditional way of thinking and the reality of life as an immigrant. These caregivers captured this contemplation through certain conditional statements. On the one hand, if they thought in a “Korean way,” the associated cultural expectations of care left them with negative feelings about the placement. On the other hand, if they were not thinking in a “Korean way,” they felt positive feelings because they knew that their loved one was getting the type of care that they themselves could not provide at home. These dual conditional perspectives caused mixed feelings. Although the findings of this study did not elaborate on these conditional statements beyond mixed feelings, it seems reasonable to suggest that this notion of not thinking in a “Korean way” may signal that these caregivers were aware of, or perhaps at a minimum were open to, the normative American view toward

nursing homes. That is, although Americans may similarly feel a sense of guilt and regret associated with nursing home placement of their elderly, they do not have the same cultural underpinnings as Korean-Americans that would cause them to perceive themselves as being “unfilial” or “bad.” The findings of this study illustrate the persistent influence of the cultural beliefs in filial piety among Korean immigrant caregivers. Also, the conditional statements by some caregivers acknowledge the awareness of the competing American cultural norms and the apparent conflict affecting some in this group of caregivers. This conflict may be attributable to acculturative effects on the immigrant caregiver experience.

First Generation Immigrant Acculturation.

As evidenced in the literature, many Asian-American immigrants are faced with a cultural predisposition to honor filial piety, which greatly influences their expectations and behaviors related to elder care. To be sure, according to Guo et al. (2016), Chinese immigrants maintain strong filial expectations for their children despite significant changes in social and cultural environments of living in the U.S. Indeed, caregivers socialized to traditional filial beliefs are subject to the influence of the Western social environment, which presents a dynamic of competing social values (Lai, 2010). Immigration to the U.S. means that this group has to function in and acculturate to American society and culture (Weng & Nguyen, 2011). Some immigrants feel “forced” to integrate their cultural values and expectations of family into American culture (Wong, 2006). Generally, however, the degree of acculturation may influence acceptance of Western cultural norms (Dong, Zhang, & Simon, 2014; Weng, 2017). Hence, they must navigate the inherently complex effects of acculturation, while simultaneously negotiating with traditionally held cultural values, which may invariably affect expectations and behaviors

associated with elder care. This sense of conflict among adult caregivers was evident in Lee and Smith (2012) and Anngela-Cole and Hilton (2009) mentioned previously.

In Jones et al. (2002), researchers examined issues of cultural conflict as well as immigrant acculturation, as they attempted to describe the nature and process of caregiving for elderly immigrant parents by their immigrant female adult children of Chinese and Filipino ethnicity. It was noted that both the caregivers and the care recipients developed filial values earlier in life prior to immigration. Accordingly, although the researchers referred to both groups as “being in transition” from a cultural perspective in terms of their homage to their traditional culture and their adaptation to the new American culture, they were considered to be in different stages of this so-called transition. However, because the parents came to the U.S. later in life, change was more difficult for them. Thus, acculturation contributed to conflicting views leading to further complication. Indeed, caregivers were challenged to vacillate back and forth between two value systems as they interacted with their parents even though the caregivers possessed a devout commitment to filial responsibility. They conceptualized this mediation dynamic as a “calibration” in which the caregivers negotiated the level of care in a flexible manner so that it was workable for all involved even if not ideal by traditional filial standards. To illustrate, recognizing that all parties were at different acculturation levels with each evaluating traditional and new cultural values, the caregivers were continuously seeking a new balance of values and expectations, and the care recipients were simultaneously attempting to understand and accept them. The caregivers mentioned that role modeling by parents or grandparents caring for elders influenced their commitment to providing care. By way of illustration, one caregiver indicated that having lived in the

Philippines she had seen the way that people care for their parents and how important it is to them.

Further, some caregivers indicated that love and not culture actually motivated them to be a caregiver. This study is valuable because it represents the diversity of caregiving expectations and resultant behaviors reflecting the complexities and individualized nature of acculturation. Indeed, there were those that carried out their caregiving commitments due to cultural reasons, and then there were those that did so for purportedly non-cultural reasons.

Research by Chappell and Funk (2012) expands on the notion that caregiving attitudes and behaviors may be associated with non-cultural reasons. They studied the relationship between attitudes toward parental caregiving and actual care behaviors among three groups of caregivers to account for differing cultural norms, including, White-Canadians, Chinese-Canadians and Hong Kong Chinese. They examined this through an assessment of the importance of cultural versus structural factors of caregiving behaviors. They measured five different types of caregiving behaviors: assistance with ADL and IADL, emotional support, companionship, and financial support. The results showed limited association between caregiving attitudes and behaviors. However, cultural group was a strong predictor of behaviors as were structural factors such as parental health, living arrangement and the quality of relationship. The findings of this study acknowledged the importance of culture, but also stressed the significance of structural factors and the variety of types of caregiving behaviors. Thus, assumptions about the singular focus on filial attitudes leading to caregiving behaviors should be scrutinized.

Indeed, isolating caregiving attitudes and behaviors solely to filial piety without consideration of other non-cultural factors would ignore a significant aspect of the caregiving experience. Smith and Hung (2012) explored how conceptions of filial piety and elder care change once Chinese-Americans integrate into American society. Although little is known definitively, the researchers cited several potential factors that could influence how they care for their elderly parents, such as the availability (or lack) of financial and social resources. Indeed, they suggested that even if an individual has a strong sense of filial piety and lack of resources, he or she might not be able to provide care that he or she wants due to a lack of financial and social resources. Thus, as described by Chappell and Funk (2012), limited resources are a type of structural factor that can modify filial obligations of caregiving.

This idea that structural, non-cultural, factors can play a significant role in caregiving causes me to speculate about how that would have played into the care of my paternal grandmother. Following her passing, my father used to express misgivings and guilt about being unable to carry out his self-professed duty to care for his elderly mother who never immigrated to the U.S. During the early years in the U.S., given our family's struggles to make ends meet, the lack of a social support system and the distance to South Korea, it seems that despite my father's strong sense of filial responsibility these structural factors would have made it practically impossible to provide for her care anyway.

Notwithstanding that in some cases expectations and behaviors relating to caregiving are attributable to non-cultural factors, either solely or in concert with cultural factors, the following several studies focus on cultural factors and acculturation. Smith and Hung (2012) unequivocally adopt the notion that foreign culture can and will affect an individual's native

culture given the fundamental differences between Chinese and American cultures, exemplified by emphasis on faithfulness, family and tradition on the one hand and individual freedom and glorification of the individual on the other hand. Indeed, they cited the example that if a first generation Chinese American accepts America's educational system, and thereby forms similar American social values, that it would be much more difficult for such Chinese Americans to maintain the same sense of filial obligations held by their forefathers. This seems like a logical assertion to make, but notions of acculturation and enculturation are much more complicated and can lead to unexpected outcomes, as illustrated in the several studies earlier in this section.

The concept of cultural "calibration" raised in Jones et al. (2002) is a common element in the literature invoking issues of acculturation. Chiang-Hanisko (2010) analyzed how 14 older Taiwanese immigrants made their decisions about living arrangements after initially having resided with their adult children upon immigration. In Taiwanese society, coresidence with adult children is the most common form of living arrangement. Yet, after immigrating to the U.S., these Taiwanese were faced with a different set of social norms and cultural expectations, including individualism and independent living. Although they initially assumed that their children still shared their cultural expectations for coresidence, they eventually discovered a conflict of expectations due to different Western cultural traditions and ways of life. Moreover, proximity is a structural factor that has affected expectations because people in the U.S. lived farther away relative to the small island nation of Taiwan where family members lived close by.

The elder immigrants in this study questioned whether Taiwanese cultural values of filial responsibility could be preserved in the U.S., and they looked for ways to maintain some, but not all, of the things they valued. Eight of the 14 participants left their children's residence and

moved to senior housing, signaling that they gave up their ideal of coresidence and adjusted to the new cultural norms and practical realities of living in the U.S. Four participants remained with their adult children, including a couple that decided to live in the home's basement in order to avoid conflict. The couple felt that, in order to maintain family harmony, they did not want to burden the daughter-in-law with having to care for them and further recognized that she needed to tend to her own children and career. The remaining two participants decided to return to Taiwan because they felt that their son and his family did not have the time to devote to their care. The findings of this study confirmed that older immigrants often encounter these cultural conflicts, which leads to varying responses. It also supported the trend of older immigrants living apart from their adult children. Finally, there was a sense of flexibility by older Taiwanese immigrants in responding to the situation they found themselves in upon immigrating to the U.S., as they attempted to integrate the realities of the U.S. way of life with expectations that were based on their own cultural values and beliefs. Thus, this study was valuable because the researchers probed issues of acculturation and changing expectations in response to it, which may inform other aspects of caregiving.

Different people manifest the effects of acculturation in varying ways. This seems particularly true for the first generation immigrant cohort in light of the starkness of their exposure to two cultures. Indeed, acculturation can be seen as more or less modifying many aspects of cultural expectations and practices regarding caregiving. Hsueh et al. (2008) explored the changes in filial practices resulting from acculturation among Chinese immigrant caregivers. The researcher found that all the caregivers preserved their own cultural heritage, but adopted some mainstream elderly care practices such as respite services. However, participants felt that

nursing home placement was an option only if parents required around the clock nursing care that exceeded the caregiver's capacity or unless parents wanted independence. The researcher found that traditional filial practices related to primogeniture and gender roles had diminished into the host culture, such that more daughters than sons or daughters-in-law handled caregiving. Participants who felt more comfortable with new filial practices were more willing to consider senior housing, although it was driven by the parent's desire for independence. Although the findings of this study revealed that all the participants acculturated to the host country to some degree, the ones that provided living arrangements beyond coresidence felt they still carried out their filial responsibilities. The findings suggested that the immigration experience played a role with acculturation in caregiving. That is, filial autonomy was shown to be growing in immigrants signaling a move away from traditional filial care obligations. In short, the findings of this study showed a notable trend of accepting mainstream values of the host culture, which suggests that acculturation can have profound changes in the way caregivers perceive expectations and behaviors in terms of causing them to consider modified means to uphold filial care responsibilities.

Han, Choi, Kim, Lee, and Kim (2008) further explored cultural conflicts arising out of varying acculturation levels among Korean-American immigrant caregivers. Several notable themes emerged from this study, including competing priorities and beliefs and, in some cases, changing attitudes about filial piety. Caregivers expressed the struggles posed by having to balance immigrant life with the burdensome expectations of filial piety to provide care for parents. The situation is made more challenging because contrary to the traditional obligation to care for parents being placed on the (eldest) son, in practice it falls on his wife; however,

following immigration, the traditional role for women was challenged by having to work outside the home out of financial necessity.

Although Han et al. (2008) indicated a consensus among participants that they should care for their parents, a transformation regarding beliefs about caregiving structure was noted based on acculturation. On the conservative end of the sliding scale, filial piety reigned supreme and some caregivers strongly believed that they had to take care of their parents irrespective of other considerations; however, on the other liberal end, the more acculturated caregivers expressed that a different set of beliefs was necessary, which recognizes that nursing homes could do a better job of providing care than their children who tend to work long hours and leave their elderly home alone. This sliding scale supported the notion that different levels of acculturation could lead to different values and beliefs among family members. In sum, although the values and practices of Korean-American caregivers remained relatively traditional, it is noteworthy that immigrant life and acculturation posed conflicts in terms of caregiving obligation and that under these circumstances cultural norms may be changing.

Anecdotally, the conservative side of the filial scale referred to in Han et al. (2008), captures the case of my uncle (my mother's eldest brother) for his committed care of my maternal grandmother. She resided with my uncle from the day she immigrated to the day she passed away. As the eldest son among seven siblings, he is known to be traditional and clearly felt strongly about the filial obligation to provide care, despite the crushing hours he worked throughout his life and without help from his wife for a long stretch of time following their separation.

As reported by Wong, Yoo, and Stewart (2006), for some Asian-American immigrants, acculturation is viewed as something that should be undertaken consciously and deliberately, and not seen as some inevitable (or perhaps passive) occurrence that leads to conflict and conflict resolution. The researchers examined the changed expectations for family social support among elder Chinese-American and Korean-American immigrants. The findings of the study revealed that participants had changed expectations for family social support and felt an imperative to integrate their culture with American culture (i.e. become bi-cultural). The participants explained how things—such as changed economic environment, residing alone and increasing social networks outside of family—all helped to become more bi-cultural. They indicated changed expectations were attributable to change in family support after immigration to the U.S., as a result of the focus on caring for the nuclear family as opposed to the parents, based on traditional Asian hierarchical family dynamics in which parents have more authority and power.

Study participants emphasized the importance of adopting U.S. social norms. They felt that their adult children did not have the same views about filial piety due to practical considerations, such as the fact that daughters-in-law were part of dual-income households. This difference in views of filial piety, in turn, created more awareness for parents not wanting to be a burden to their children. The importance of independence and self-reliance were emphasized and noted. Indeed, even though the participants considered filial piety and traditional culture family norms ideal, the majority elected to live alone and maintain financial independence by relying on government benefits instead of relying on their children. These participants operated bi-culturally by acquiring new social norms that allowed them to be

involved in U.S. culture while at the same time retaining attributes of their original culture. They possessed a progressive, positive and practical mindset in confronting acculturation, which caused them to embrace and accept the new culture. In Sun (2014), this similar idea of a practical attitude was expressed as “reconfigured reciprocity,” which Sun defined as immigrants fostering new ways of thinking that reoriented their feelings and expectations of elder care (Wong, Yoo, & Stewart, 2006).

In some cases, acculturation has been shown not to be correlated with changing expectations associated with aspects of caregiving. This was the finding of research by Jang, Kim, Chiriboga, and Cho (2008), which examined the willingness of Korean-American elders to utilize nursing homes. Study participants were asked to answer on a yes/no basis if they were willing to utilize a nursing home in the future. Several variables were used as predictors of willingness, including length of stay in the U.S. as measure of acculturation, various demographic information, health-related needs, and network-related factors. The researchers found that 44.7% of the sample indicated their willingness to consider a nursing home, which was significantly greater than the 19% of elders residing in South Korea based on a cited previous national survey. Jang et al. (2008) posited that, among the variables used as a predictor for willingness, self-perceived health and having someone close actually living in the nursing home was significantly predictive. Length of stay in the U.S. as a proxy for acculturation was not correlated with willingness to use a nursing home. Thus, the findings of this study suggest that higher acculturation does not translate to more willingness to use a nursing home, as might be expected. Indeed, assuming length of stay is a valid proxy for acculturation, the findings of this study support the idea that acculturation is not a linear concept, and is further

proof that there is great variability and to some extent unpredictability in acculturation outcomes among and within the Asian-American cohort.

The variability of acculturative effects also can be seen in Shin (2008), who explored the residential and caregiver preferences of elderly Korean-Americans if they were to be bedridden. The findings of this study showed that if participants were to be bedridden most participants (8 of 12) preferred living with their children followed by senior housing (4 of 12) although none preferred a nursing home. The participants cited certain contextual factors related to these preferences, including family concerns related to filial piety and ameliorating caregiver burden. Filial piety guided participant preference for coresidence with children. In contrast, four participants thought coresidence was a burden to their children and did not expect care from their children. These people that cited burden felt that filial piety was diminishing and being replaced by individualism. A senior housing participant cited practical reasons for this transition, such as the fact that children, including daughters-in-law, were too busy working to care for them. The findings of this study showed that participants were aware of diminishing filial piety and increasing individualism. It suggested that independent living and self-dependency were the new current values among Korean immigrants. The participants accepted this transition and did not necessarily expect to get direct caregiving from children. This study reinforces the theme from some of the other studies that found that the effects of acculturation led to diverse outcomes. For those care recipients that preferred senior housing care, they perceived changing values (i.e. from collectivistic to individualistic) and, in turn, changing expectations related to their care. Additionally, they cited practical changes in terms of the traditional caregiving role, which could be viewed as a non-cultural structural factor or,

alternatively, as a cultural byproduct of acculturation (i.e. daughter-in-law not primary caregiver in American culture).

Similar to Shin (2008), Diwan, Lee, and Sens (2010) revealed that cultural norms regarding expectations of filial care obligations are modified in light of individual experience. In examining preferences for living arrangements among first generation Asian Indians, the findings revealed that the correlation between length of residence (as a measure of acculturation) and filial obligation expectations was insignificant. Contrary to traditional notions of coresidence with children, these study participants did not prefer to live together and rather preferred to move closer to children or into a retirement community. The findings of this study suggested the conflict that elder immigrants experience with respect to expectations of filial obligation. Specifically, they highlighted the fact that certain influences in the parent's personal life experiences could explain their modified expectations of filial obligation. For instance, influences such as the parents' own attitudes toward their parents; awareness that emigration disrupted the parents' ability to care for their own parents; awareness of the changes in lifestyle brought on by immigrant life; conflicting demands of career and raising a family; and desire for independence and autonomy. Many of these influences can be viewed as structural factors although others can be associated with acculturation. The extent to which these factors contribute to the modified filial obligations expectations of this group is inherently variable by individual based on his or her immigrant and life experience.

Lee, Heo, Lu, and Portman (2013) completed a qualitative exploration of acculturation and related issues of elderly Korean, Taiwanese, and Chinese immigrants. The findings showed that most of the participants maintained certain traditional cultural values even though they

had lived in the U.S. on average for over 27 years, but many opted to select and adopt aspects from both cultures. Contrary to filial piety expectations, almost all of the participants desired to be independent from their children. The participants rarely thought that their perceptions of filial piety meant that it was their children's responsibility to provide caregiving. Thus, although the participants maintained many basic aspects of their native culture, they also adapted to American beliefs. This notion of changing views of adult children's filial duty to provide care for elderly parents was similarly evident in the Kim (2009) study in which all the participants believed that they would not depend on their own children for their future caregiving needs.

Finally, Park (2012) examined the lasting legacy of filial piety in Korean-American immigrant families, and how first generation immigrant caregivers perceive their own future care. One notable caregiving pattern that was recognized was the idea discussed earlier of reciprocating the sacrifice; that is, the way that adult children adapt and enact filial piety to repay a debt, as it were. A study participant who was caring for her mother-in-law with dementia illustrated this concept. She remarked that, although she initially resented that she had to care of her in-law instead of her own mother, she eventually empathized with her situation and continued to provide dedicated care. She acknowledged that her mother-in-law sacrificed for her sons, and now the sons (including, herself by virtue of her traditional caregiving role) were meeting the expectation to effectively return the favor by caring for her and not placing her in a nursing home. The findings of this study reflect the persistence of filial piety even when caregivers feel a sense of dislike for the expectation of caregiving, and regard it as an unwanted obligation.

The study participant mentioned above also felt that, due to cultural changes, her expectation of her own care by her own children in the future was low. She remarked that “I cannot ask my children to take care of me. In my generation, it was how things were. So I don’t have to think about it. Younger generation now...they are different.” This statement suggests several potentially significant ideas. The first is that it seems to acknowledge the first generation’s changing expectations of the second generation. The second is that it implies that acculturation may be responsible for the potentially waning hold of filial piety in the future.

Second Generation (and Later) Acculturation.

The dissimilarities between Asian and American cultures make it challenging for elderly immigrants and later generations to reconcile their differences, which may place strains on family harmony (Weng & Nguyen, 2011). The dynamics of filial piety and acculturation take on a different complexion for second generation Asian-Americans as compared to their first generation immigrant parents. For the second generation, they are exposed to both the Asian cultural values passed down by their parents and the individualistic cultural values of American society in which they live and encounter, which makes them more likely than the first generation to experience the struggle of living with the duties of filial piety in a society that does not uphold it as a cultural norm (Kanti & Falconier, 2017). Although the first generation was exposed to American culture and experienced acculturation, the second generation’s exposure and acculturation is predictably different and, in many respects, more challenging.

A Pew Research Center survey found that second generation Asian-Americans are more likely than the first generation to speak English, maintain friends and spouses outside of their own racial and ethnic group, and consider themselves “typical American” (Pew Research

Center, 2013). Indeed, empirical research has shown that younger generations are apt to have more interaction with the dominant culture, possess better language ability and have faster acculturation (Weng, 2017). Faster acculturation exacerbates the sense of conflict younger generations may feel about filial piety and caregiving because it may create a further gap between their cultural expectations and those of their immigrant parents (Weng & Nguyen, 2011). Nonetheless, most in the second generation reportedly have a strong sense of identity for their ethnic roots (Pew Research Center, 2013), which may or may not translate into equally strong views and expectations that they will be caregivers or rely on nursing homes as compared to their parents and grandparents (Speirs et al., 2017). Thus, studying successive generations and intergenerational relationship are meaningful ways to witness the effects of acculturation, which may further inform expectations of filial care.

Research by Weng and Nguyen (2011) examined issues of acculturation, intergenerational dynamics and cultural dissonance among first and second generation Asian-Americans. They asserted that the first generation was required to adjust to their new American life on many levels, including, socially, culturally, economically, psychologically, and politically, which was likely very stressful due to the significantly disparate values between Eastern and Western cultures. Also, since elderly immigrants tend to be slower at adapting to new culture than younger generations, Weng and Nguyen (2011) suspected that Asian-American children may be more influenced by American culture and therefore likely to hold different values than their parents. Consequently, second generation caregivers and first generation care recipients may be at different levels of acculturation, which can lead to generational differences and conflict in terms of their respective cultural practices and values

(see also Kim et al. (2009); Jones et al. (2002)). In particular, they assert that different levels of acculturation can lead to different expectations regarding filial care. They contend that acculturation could be jeopardizing the ability and willingness of some Asian-Americans to provide caregiving for their elderly parents. In addition to acculturation, they cited structural factors (e.g. financial resources) similar to those that were discussed in the literature on first generation immigrants, which are weakening the hold of filial piety on elder care support. The following empirical studies highlight the ways in which acculturation affects the expectations and behaviors of the second generation (and beyond) and their caregiving role.

Zhang and Moradi (2013) examined the evolution of Asian-American acculturation and enculturation theories and measurements, and conducted a study to clarify these constructs. The findings were generally consistent with the existing theories that suggest that first generation immigrants had lower acculturation scores relative to the second generation, and those whose first language was English had higher acculturation scores relative to those whose first language was not English. Moreover, there was a negative correlation between enculturation (i.e. maintaining traditional culture) and the number of years in residence in the U.S., such that the longer the years living in the U.S. equated to lower levels of enculturation. In terms of generational differences in enculturation, study participants who self-identified as first generation had higher enculturation scores than the second generation, and those whose first language was English had lower enculturation scores.

The findings of this study illustrate the generally predictable outcome of acculturation and enculturation based on the utilized proxy measures of language, residency duration and generational status. Notwithstanding these general correlations and outcomes, the researchers

suggested that the adoption or retention of values may be independent of acculturation and enculturation, and that there remains intra-individual variability. This notion of variability is littered throughout many of the studies covered in this paper. How then do these conceptualizations of acculturation and enculturation translate in terms of their relationship to filial care? The research shows mixed results in the sense that there is not as one might expect a more or less predictable inverse correlation in which more acculturation leads to less filial care expectations and behaviors and vice versa. In fact, variability is once again prevalent.

Dong et al. (2014) sought to evaluate the expectations and perceived receipt of filial piety as it relates to, among other things, number of years living in the U.S. (i.e. a common proxy for acculturation) from the standpoint of older Chinese-Americans vis-à-vis their second generation children. They advanced the idea that the duration of living in the U.S. influenced filial piety beliefs and practices in that it was predictive of acculturation level. For instance, it was suggested that as families acculturated they could be doing so at different rates, which could result in gaps between elders and children in understanding Western cultural norms. In some cases, elder parents with a better understanding of Western culture and social norms better adapted their own filial beliefs to those of their children. Six measures of filial piety were used: care, respect, greeting, make happy, obedience and financial support. The findings showed that the overall expectations of filial piety did not differ significantly based on the number of years in the U.S. However, on the measure of care, the expectation generally declined as the number of years in the U.S. increased. Thus, the longer the person lived in the U.S. the lower was his/her expectation of care, but the same was not true of expectations for the categories of *respect*, *make happy*, *greet*, *obey* and *financial support*.

Dong et al. (2014) explained this outcome by the fact that Chinese elders placed higher expectations on intangible support (e.g. respect, greeting) than material support (e.g. care). The researchers posited that, despite the fact that immigrants may be vulnerable to the challenges of Western culture and its emphasis on individualism, the constant scores on overall filial expectations suggested that filial piety and expectations continued to persist. The overall perceived receipt of filial piety was significantly different by years of living in the U.S., which showed the highest mean scores among the group who lived in the U.S. less than 10 years and progressively lower until the lowest among those that lived in the U.S. 31 or more years. Dong et al. (2014) inferred that the decline in perceived receipt was related to the children's higher acculturation level. Thus, over time the children became more acculturated and perhaps less inclined to provide filial care because they had adjusted to the U.S. ideal of individualism, either because they were born in the U.S. or lived in the U.S. since a young age. In sum, researchers concluded that filial piety was so deeply rooted as a significant and sustaining cultural value among older Chinese that overall expectations of filial piety were only slightly diminished as a result of the acculturation process (except for care), but the elders' perceptions of receipt of such filial piety were significantly reduced. In other words, in terms of care, progressive acculturation reduced expectations among older Chinese in response to their reduced overall perceived receipt of filial piety. This reduction in perceived receipt of filial piety may be due to the fact that their children were providing less care.

In research by Machizawa and Lau (2010), the *Nikkei* generation elders, who were mostly U.S.-born of Japanese ancestry, expressed a strong desire for independence, self-reliance, and "aging in place." In fact, they generally expressed that they did not want to

depend on their children for care for fear of being a burden. Yet, at the same time, although there was a reluctance to ask for help, family members suggested that *Nikkei* elders still expected their children to provide care and support. In other words, they had unspoken expectations that family members should know what they expected without being told. This contradiction and unexpected outcome was attributed to the heterogeneity of this group, which was a function of many factors, such as acculturation levels. The findings of this study illustrate the complex dynamic between filial piety and acculturation among a group of second generation Asian-Americans and their expectations of care.

The effects of acculturation may be more clearly manifested and may further inform expectations and behaviors of caregiving by looking beyond the first and second generations. Although the second generation may struggle with upholding filial piety, the third generation may be more apt to identify with the individualism of American culture and not share the same conflicts and struggles (Kanti & Falconier, 2017).

Miyawaki (2015) explored the association of acculturation and filial care responsibility of three later generations of Japanese-American caregivers. In general, all caregivers showed a strong sense of filial responsibility across generations in response to questions worded along the lines of “Why do you provide care? Do you do it because you want to or do you feel responsible to care for your loved one?” Utilizing a common acculturation scale for Asian-Americans, the findings of this study found that the participants’ acculturation levels were as expected: the later the generation the more acculturated they were. However, that progressive acculturation did not necessarily translate into decreasing levels of filial responsibility and care. The findings showed that second generation caregivers had the highest level of filial

responsibility followed by the third generation caregivers. Curiously, the 2.5 generation (i.e. a U.S. born person with one U.S. born parent and one foreign born parent) caregivers had the lowest. Miyawaki (2015) explained that second generation caregivers had stronger ties to the traditional culture by virtue of their first generation parents to explain the highest sense of filial responsibility. Yet, this same line of reasoning could not explain why the third generation scored higher than the 2.5 generation recognizing that the 2.5 generation had one first generation parent. Miyawaki (2015) indicated that the results were contrary to previous studies that suggested that later generation caregivers were less involved in caregiving due to assimilation to U.S. culture.

The other significant finding that came from this study was that conflicts about caregiving expectations between caregiver and care recipient were limited to the second and 2.5 generation caregivers and their first generation parents. This was not surprising because the first generation parents likely carried caregiving expectations based on practices in Japan, as compared to American-born second generation parents and their third generation children. This suggests that there was less conflict among later generation, as the understanding of caregiving between care giver and care recipient merged with assimilation. Finally, the findings of this study showed that care recipients were open to nursing home placement across the generations, and for caregivers such placement did not signify that filial responsibility became lessened. In fact, the data showed that, despite a high level of acculturation among 2.5 and third generation caregivers, their belief in filial responsibility and actual caregiving involvement (i.e. frequent visits and companionship) remained high even after nursing home placement.

This study suggests that filial piety continues to be an enduring influence through several generations, albeit with some elements of unpredictability and variability.

Miyawaki conducted another study that found unexpected outcomes of the acculturative effects on caregiving. Miyawaki (2016) conducted a cross-sectional examination of caregiving practices among Asian, Hispanic and White family caregivers across three immigrant generations. The purpose of this study was to determine the associations between acculturation/assimilation and caregiving practice patterns by racial/ethnic groups and by generation. The caregiving practices included use of respite care, number of caregiving hours, and duration of caregiving. The researchers found that with respect to respite care, Whites followed the expected pattern of progressively more use in later generations, while Asians took an unexpected direction of less use in later generations. In terms of caregiving hours, Asians spent more caregiving hours than Whites. As for trends across the generations, White caregivers spent fewer caregiving hours the later the generation; however, Asians went the opposite direction and spent more hours. Miyawaki (2016) suggested that this was an indication that filial practices among Asians are resilient through the generations despite acculturation. Finally, caregiving duration showed that Asian caregivers spent longer duration than White caregivers. Yet, across the generations, White caregivers provided increasingly less the later the generation as might be expected according to the cited assimilation theory; however, Asian caregivers showed mixed results: the second generation provided longer caregiving than the first generation, but the third generation provided the most. In short, the findings of this study demonstrated, among other things, that filial piety and, in turn, caregiving expectations and actual care provision were not necessarily diminished the later the generation

among Asians despite the effects of assimilation and acculturation. The researchers also cited the need to consider the heterogeneity of Asians by avoiding grouping all Asians as one group.

Bito et al. (2007) examined acculturation and end-of-life care among native Japanese and Japanese-American groups and discovered that cultural values were preserved across generations, but certain attitudes and behaviors changed with acculturation. In particular, the perception of the family's caregiving obligation differed among the participants. The Japanese participants held strong expectations that family would provide care to disabled or dying elders. However, many Japanese American elderly indicated that they were not resistant to living in a nursing home or not residing with their children. The findings of this study suggested that this was a reflection of the elderly not wanting to impose upon their children's "Americanized lifestyles" and not due to their true wishes. This suggests that caregiving expectations are modified by acculturation insofar as there is a recognition and acquiescence to differing cultural values and not necessarily a change in cultural beliefs.

Kanti and Falconier (2017) explored the experience of second generation Asian-Americans caring for their elderly parents. All caregivers shared that they were raised with the expectation that they would take care of their parents. They cited filial piety as the basis for the expectation and that caring for their parents was fulfilling this expectation. However, even though the participants referred to cultural expectation, only a few equated it in terms of a negative obligation. In fact, the majority clarified that caregiving was not only out of cultural expectation but also due to love for their parents. One participant articulated this point by saying "not so much because they guilt us into it or forced us to, but because, you know, out of love for them we would do this." Some of the caregivers also expressed the view that, although

they did not wish for their own children to feel compelled to provide care to them out of financial necessity, they hoped that their children would take care of them.

The researchers interpreted this hope as a form of compromise between the expectations of filial piety in a collectivistic culture and the challenges of supporting parents in an individualistic culture that is not conducive to meeting such expectations. In doing so, the researchers suggested that cultural values are transferable from generation to generation in different forms while keeping the essence of the traditional cultural value. The findings of this study showed that the nature of the filial piety that was likely transmitted from the first to the second generation was largely endorsed and maintained. Further, the views of the second generation in respect of their own children also demonstrated that filial piety is being modified to living in an individualistic culture. Notions of caring out of love also underscore the interplay of non-cultural factors in expectations of caregiving.

A creative example of modifying filial piety is evident in Lan (2002) in which filial care responsibilities are transferred to nonfamily home care workers. The researcher studied a group of Taiwanese and Hong Kong immigrants in California who recruited home care workers to care for their elderly. Through these “fictive kin” the Chinese adult children felt that they were able to maintain a cultural sense of filial care. This subcontracting of filial care as it were recognized the reality that most adult children worked outside the home (particularly women), which rarely made offering full-time care a practical option. Moreover, they viewed spending money to purchase care by trustworthy nonfamily workers as an act of filial piety in terms of “the more one pays, the more one cares.” Lan contended that this commodification of care did not indicate a weakening of intergenerational ties, but rather enabled families to arrange elder

care and thereby reinforced family bonds. The findings of this study represent how cultural norms of filial piety could vastly be reimagined without a sense of guilt or burden. Indeed, filial norms were modified and transformed following immigration by taking on new and different social configurations. As expressed in Van Liew et al. (2016), choosing to access formal care services does not necessarily mean that one is “not caring” for their elderly.

Resilience of Filial Piety.

The Confucian notion of filial piety is one of the cornerstones of Asian culture (Sung, 1998). As discussed previously, the mandate of filial piety on elder care is showing signs of change in Asia due to Western influence and evolving social and structural factors (Chan et al., 2012). It is also undergoing change among Asian-Americans, due to the effects of immigration and acculturation. Indeed, the literature has highlighted the various ways in which filial piety and expectations of caregiving are being maintained, modified and/or changing. Moreover, although filial piety remains, in many cases, a resilient influence among caregivers and care recipients across the generations discussed, at the same time, caregiving expectations and behaviors seem to be, more or less, changing or modifying from that of traditional norms.

The traditionally sacrosanct coresidential living arrangement among Asians is undergoing change, which represents the perfect representative proxy for indicating changes to filial caregiving. Asian-Americans are experiencing different residential living patterns with more elderly living independently (Shin, 2008). In fact, Census data shows that, although the number and percentage of 65+ residing in nursing homes declined from 2000-2010, the number of Asians living in nursing homes grew by 54.1%. In the literature, Miyawaki (2015) revealed that 20-35% of Asian caregivers across generation lived with their care recipients compared to

only 14-18% of White caregivers coresided; however, it was noted that later generation Asian caregivers were less likely to coreside with care recipients than earlier generations, which suggests that the gap may lessen in the long run as fewer Asian caregivers coreside with their elderly parents. To be sure, in a survey conducted by Lan, separate residence has become the dominant residential pattern among middle-class Chinese immigrant families (Lan, 2002).

The data and the associated literature reflects the actual situation for many Asian-Americans. In fact, they reflect my own situation, which is probably not an uncommon one. In my case, my parents maintain a separate residence from me because they reside in another state, where they have lived for decades and enjoy a relatively robust extended family and social support network. Notwithstanding issues of cultural expectations, my career has necessitated a number of significant relocations across the country, which is not uncommon in our mobile economy. Further, it is quite possible that there are yet future moves in store in my career. Accordingly, it seems unlikely that they would leave the comforts of their community to move in or near me, and it seems fair to suggest that they probably do not maintain expectations of living with me. Although nobody knows what the future holds, it seems that this residential situation with my parents will remain the same for the foreseeable future. Clearly, insofar as my family's living situation is concerned, it is more a function of structural factors than a product of filial piety (or lack thereof) or acculturation.

Notwithstanding changing living patterns, the existing research suggests that filial piety is quite resilient in the face of acculturation (e.g. see Hsueh et al., 2008; Miyawaki, 2015). Yet, even in the studies in which caregivers upheld filial care responsibilities, there was a recurring theme that they themselves would not maintain expectations that their children should care for

them citing fear of burden and acculturation (e.g. see Park, 2012). Thus, although it is impossible to predict with certainty what will happen in the future, it seems inevitable that these issues will continue evolving over time and generation and, in turn, continue to change associated care expectations and behaviors. Perhaps at some point in the future, Asian-Americans will no longer hold filial piety as a cultural value. Until then, filial piety may continue to influence caregiving expectations and behaviors but with decreasing conflict, as the process of acculturation will likely mediate in a way that adapts to Asian-Americans' contemporary life experiences and beliefs.

Arguably, this idea of adaptation may actually be condoned by Confucian philosophy (Canda, 2013). Indeed, Canda (2013) notes that the notion of filial piety is based on the idea that it is expected to evolve based on changing historical, cultural and philosophical contexts, as well as community and family circumstances. This suggests that Confucian principles can support the ways in which many Asian-Americans are changing their understanding of filial piety to be more feasible, more egalitarian, and more mutually beneficial for caregivers and care recipients (Canda, 2013; Chan et al., 2012). Indeed, in some cases caregivers may be seen as reinterpreting and recreating filial piety through their subjective desires and their interactions with parents (Bryant & Lim, 2013). Thus, it seems that this idea provides the basis to modify or re-envision adult children's expectations and practices in a manner that is suitable to their particular family and parental care circumstances, which will allow them to meet their filial obligations with minimal conflict. In terms of the care recipients, acculturation may be a factor in modifying their expectations to the extent that those who are more acculturated may

be more willing to consider certain Western caregiving norms (Weng, 2017). As discussed previously, these notions of modifying filial piety are evident in much of the literature.

Implications.

The studies presented in this chapter revealed a number of findings related to issues of elder care among the Asian-American ethnic group in the U.S. In doing so, the studies were valuable in informing us about the relationship and/or role of the Asian notion of filial piety, acculturation, and caregiving experiences. The framework for these studies shared the common foundational themes of filial piety and acculturation. The basic premise of filial piety dictates that children are, among other things, expected to provide care for older parents, which should be unlimited and unconditional (Miyawaki, 2016). This is a different value system relative to Western culture. Although there was no single uniform measurement or definition of acculturation in the studies, it is commonly understood to be the process by which a person assimilates or transitions from one culture to a different culture. No two studies used the same acculturation conceptualization or methodology. However, in most cases, the studies attempted to measure acculturation based on certain selected proxies, such as English proficiency, number of years living in the U.S., nativity, generation, etc. Also, the types of elder care contemplated by the studies varied across the studies. Several used clinical terms like IADL and ADL, although many others described one or more specific type of care.

On the whole, filial piety has been influential and resilient in terms of affecting elder care expectations and practices by caregivers and/or care recipients, particularly among first generation immigrants. Although filial piety generally was shown to be enduring, acculturation still affected changing filial caregiving expectations across the generations. This is consistent

with the idea that cultural values change over time and are not static (Weng & Nguyen, 2011). The group of studies involving the first generation acknowledged the conflict in filial expectations due to acculturation, but mostly found that expectations and associated behaviors either remained persistent despite acculturation or changed to some extent. In many cases, those caregivers who diligently carried out their filial caregiving roles expressed that they did not hold similar expectations of their children, citing acculturation. Another common element among the first generation group of studies was the prevalence of non-cultural structural factors, which played a role in the caregiving experience. In the group of studies involving the subsequent generations they, more or less, had similar, or at best, mixed, outcomes to those relating to the first generation. This was somewhat unexpected. Although the studies suggested that there was not necessarily a conclusive linear correlation between acculturation and changing caregiving expectations, they also suggested that the likely explanation is that acculturation is an inherently qualitative notion that is subject to variability based on an individual's selective adoption or rejection of cultural values. In practical terms, it seems that, as long as the immigrant generation's cultural influence affects a member of a subsequent generation, the negotiation of cultural values may persist until the Asian culture may eventually no longer be an influence. It seems that, even in the case of a third generation Asian-American, such influence apparently has not yet completely dissipated (Miyawaki, 2015).

Additionally, several other overarching themes emerged from the studies revealing the ways in which acculturation was correlated to the reconceptualization of filial piety resulting in changed or changing caregiving expectations and behaviors. First, to a large extent, the process of acculturation seems unavoidable on the Asian immigrant population as they transition to

immigrant life and its attendant challenges. This change in life experience also has practical implications, which may lead to changed expectations of care. For instance, elders do not want to be a burden on their children, because they mostly acknowledge that their adult children are living in a different culture, and they also understand that there are structural factors at play, which preclude the ability to fulfill culturally mandated care obligations. Second, acculturation creates an inherent conflict between Eastern and Western culture and the disparate cultural values, norms and systems, which contributes to changing expectations of care. For example, elders feel conflict and at odds with the individualistic nuclear family focus of Western cultural and social norms, as opposed to the collectivist mentality of Eastern culture that extends family focus beyond the nuclear family. In some cases, this type of dynamic caused them to change their own filial expectations through self-selecting independence, alternative living arrangements, etc., and less reliance on their adult children to avoid being a burden.

Despite the conflicts posed by acculturation, the studies showed that cultural values like filial piety continue to have a significant influence on Asian-Americans, particularly as they relate to elder care. Although the studies showed that expectations are being reconceptualized and changing in many respects, it remains to be seen whether filial caregiving expectations and related conflicts continue to inform a dynamic that persists over time and generations, or if they prove to be an issue primarily limited to immigrants and early generation Asian-Americans. As the literature showed in several cases, adult caregivers may not have the same expectation of their own children, which may mean that they understand that their children's individualistic culture is not compatible with traditional Asian cultural expectations. Perhaps caregivers acknowledged that they themselves had no choice in caregiving, but for their own children they

could readjust their expectations. Thus, filial piety and caregiving continue to hold true for them, but they are being adapted to living in an individualistic society (Chiang-Hanisko, 2010; Miyawaki, 2015).

Chapter Five: Making Sense of it All: A Path Forward

The literature has greatly informed us about the myriad ways in which filial piety and acculturation affect expectations and behaviors of caregiving among Asian-Americans. Admittedly, the literature has inherent limitations due to, among other things, the heterogeneity of study participants, the diversity of measures of acculturation, and the varying theories and conceptualizations. Nonetheless, it has proven to be an invaluable insight into the complex phenomenon of cultural influences on caregiving. The most significant finding is that filial piety and acculturation may not necessarily be at odds after all. In fact, there is evidence to suggest that the expectations and behaviors of caregiving affecting Asian-Americans are evolving in ways that reflect the dual influences of traditional Asian culture and American culture on both parents and adult children in ways seemingly compatible to both. A critical element in the finding that expectations are evolving is that each and every affected Asian-American likely possesses a unique set of cultural values based on life experiences, personal circumstances, and the adoption and/or retention of Asian and American cultural values. As a result, it seems fair to suggest that Asian-Americans can gain a sense of comfort in knowing that elder care need not be the subject of cultural conflict and angst because cultural expectations of care are evolving as their cultural values are evolving.

These findings greatly inform my own family situation and likely those of many others similarly situated in the Asian-American community. My family's immigration story is probably not unlike many other Asian-Americans. My parents are in relatively good health, as they have been able to maintain their typical activities of daily living and their independence without the need for any assistance. However, as they continue aging, there may come a point in time when

they may require elder care. This realization has caused me to be concerned about their future care and those who may be in a similar situation, especially because of the oft-unspoken cultural expectations of caregiving.

In my case, as characterized by Pew Research Center (2013) survey of second generation Asian-Americans, I consider myself a “typical American” in many ways. I speak and prefer English to Korean. My spouse and most of my friends do not share my same race or ethnicity, and accordingly do not subscribe to traditional filial piety. I do not live in an ethnic enclave. I have lived in the U.S. practically my whole life. However, I happen to also identify with and hold on to certain cultural features of my Korean heritage. I am fluent in Korean and primarily communicate with my parents in Korean. I harbor a great sense of pride about my Korean cultural heritage. I respect and defer to elders in a traditionally Eastern sense quite different from my American peers. Most importantly, I personally believe that caring for my parents is the right thing to do, which also happens to be a sentiment of caregiving morality shared by American culture (Pharr et al., 2014). Yet, my Asian cultural sensibilities also cause me to feel that it is something I must do notwithstanding my acculturation to American society.

As unique as my cultural profile seems, it is probably not all that uncommon among my Asian-American cohort. Based on the typical proxy measures of acculturation used in the literature (e.g. language and years of residence), my profile would suggest an individual that is mostly acculturated. Yet, at the same time, identification and acceptance of features of my Korean heritage suggest a high level of enculturation too. Inherent in this identity is a level of internal conflict about expectations of elder care. For instance, although I am vehemently opposed to a nursing home, coresidence does not seem ideal either. Thus, I do not expect to

place my parents in a nursing home or move them in with me. Moreover, even though I am the eldest son, I do not expect that my wife would or should be their primary caregiver as expected in traditional Asian culture. There are also structural factors that would preclude this arrangement, namely that my home is in a different state than that of my parents'; this fact alone would temper any expectations of providing in-person caregiving. Thus, financial and emotional support from a distance may be the only practical care to be provided.

There is a sense of resolution by all the studies that revealed that filial expectations of care are commonly re-conceptualized and tailored to adapt to Asian-Americans' unique lived experiences. In my case, non-cultural factors like love for my parents will significantly influence my attitudes toward their care. At the same time, my relatively strong views about respect and deference for elders, particularly parents, indicate that filial piety is a meaningful influence in my cultural belief system. Thus, I accept that children have some moral responsibility to care for their parents. Finally, as the literature revealed, structural factors have a strong correlation to expectations and provision of care. It is unclear yet how all of these considerations will manifest themselves into actual care behaviors, but I have gained a valuable framework on which to base any future decisions.

In terms of my parents' perspective, my sense is that they maintain a certain level of expectations that their children will see to their care in the future. Since there have been no explicit expectations communicated, the exact extent and nature of their expectations are unknown. However, if my parents have held on to their traditional cultural beliefs of filial piety, then perhaps there is an unspoken expectation on their part that their children should know what they are feeling and expecting without being told so. Alternatively, if their own

acculturation has altered their expectations, then it may be plausible that they intend to plan for their own care and have no expectations of their children. It is difficult to precisely discern their cultural disposition. However, it would not be misguided to suggest that their reluctance to discuss their future care needs may be out of a fear of imposing a burden, which would suggest that they are in tune with the American cultural norms of elder care. Indeed, they may very well consider the cultural and structural factors affecting their children's lives, which may mediate their expectations of care. If this is the case, it is possible that they may illustrate the notion that immigrants transform cultural ideals in response to changing structural aspects of life as expressed by Sun (2014); that is, that they invariably negotiate, transform and attach new meanings to old traditions. In that case, whatever expectations they have may be met if they allow their filial son to approach their future caregiving in a manner that is deemed culturally and practically appropriate for all involved.

In sum, although caregiving is a real concern for any adult child with aging parents in Asia, America or practically anywhere else in the world, for Asian-Americans, filial piety and acculturation present a unique set of cultural conflict to an already challenging and complex issue. Based on the literature and the findings drawn from them, it seems that filial piety and acculturation are notions that may be reconciled in a culturally compatible manner among Asian-Americans. In my case, I certainly hope this proves to be true. Now it is up to me to find out by having the conversation.

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