Exploring the well-being of a Korean immigrant family caring for their elderly parent with an enduring mental illness

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The purpose of this study was to explore the well-being of an informal carers; a Korean immigrant family caring for an elderly parent with an enduring mental illness in Aotearoa New Zealand. This research utilised a qualitative approach using a life history method to explore the well-being of one Korean immigrant family caring for their elderly parent in Aotearoa New Zealand. Four major themes were discerned. The first major theme was the acceptance of the role as a caregiver. The second major theme was the participant's perceived challenges as a caregiver. The third major theme was the support received from the community. The final theme was the participant's revelation of greater independence, self-reliance and integrity. Although their roles in caring for their elderly parent proved to be challenging, life as a carer in New Zealand was reported to increase their overall life satisfaction.

Keywords: *Korean immigrant families, caregivers, life history, well-being, culture, New Zealand.*

INTRODUCTION

Globally, carers make an enormous contribution to their homes, family, to the community, and society at large. They contribute to making a difference in the lives of others in need, which forms from a labour of love that continues even when love wanes. Generally, there are two types of carers; informal and formal carers. Informal carers are defined as unpaid carers who are usually a family member or friend, providing support and care for people with disabilities, illness, or frailty, that require assistance for managing everyday living (Jorgensen, Parsons, Jacobs, & Arksey, 2010). Formal carers provide the majority of paid care to people requiring long-term care needs and assist with activities of daily living (Ravenswood, Douglas, & Teo, 2015). For example, this includes, but are not limited to tasks such as; bathing and dressing, housekeeping, laundry and cooking, assistance with shopping, and exercise (Ravenswood et al., 2015). Nevertheless, the essential aspect of their role is to care for another person, and for many, caring is the crucial element that makes their jobs worthwhile (Ravenswood et al., 2015).

Little attention has been paid in the psychological literature to the overall quality of life of Korean immigrant carers in the unique New Zealand context. The voices of ethnic minorities, such as Korean migrants are seldomly heard, thus the researcher wanted to fill in the gap in the psychological literature created by the lack of research and representation in the New Zealand context.

It is often assumed that family carers have an emotionally and physically demanding job to take care of vulnerable family member's. Thus, the current aim of this paper is to explore the unique and rich idiosyncratic experiences by a life history approach to gain a comprehensive understanding of the general well-being of a Korean immigrant family caring for their elderly parent with an enduring mental illness in the context of Aotearoa New Zealand and whether specific life domains of their lives might actually be flourishing.

Caregiving in Migrant Korean families

Caring for an elderly parent with mental health concerns can be particularly challenging for immigrant families. Migrants are often faced with acculturation difficulties settling into the host society and have been associated with higher levels of psychological distress (Kuo, 2014). For example, migrants experience encounters with cultural differences, language barriers, and resettlement processes (Choi, Park, & O'Brien, 2017). Moreover, gaining access to healthcare services can be an additional obstacle for migrants seeking help and support. Studies reveal that ethnic minorities caring for children with disabilities are more likely to face immediate barriers in accessing healthcare services in regards to equality of treatment and equality of opportunity compared to families of the host society (Choi et al., 2017). On this basis, immigrant carers experience significant levels of stress that affect their overall quality of life (Shah, Wadoo, & Latoo, 2010).

In conjunction with these general considerations, understanding culturally unique family caregiving in Korean families may be necessary because of their prominence of collectivist values and hands-on care for their elderly parent. Studies reveal that there is a strong consistency of informal care amongst Asian American families looking after a family member with a mental illness in their homes, providing intensive care, compared to their White counterparts (Park M, 2012). This is supported by Park (2012) who found in one study that 95% of Korean Americans with schizophrenia live with their families compared to 9.5% of their White counterparts. Thus, it can be argued that ethnic differences in general caregiving characteristics is culturally grounded and culturally prescribed.

There are several explanations as to why Korean families are pervasive on providing hands-on family care. A large body of literature suggests that East Asian cultures, including South Korea, score highly on Collectivism (Ahn, 2011). Whereas Individualism promotes autonomy, Collectivism promotes interdependence. Collectivist values amongst South Koreans are deemed essential to ensure continued harmonious relationships with families and others, as they are willing to put aside their own personal needs for the good of one's social group (Cho, Mallinckrodt, & Yune, 2010). This suggests that Korean families may feel cultural pressures to ensure the welfare of one's family.

Multiple socio-cultural factors influence the cultural context of caregiving in Korean families; Confucianism clearly being the most dominant belief system (Chung, 2015). It is believed that Confucian influence is still strong in modern Korean families and prevails to govern various aspects of the individual and family life, as well as shaping the behavioural pattern and structure of families and communities (Park & Cho, 1995). The Confucianism literature emphasises the principles of filial piety and familism (Kim, 2001). Filial piety (Hyo, or Hyodo) is an important socio-cultural value and reverential virtue that children are obliged to in terms of being respectful, loyal, obedient, and compliant towards their parents (Chung, 2015). The central familial relationship within the traditional Confucius system is between the parent and child, especially between father and son; not husband and wife (Park & Cho, 1995). Thus, the relationship between family members is not based on mutual love and quality, but filial piety, benevolence, and authority (Park & Cho, 1995). The authority within one's family rests with the male, and differences in status exist amongst other family members (Park & Cho, 1995). For example, differences in filial responsibility are found amongst the hierarchy of birth order and sex, with the eldest son having the highest filial responsibility than the rest (Cho & Shin, 1996).On this basis, taking care of elderly parents mainly rests on the eldest son, and his responsibility also extends to his wife, due to the roles of gender in Korea (Kim, 2001). Under these traditional social values, taking care of family members, especially older persons, shape the moral basis for family-centred caregiving in Korean families, with the highest filial piety resulting in a higher level of quality in care (Cho & Shin, 1996). A study outlined by Choi (1996) suggested that there are changes in traditional family obligations under the influence of modernisation. This is supported by Stowell (2003) who found that younger generations in South Korea, especially under the age of 30, deviate from traditional Confucius values, as well as showing less respect for traditions. Moreover, changes from the traditional stem family to a nuclear family, from large to small families, as well as greater female participation in the workforce have strongly weakened the traditional socio- cultural values within Korean families (Park & Cho, 1995). As a result of these social changes in familial factors, the ability to provide care for adult children's elderly parents have been limited in Korean families.

Despite current changes, Confucianism is still deeply rooted in Korean society, as they feel a strong sense of filial piety and obligation toward their elderly parents, as well as combined cultural pressures and social norms of family-centred caregiving (Kim, 2001). The dynamic of family caregiving in Korean families demonstrate that traditional social values are an essential factor in ensuring high quality of care for older people.

The impact of caring and carer's well-being

The concept of a 'carer' is a socially constructed term that encapsulates people's experiences of caring when it is provided by family and friends (Henderson, 2010) and is formed by intimate one to one relationship (Gill, 2004). Thus, caring for an elderly parent with enduring mental health concerns arises from a voluntary service by members of the family to assist in their everyday lives. There has been a gradual shift in the provision of care from hospitals and aged-care institutions to care in their own family homes (Jorgensen et al., 2010). In Aotearoa New Zealand, a large proportion of informal care that is provided mainly by the family is estimated to be at 10% of the population at 420,000 (Jorgensen et al., 2010).

Literature findings indicate that gender differences in caring also need to be taken into consideration (Sachez-Tereul, Robles-Bello, Sarhani-Robles, & Sarhani-Robles, 2022). Women are more likely to become carers than men, as the bulk of caring responsibilities and domestic tasks are traditionally expected of women (Gill, 2014, Sanchez-Tereul et al.,2022). However, research findings also suggests that for both men and women who have become carers, they are more likely to have similar experiences of caring, and gender concerns were less important compared to issues of capability and commitment; that is people who did not have any other caring commitments tended to provide more care (Gill, 2014, Pusey-Murray & Miller, 2013, Shah, Wadoo, & Latoo, 2010). Nonetheless, caring spans across all social classes, involving a range of people, that also varies in the degree of assistance provided to those in need.

There is no doubt that family members play a vital role in supporting their family members with enduring mental health concerns. However, a large body of literature that have investigated the lived experiences of carers looking after their relative with mental illness suggests that caregiving burden is a universal phenomenon (Chadda, 2014, Shah, Wadoo, & Latoo, 2010, Pusey-Murray & Miller, 2013, Chang & Horrocks, 2006).

According to a scoping review of the impact of caring for family members with a mental illness for the caregiver, suggests negative consequences on carer well-being (Phillips, Durkin, Engward, Cable, & Iancu, 2022). Specifically, caring for people with schizophrenia has been reported to be overwhelming for carers who indicated to have feelings of resentment, anger, helplessness, fear, guilt and loss (Shah, Wadoo, & Latoo, 2010). Family carers face challenges in terms of adjustment or socioeconomic difficulties that may cause psychological and physical health problems (Phillips et al., 2022). In particular, Korean immigrant carers may experience more challenges, because of stressful acculturation processes, different thought processes and values, and concerns regarding English proficiency (Choi, Park, & O'Brien, 2017). This is likely to occur when caregivers' workload with the addition of other commitments exceeds the resources the carer has available to respond effectively to caregiving roles (Knight et al., 1998). As a result, carers' health can be adversely affected by psychological distress and tension, anxiety, depression, as well as physical health problems, including back injury and hypertension (Chadda, 2014). This is supported by findings from Carers UK (2002), in which carers frequently reported feelings of being mentally, physically, and emotionally drained, anger, sadness for care recipients, loneliness, guilt, and disturbed sleep,

Nevertheless, carers have reported to feel their roles to be rewarding as well because it helps to foster personal growth, meaning, and a sense of fulfilment (Pusey-Murray & Miller, 2013). For instance, a study conducted with family caregivers of people with Dementia found that family caregiving has been associated with altruistic and spiritual benefits, as well as positive emotions such as feelings of satisfaction, sense of meaning, and the pleasure of having been of service (Sanchez et al., 2022).

Theoretical explanations for a possible link between caregiving and well-being typically focuses on the role of caring (Bell & Richard, 2000). According to Bell and Richard (2000) caregivers develop a sense of attachment to care recipients which stems from an autonomous motivation of care that is oriented towards the care recipient's needs; rather than from the pleasure of the caregiver. As a result, by providing social support, and fulfilling the need for social relationships, may contribute to carers well-being (Ryan & Deci, 2001)

Coping resources and resilience

Many previous studies have shown that social support is a significant factor in reducing psychological distress (Pinquart & Sorensen, 2005; Satorius et al., 2005). Satorius et al. (2005) found that carers of people with Dementia who had close social networks and family ties had lower levels of depressive symptoms and higher rates of life satisfaction. Moreover, empirical evidence has strongly supported the conclusion that people can experience positive emotions in the most un-dire circumstances (Folkman & Moskowitz, 2000). For example, positive reappraisal, problem-focused coping, and the creation of positive events were the three identified coping mechanisms that helped individuals appraise a stressful event as a challenge rather than as a threat which has a positive effect on well-being (Folkman & Moskowitz, 2000). Amongst Korean caregivers, filial piety acted as a strong coping skill and developed strong resilience to take care of their family member (Kim, De Bellis, & Xiao, 2018). Recent studies outlined by Kim et al. (2018) found that the obligation of filial piety amongst Korean family carers was accompanied by reciprocity so that adult children looking after their elderly parent was a form of repayment. This promotes the idea that people with high filial responsibility have lower caregiving burden and stress, and that the strength of each persons' filial piety acted as a coping mechanism, resilience and motivation to fulfil caregiving roles (Kim et al., 2018).

Nonetheless, to further assist the issues raised regarding ethnic minority families caring for their elderly parent, there is a lack of studies undertaken in Aotearoa New Zealand. Currently, Koreans are the largest Asian groups living in New Zealand (Statistics New Zealand, 2013), and little is known about their lives. Based on the preceding review of the literature, the purpose of this study was to explore a relatively under-researched topic using a life history approach to obtain a better understanding of the well-being of Korean immigrant family caring for their elderly parent in the New Zealand context.

METHODOLOGY AND METHODS

The purpose of this study was to explore a relatively under-researched topic to gain a deeper understanding of their experiences and perceptions through a Life History (Atkinson, 2001). This qualitative approach not only looks at the narratives of the family members but to explore their life as a whole.

A life history is distinguished from life stories as it is based on the accounts of an individual's lived experience that is set within a broader context, and how these individual's make meanings of their lives (Dhunpath & Samuel, 2009). Essentially, as Hatch and Wisniewski note, "...an analysis of the social, historical, political and economic contexts of a life story by the researcher is what turns a life story into a life history" (1995, p.125). Integral to the research design, the life history method is a collaborative process between the researcher, who does the contextualisation of data collected, and the participants who are also involved in interpretation and contextualisation themselves, through their telling (Sikes & Everington, 2001). On this basis, the life history method adopted for this study provides a method to show how people interpret and make sense of their social world by exploring the events that have happened to them throughout their lives (Sikes & Everington, 2009).

This small-scale exploratory study was conducted by the author, a Korean student who made it possible to establish rapport and a trusting relationship with participants. Within this position, and a member of the migrant community, it made it possible for the participants to be more willing to participate and to tell their stories openly. The rapport established between the researcher and the participants ensured that the credibility of the data was enhanced.

All procedures were disclosed to and approved by the Massey University Human Ethics Committee (MUHEC) 4000020526.

Sampling

The three Korean participants in this study were recruited within a metropolitan area of New Zealand. As a method of identifying the potential participants, the researcher placed advertisements in places that are frequented by Korean families such as restaurants and Korean grocery stores. Using the social media platform Facebook, the researcher put a notice on the Korean community Facebook page 'New Zealand Stories/ 뉴질렌드 이야기" advertising the study and requesting participation. The above process included information regarding the study, including the purpose of the research and contact details of the researcher. One family was recruited from this process of advertising as they were the only family who met the inclusion criteria. A written informed consent by all the participants was also collected.

The inclusion criteria required families to (a) be born in the Republic of Korea, (b) currently live in New Zealand, (c) currently caring for a family member with an enduring mental illness in New Zealand (d) be willing to participate. Families who were now no longer caring for a family member were excluded. Thus, this study solemnly focused on current caregiving. Participants years of residence in New Zealand was approximately 26 years, the mother and father ages ranged from their late 60's, and the son's age was early 40's.

Data Collection

Data were collected through semi-structured individual interviews to explore the experiences, thoughts, and feelings of being a Korean immigrant carer in New Zealand. Interviews were designed to be guided by several guiding questions centred on the topics of their motives, barriers and supporting factors of being a carer so that in-depth responses and discussions could be elicited. Over three months, ten visits were made at the interviewee's home as they preferred to be interviewed at home, and asked that the interview be conducted in the participant's native language, Korean. The researcher audio-recorded the interviewee's responses with verbal permission and these were translated from Korean into English and transcribed verbatim by the researcher. On average, each participants were interviewed face-to-face for 10 sessions over the course of three months lasting on average 60 minutes per session, totalling 600 minutes. The results were written in a narrative form for participants to read to see if they agreed with the findings. Participants contacted the researcher to make minor changes, and soon after they agreed with the interpretation of the final results.

Analysis

The current study employed a paradigmatic analysis of narratives as a procedure to configure storied accounts or data into a coherent whole (Polkinghorne, 2016). The paradigmatic analysis of data allowed the researcher to understand participants narratives by categorisation, themes, and coding that gave an in-depth insight into their experiences and intimate lives. Throughout the research process, it was important for the researcher as a Korean to personally interact with the Korean family following Confucius values to show upmost respect and appreciation for their valuable insight into their intimate lives. The researcher has immersed in the participant's narratives and is always revising and reflecting on the meanings generated in their stories. Furthermore, the researcher and participants are inexorably intertwined in the generation of data and the analysis of findings which allowed for a richer understanding of the participant's world being particularised (Clandinin & Connelly, 2000).

The analysis is presented in two parts: A case description which beings with a detailed history of the context of the Jeong family (Clandinin & Connelly, 2000). Following this are the analysis of major themes which emerges throughout the interview transcripts. To ensure the credibility of the data, participants were provided with a written account of the findings to review and confirm the researcher's interpretation of their narratives (Choi, Park, & O'Brien, 2017). Moreover, the time invested in building a trusting relationship with participants allowed the opportunity to check the findings on multiple occasions which strengthened the authenticity of the research (Clandinin & Connelly, 2000).

Based on multiple readings of the transcripts and mutual agreement with the participants, four major themes were developed and identified with related sub-themes that emerged: 1) Acceptance of the role as a caregiver, 2) Perceived challenges as a caregiver, 3) Support received and 4) Greater independence, self-reliance, and integrity.

ANALYSIS AND COMMENTARY

The study focused on three members of the family who are currently caregiving their elderly family member: Chulsoo, Younghee, and Woori (pseudonyms). Having three participants, allowed the reader to gain a deeper understanding of how the Jeong's family experiences caregiving as an immigrant living in Aotearoa New Zealand and how this shaped the development, experiences, and their well-being as a caregiver. Based on the findings, the life history account illustrates an intimate insight into the Jeong's family, adding vivid recollections from the past and present of their caregiving experience and well-being.

The Jeong Family

Chulsoo (68) immigrated to New Zealand in 1992 with his wife Younghee (68), two sons Woori (41), Doori (40), and his elderly mother Sunny (88). Prior to their settlement in New

Zealand, Chulsoo's mother Sunny was diagnosed with schizophrenia in South Korea during her mid-40s. Chulsoo recalls the past with anguish as he witnessed his mother endure intense hardship before her diagnosis.

Sunny grew up during a turbulent time in the history of political turmoil in Korea- the forced Japanese occupation in Korea, as well as the Korean War that began in 1950. Younghee also vividly recalls the accounts told by her parents about how they hastily escaped North Korea to flee to the South, leaving behind their home, belongings, and their relatives. Until this day, Younghee longs to meet her uncle, aunties and cousin's that were left behind in the North, and lives with the fact that she will never see them again until there is reunification between the two Korea's.

According to both Chulsoo and Younghee, life for everyone back then was extremely difficult, and everyone lived in poverty and fear. Amongst this hardship, Chulsoo recalls the time when his father had abandoned his own family because he had found another woman:

> *"My father went to have an affair with another woman and had a family with her. My mother got thrown away like an old shoe from her husband and in-laws...she was not welcomed. So she felt extremely betrayed. Because of this, she held on to her children very dearly because they were her everything. She had no financial support and was jobless. No one was there to look after her so she had to fend for herself and make sure she could feed her children".*

Further adding to Sunny's life, she had lost two of her young children due to poverty, and with that shadowed intense sorrow and grief. Longing for relief and salvation, Sunny began attending churches and became heavily involved in religion. Chulsoo noticed how his mother began to change after her involvement with the church, thus marking the onset of her psychosis.

> *"My mother attended a notorious church called 'Seung Bok Eum'. That church quickly gained and expanded their popularity because the priest excites*

> *and stimulates everyone. She was extremely desperate; and relied heavily on the church. She would pray all together in huge numbers and go into really remote areas far away to pray. Even praying they do not do it quietly...they just cry and scream so loudly. Since her involvement with the church she started to have bizarre behaviours...then suddenly went berserk".*

Sunny's involvement with the church reached a point where she could no longer differentiate the real world from the unimagined world of God. She was formally diagnosed with Schiophrenia and was hospitalised for a month. Upon her discharge, Chulsoo and Youngehee with her new-born sons began their caregiving life for Sunny. Both Chulsoo and Younghee recall how disheartened they initially were to see Sunny deteriorate mentally and physically. Sunny was unable to recognise Chulsoo and Younghee and frequently referred to them as 'the devil'.

Several years of intense caregiving duties proceeded during their time in Korea. For example, changes to the carer's thought and behaviour patterns, as well as changes to their lifestyle to ensure proper and safe care for the care recipient. Often at times, Sunny would be uncooperative, and would frequently verbally and physically abuse Chulsoo and Younghee. Despite Sunny's aggression, both Chulsoo and Younghee put in their best efforts forward to take care of Sunny as well as their two young children. For the following 20 years in South Korea with frequent hospitalisations and interventions, Sunny's symptoms became more manageable. Chulsoo put forth the decision for the Jeong family to migrate to New Zealand because he wanted his children to have a better education and to 'start a new life'. Currently, without any formal treatment intervention, Sunny resides at home with both Chulsoo and Youngee both being retirees.

Thematic findings

Acceptance of the role as a caregiver

Family caregivers play a vital role in providing care for their loved ones (Cunningham, Cunningham, & Robertson, 2018). Throughout the interview, Chulsoo and Younghee mentioned that their lives and the dynamics of the family structure had dramatically changed since Sunny's illness. They were often challenged by the demands of fulfilling parental roles to their children as well as bearing the responsibility to care for Sunny. However, both Chulsoo and Younghee mentioned that accepting the role as a caregiver allowed them to structure their life appropriately.

Fate.

All the participants mentioned that their unexpected given role as a caregiver as fate. The family had not anticipated how challenging the expected duties would be and how much it would affect their lives. They described the daily routines as exhausting and a very lonely journey. Accepting their role to look after Sunny was about being taking it as their family's destiny so that they could make the necessary changes to fulfil their duties.

Younghee captures this notion well when she reflects upon her life throughout the years:

> *"I have to think that this is my fate, and there is no one else to blame. If I start to grumble and blame everyone, it would be endless."*
> *For Chulsoo, he further adds:*
> *"I am the eldest son, and she is my mother. Although I have much weight on my shoulders, I cannot abandon her, nor can I escape. This is my destiny, and I will continue to care for my mother until her last breath."*

The above notions suggests that family connection is strong and that the responsibility and duty to care for their elderly parent demonstrate their long tradition of Confucianism carried over into a foreign land.

Filial piety.

Confuciansim has played a central role in influencing each family member to an assigned role. Tradtionally in the patriarchal ideology of Confuciansim, it becomes the responsibility of the eldest son to take care of their elderly parents. Filial piety or Hyo is the value that children are obliged to be respectful and loyal towards their parents (Chung, 2015). Although it is Chulsoo's responsibility as the eldest son to look after his mother, much of the caregiving role was fulfilled by Younghee as the daughter in law. Aforementioned, the assigned roles also meant that the roles between male and female were hierarchically segregated. The role of the father's functions to financially support the family, whereas mothers were responsible for domestic domains, such as raising children, cooking, and cleaning (Cha & Kim, 2013). Younghee noted:

> *"It is my duty to protect and lead my family. And that is life. If I cannot look after my mother in law, then who will?? If I had chosen to abandon my mother in law and my husband, of course, it would be an end to this problem. Nevertheless, I question whether this is the right thing to do and whether I would be happy, it would be so hard if my family became broken. So I just thought if I just sacrificed myself, I can maintain this harmony within my family and because I am married, she is my mother in law; she is my family."*

For Chulsoo and Younghee taking care of Sunny as well as fulfilling parental roles to their children was a difficult task within their new lives as an immigrant. Participants had worked extremely long hours running a family-owned business in New Zealand and struggled to make constant efforts to care for Sunny as well as their two sons. Amongst their struggle, both Chulsoo and Younghee believed it was still best to take care of Sunny as the adult children because it was seen as a culturally expected and desirable behaviour. This suggests that filial piety still exists, and that long family traditions of collectivism remains strong in the context of migrant families. Chulsoo mentioned:

> *"I have seen my mother suffer extremely hard throughout the years. It would be cruel to not care for my elderly mother. Since moving to New Zealand, I have worked tirelessly in this foreign land, knowing very basic English, and realised that Auckland is such a small community, especially amongst Koreans. I do not want my family and especially me and my wife to be branded as the family who abandoned their mentally ill mother to some psychiatric ward. So, it is*

> *something I must do to keep my family together as the eldest son to my mother, a husband to my wife, and father to my sons."*

Contrary to the findings supported by Stowell (2003) that more modern Korean families deviate from the traditional Confucius values, within the Jeong Family, filial piety remains strong. The values of filial piety remains ingrained for Woori despite the shifting dynamics of modern families and generational gap and he views this gesture as a form of reciprocation towards his parents. As Woori mentioned:

> *"Koreans look after their parents. My parents especially put much effort in...I don't know if this kind of things (Confucian influence) happen anymore in modern families. However, I think I would look after my parents when they too get sick and old, just the same things as my parents are doing for my grandmother."*

This suggests that the Jeong family are rooted strong in their heritage of Confucianism of looking after their parents in terms of filial piety, reciprocity, and duty.

Perceived challenges as a caregiver

Providing care

All participants perceived various challenges within the family when dealing with caregiving. One of these was providing everyday care for Sunny, which included a wide range of activities such as assistance with daily hygiene, house chores, meal preparation, administering medications, and regular physical activity. In particular, Younghee and Chulsoo mentioned that preparing meals was a constant daily struggle because she would refuse to eat on several occasions due to suspicion of the Jeong family poisoning her. On other occasions, she would demand particular dishes she would like to be served. Chulsoo noted:

> *"Even just giving her a meal was a battle because she would be suspicious of the food, I have brought to her. She would say things like: You put poison in this food, right?! Even though she hardly ate on some days, her energy levels were so high she would be so vocally and physically strong when we tried to force her to eat."*

Younghee also mentioned that on the few occasions where Sunny would have the appetite to eat, she would demand several dishes to be prepared. Younghee would often send her son Woori to go to the Korean supermarket to buy the specific ingredients needed, and then she would spend several hours preparing the food. Woori noted:

> *"I always saw my mum putting in so many efforts ...which she still does today for my grandmother such as cooking and cleaning and looking after my brother and me. My mum lost so much weight she weighed less than 45 kilograms. I try to help out where I can but when I was a teenager, it was so annoying running errands because of my grandmother."*

Caregiving is not just about feeding, cleaning, and clothing. The Jeong's family demonstrate that caring is about understanding how to navigate a complicated relationship between those who give care and those who require it. The experience of providing care for Sunny by the Jeong family reveals that it was challenging to keep up with Sunny's demands because she was unable to do many things for herself. The time and effort put towards the daily routine care had shown to be physically and psychologically demanding for everyone involved. The fundamentals of caregiving are to provide care but not too much because carer's needs are equal to the needs of the care recipients as well.

Support received

Culturally tailored services

At first, the Jeong family resided in New Zealand and received their residency while Sunny was being taken care of by another family member in Korea. In 1992, Chulsoo brought his mother to New Zealand without a valid visa because they wanted to be together as a family. The Jeong family planned to keep Sunny hidden in the house as an illegal immigrant because they believed she could lead a normal life without getting caught by immigration, as long as she took her medication. However, after some time, Sunny's condition deteriorated, and she had to be hospitalised. The Jeong family panicked at the thought of Sunny being deported, as well as the outstanding hospital fees. Chulsoo noted:

> *"I just wanted her to recover quickly so I could bring her back home...I was so afraid of the hospital fee piling up to hundred thousands of dollars!! However, later the doctors told me that because mental illness is very dangerous, especially amongst people in the community and because it is a social problem, the New Zealand government will cover the cost...".*

After numerous efforts to obtain Sunny's permanent residency, she was finally able to reside with the Jeong family. Irrespective of the Jeong's family perceived low English proficiency, communication with formal health services in New Zealand was not an issue. Although they were initially ambivalent about the use of Western services, all participants reported high satisfiation regarding support recieved and education from New Zealand healthcare and legal services. Chulsoo and Younghee both expressed their gratitude towards the New Zealand doctors and lawyers who provided the knowledge and culturally sensitive assistance towards Sunny's care.

Younghee recalled the time when they found a lawyer that was willing to fight for Sunny's case to reside in New Zealand as a permanent resident:

> *"It was tough to get her residency because she did not fit any criteria to be a resident here in New Zealand. So, we went to several lawyers to find a solution, and we found this one outstanding Kiwi lawyer. She agreed to help under the Humanitarian category and although the chances were very slim to win the case, she wanted to fight for us".*

Chulsoo further commented on the legal court case:

> *"We lost so many battles and got rejected numerous times. But this lawyer urged on and fought for us continuously. According to the lawyer, she said: 'although we are getting rejected, your mother will still be in the hospital, then she can continue to receive the treatment she needs'. So the lawyer continued to fight for us. And finally, in the end, we got my mother her permanent residency".*

While Sunny was hospitalised during the court case, Chulsoo and Younghee recall the time the doctors and nurses wrote a letter to help obtain Sunny's residency. In the letter, Chulsoo and Younghee were moved by the doctors and nurses' sincere efforts to help by referencing the traditional Confucian values that influence Korean families. Younghee mentioned"

> *"The letter was very detailed. The doctor and nurses would explain that in the Korean traditional family culture, the eldest son must look after their elderly parents, and the elderly parent wishes to live with their eldest son. Even the nurses wrote this in their letters as well! They did this every single day for us...(wipes down tears)".*

The Jeong family expressed how grateful they were to see the sincere efforts put forth by New Zealand formal service providers because they would take the time out for Sunny's case. This suggests the difference in care between the mainstream healthcare systems in Korea compared to New Zealand. Both Chulsoo and Younghee mentioned that if the above same situation happened in Korea, the doctors would not have put in the same effort and care because they would expect gifts or incentives in return for the services provided. Thus, they experienced a more fair and equitable treatment amongst mental health patients in New Zealand despite having not to bribe doctors and nurses to provide attention and genuine care for their family member. Younghee mentioned:

> *"We were so thankful to the doctors and nurses, so we purchased a few gift cards from Smith and Caughey's. For the doctors we got about ten gift vouchers costing $200 and the nurses about 30 $50 vouchers for them and we gave them the vouchers and told them that it is a sign of appreciation for all the help they have done. But they concluded that they could not accept it as it was nott the right thing to do. They said that they already receive a salary and that they did what had to be done which was to help my mother in law...".*
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> Chulsoo further added:
>
> *"If this were in Korea, it would be a no-brainer. They would take the gift vouchers without even saying thank you. If this was in Korea and you visit a patient, it is a protocol to buy something for the nurse at the front desk like something to eat. Sometimes if you put in some cash into the doctor's gown to look good in their eyes, they can look after the patient even better, but here the doctors are different in New Zealand. It was just so touching and very emotional for me...they genuinely cared for the patients from their hearts".*

Community.

Furthermore, other Korean immigrant families that knew about the Jeong's family situation would often provide emotional support as well as providing Korean meals for the family. The Jeong family noted that the Korean community in Auckland is very small, therefore 'everybody knew everybody'. The participants pointed out that this supportive environment helped them get through the difficulties they were facing in their everyday lives, and further appreciated their new lives in New Zealand. On this basis, collectivism remains strong amongst Korean migrants, and because of their solid cultural roots, they are able to maintain very close supportive networks amongst their communities. Younghee noted:

> *"We would often attend the church every Sunday, and after some time of meeting new people, everyone knew everyone. So because this space was so open, everyone at the Korean catholic church knew everything that was going on in my family, and I would know everything going on for them...we knew everything about each other. So often, at times, I would talk to them about what I am going through, and they would tell me how incredible we are for looking after my mother in law...they say things like 'oh you deserve an award!'. I guess this is how we would feel better about ourselves".*

Chulsoo further agreed that the Korean people, wherever they are in the world, always have compassion and attachment with each other and is something that is an integral part of their culture. He noted:

> *"Korean people have strong affection with each other, and will not ignore one and another, especially in a foreign land. Our Korean people here in New Zealand gave us so much support..and I cannot be more thankful enough. They will always try to help out when they can...it helped me a lot, and I always felt that because of others support, my life is not bad after all".*

The support received from the church community further extended to the support received from Woori's friend's parents. Woori would befriend other Korean friends from his school, and his parent's friends would come to know of his parent's caregiving duties and would further add encouragement and support. Woori noted:

> *"I would often go over to my Korean friend's house, and their parents would get to know my parents...and this spread out through to other Korean parents. They would sometimes send me home with Korean snacks and food and sometimes visit my mum to see how she is doing. Yeah...they were pretty kind like this...".*

Greater independence, self-reliance and integrity

The Jeong family all agreed how much their lives had changed dramatically since becoming caregivers for Sunny. Despite their difficulties and hardship, living in New Zealand allowed all the participants to become more independent to take better care of themselves, resilient, and a person with integrity. They learned how to effectively care for and live with persons with schizophrenia when no information was available, how to multi-task at the same time whilst dealing with the changing family dynamics, and the importance of having integrity as a caregiver.

Younghee noted how living in New Zealand has helped her ease off the caregiving burden and stress:

> *"I feel less stressed here in New Zealand because I am free from all the hustle and bustle of the city that never sleeps. You see, life in Korea is so complicated and stressful because there is no support from the Korean government to help the carers. No such things exist. But here in New Zealand...I remember when my mother in law was hospitalised the nurses told me to*

> *have a break and told me to take care of myself...but the most touching thing was that she told me that they would find a Korean chef to prepare Korean meals for my mother in law. If this were in Korea, the nurses would not give a damn about the patient unless you put extra money in their pockets! I feel so grateful to be here in New Zealand. If I were in Korea...things would have been very difficult for me to care for my mother in law...So I am very happy to be here".*

Younghee also noted how living in New Zealand has helped her move forward and become a better daughter in law for Sunny despite the overwhelming challenges. She learnt to build her own coping mechanisms to provide on-going care for her mother in-law, whilst also being a parent and wife. Her perseverance to cope with the hardship has built her to be a strong women that works to keep her family in harmony.

> *"I have learnt to cope better as a caregiver for my mother in law. I learnt to be independent and stronger than ever before. In life, there can be tough times, and we have to move on and live on...and even if you try to avoid such obstacles, those obstacles cannot even be avoided. Anyway, there will be another hardship, even if you tried to avoid the first obstacle".*

Chulsoo further commented on how he experienced more responsibilities as a caregiver and how much this has changed him as a whole:

> *"At first, we did not know anything about this disease and did not know anyone who had it. We always had to learn by ourselves and from the doctors spending a lot of time and money. Schizophrenia is an evil disease, and it made my family have a difficult time. Also, migrating to New Zealand and starting from scratch, I had to do everything by myself, dealing with housing, education for my sons, treatment for my mother, the court case. However, I am very proud of what we all have achieved.. I do the best to my ability to protect my family, and I think this is very important in life. Just because I want to be comfortable for myself, I should not do anything that I would regret later in life...I would never do something that I would be embarrassed and ashamed of".*

Woori also mentioned his experience of growing up with his grandmother and how this has shaped him to who he is today and also his view on his parents always making an effort to hold the family together:

> *"I always hated my grandmother from a young age because I would see my parents having such a hard time looking after her. I hated it. Our life was very restricted, and because of that, we have never been on a family holiday together because of my grandmother. But now, I feel sorry for my grandmother. I guess, you learn from a very young age about being independent and learning to cope with the everyday stresses in life, and you learn how to handle things better. You become a strong person with a very thick face. Because nothing is harder than looking after someone with a mental illness...at least if she were physically ill, she would consciously know that we all are trying hard to care for her...but my grandmother never knew or felt thankful for our contributions!".*

DISCUSSION

The purpose of this qualitative study was to explore the well-being of one Korean immigrant family caring for their elderly parent in the New Zealand context. The life history interviews have revealed an intimate experience and understanding of lived experiences of immigrant carers in a chronological pattern, which could not be made evident by quantitative inquiry.

In general, our results indicate that Korean immigrant carers viewed their caregiving journey as fate. Given their unexpected role as carers, participants reported the challenges and responsibilities associated with caregiving duties. As a result, coping strategies such as positive reappraisal were used by participants to manage a range of stressful events which helped them to appraise their role as "fate" rather than as a threat (Folkman & Moskowitz, 2000).Allowing this acceptance of the caregiver role as 'fate' gave the participants a sense of purpose to provide on-going care for their family member, and to make necessary changes to structure their lives. However, all the participants reported a decrease in their well-being as their caregiving duties proved to be challenging and stressful at certain time points, especially for Chulsoo and Younghee who also had to fulfil parental roles for their children. These findings are consistent with the larger body of literature on the effects of caregiver burden and stress (Knight et al., 1998). Knight et al.,(1998), in their investigation of caregiving and well-being, when the workload of carers such as fulfilling role expectations as a carer, spouse, or parental roles go beyond their maximum available resources, caregiving can result in strain on carers and cause deleterious effects between the carer's relationship with the care recipient. Cormac & Tihanyi (2006), also found that carers physical and mental health were adversely affected by their caring role, with the most frequently experienced mental health problems being stress and tension, followed by physical health problems such as back injury and hypertension.

Although much of these discussions dealt with the adverse effects of caregiving, the results of the current study also revealed a more neutral experience. Rather, Korean immigrant carers viewed their caregiving role as filial responsibility to look after their elderly parent. For example, Chulsoo sought to fulfil his filial duties for his mother as the eldest son to uphold the Confucius values of the traditional Korean culture such as benevolence, loyalty, and respect towards parents (Chung, 2015). Much research has explored the role of Confucian beliefs in collectivist cultures in South East Countries such as Korea (Ahn, 2001; Chung, 2015; Park & Cho, 1995). In particular, Korean caregiving families emphasise filial piety or, Hyo-do in Korean terms, when it comes to looking after their parents; thus ensuring a continuous harmonious relationship between family members (Cho, Mallinckrodt, & Yune, 2010). Other authors have argued that the traditional Confucian values and belief systems are less prevalent in modern families, suggesting that more families tend to deviate from looking after their elderly parent and choose to place them in suitable institutions (Stowell, 2003; Park & Cho, 1995).

The participants also addressed feeling culturally pressured to look after an elderly parent, more so because the Korean community in New Zealand is small and interconnected, the family feared of being labelled as a 'bad family'. This is consistent with findings outlined by Park (2012), who found that Korean American caregivers were more likely than White American caregivers to provide hands-on, informal home care because of the negative stigma and shame associated with mental illness, and placing an ill member of the family in institutions may lead to negative connotations from outsiders for making such a decision.

Consistent with findings from broader research, the demanding duties to provide care has shown to have detrimental effects on carer's health and well-being (Cormac & Tihanyi, 2006; O'Connell, Bailey, & Walker, 2003). The most troubling themes found were those related to the participant's perceived challenges in providing care. Family members felt that it was challenging to keep up with daily routines of care, as well as trying to keep up with abrasive demands commanded by the care recipient. Family members also reported feelings of exhaustion, frustration and annoyance when their elderly parent did not appreciate, nor co- operate with them. Woori also noted his mother being severely underweight during one time due to excessive caregiving duties. It has been reported that challenging behaviours from care recipients put tremendous strain on carers which adversely impacts their overall health and well-being (O'Connell, Bailey, & Walker, 2003). In the O'Connell, Bailey & Walker (2003) longitudinal study of 1000 cares in Australia, carers reported having lower health ratings, less life satisfaction, less positive affect, and more negative affect compared to non-carers. These findings support the participant's stressful experiences acquired by caregiving.

While participants experienced moments of tribulation, there were some moments where they also experienced positive moments as a carer. Participants reported receiving helpful and culturally tailored services in New Zealand regarding legal and medical assistance, which ensured the family to feel reassured and supported. Family members discussed how service providers and professionals went the extra mile to help the Jeong family by catering through their understanding of Collectivist values such as filial piety in Korean cultures. These findings were contrary to Choi's (2017) study of the experiences of Korean migrant carers with professionals in New Zealand. In Choi's (2017) investigation, Korean parents caring for their child with disabilities experienced poor services with professionals due to language barrier, lack of a therapeutic alliance, and limited understanding of Korean cultural values. However, our findings suggest that although participants reported feeling anxious and ambivalent of receiving help from professionals due to their lack of English proficiency, this was not an issue because they were given an abundant amount of resources and guidance to support the family. The participants reported feeling overwhelmingly grateful and appreciative, particularly when Sunny was allowed into New Zealand given she never originally had a valid visa, which helped them to lower their tensions and stress.

Furthermore, participants shared their feelings of unity with the Korean community in New Zealand, as they provided emotional support and assistance in caregiving duties. Taking advantage of social support can be seen as an effective coping stratgy to enhance people’s sense of belonging which can lead to positive feelings (Folkman & Moskowitz, 2000). In collectivist cultures such as Korea, interdependence amongst its group members are highly promoted (Cho, Mallinckrodt, & Yune, 2010). Thus, to ensure a harmonious relationship amongst group members, collectivist cultures are willing to support the good for one's social group by putting aside their personal needs (Cho, Mallinckrodt, & Yune, 2010). Previous literature has documented the importance of support for carers in reducing psychological distress and prevention of carer burnouts (Pinquart & Sorensen, 2005; Satorius et al., 2005; Folkman & Moskowitz, 2000). In Satoruis et al., (2005) study of carers of people with Dementia, close social support has been linked to increase positive emotions for carers in unformidable situations and decrease depressive symptoms. These findings suggest the importance of seeking social support because of the potential benefits it can have on carers well-being. However, findings reported by Choi (2017) suggests that often Korean migrant carers in New Zealand are reluctant in seeking social support or forming close relationships with other fellow Korean migrants due to social stigma. However, Choi's (2017) discussion only dealt with Korean carers experience with a lack of confidence to reach out for outside support, and perceived mistrust amongst non-carers who did not share the same values.

Unique to this current study was how the participants renegotiated their caregiving roles to develop greater independence, self-reliance and integrity within themselves. Often family members were overwhelmed and challenged by the demands of caregiving duties, particularly for Chulsoo and Younghee who also had to fulfil parental roles for their children. However, one novel finding was that the somewhat forced and sudden role to become a carer in a foreign land allowed participants to cope better in their position and an ability to survive the direst circumstances. For example, navigating the healthcare systems and legal systems with low English proficiency, dealing with the changing dynamics in the family, daily caregiving duties and achieving overall life satisfaction. This finding is not surprising given that coping mechanisms such as positive reappraisal, problem-focused coping and the creation of positive events helped carers to appraise their hardships as a challenge rather than as a threatening event (Folkman & Moskowitz, 2000). The caregiving experience, therefore, led to participants personal growth in maturity, integrity, and boosted their self-confidence. Furthermore, our participants noted that filial piety was their primary source of motivation to ensure more exceptional care for their elderly parent with integrity. These findings are consistent with previous studies which found that Korean caregivers with the highest filial piety reported having lower caregiver burden and stress because they perceived their roles to look after their elderly parents as a form of repayment (Kim, De Bellis, & Xiao, 2018; Kim et al., 2018).

The study was explorative in nature and depended on past memories of caregiving as well as current experiences of caregiving. Furthermore, this study involved the use of the participants native language, Korean. To overcome language barriers, the translation, transcription and interpretation were done by the researcher who is also a Korean. The quality of translation and transcription were very much dependant on the researcher, therefore the quality of transcription may have been compromised. Employing professional translators and transcribers to validate the quality of interpretation may have enhanced the study. However, constraints on time and resources did not allow the researcher to employ the use of independent and qualified translators.

Conclusion

In conclusion, this paper aimed to explore the unique experiences of the general well-being of a Korean immigrant family caring for their elderly parent with an enduring mental illness in New Zealand. More research is needed to understand the well-being of Korean immigrant carers in New Zealand and how they experience their roles as a migrant. Although their roles in caring for their elderly parent proved to be challenging, life as a carer in New Zealand was reported to increase their overall life satisfaction. Professionals and the community gave a tremendous amount of support, despite language barriers and cultural differences.

Furthermore, the participants long and winding journey as a carer allowed the opportunity to evaluate their current selves more positively and to create more emotional bonds with their elderly parent. As part of the traditional Korean culture, filial piety ensured adult children cared for their elderly parent, whether in sickness or in health, as a form of reciprocity. No doubt, caregiving is a difficult job, and carers may find themselves lost, frustrated and confused. Thus, for carers to continue their caregiving duties for their loved ones, they must take care of themselves first in order to take care of another.

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The Authors declare that there are no conflicts of interest.