

Defamilization of Elderly Care and the Experiences of the Aged in Korea*

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Long Term Care Insurance started in July 2008. It is expected to reduce the burden on families by transferring the responsibility for elderly care to the social welfare system. This change, while necessary and welcome, might also precipitate a conflict between care recipients and care givers. This paper deals with the care recipients' point of view, i.e. the experiences and interpretations of the aged, as their voices have not been heard either in research papers or policy-making. Qualitative data was collected from 9 care receivers through oral histories and 8 caregivers through in-depth interviews. The results show that normative ideas on elderly care have been changing. The beliefs that the primary provider for elderly care should be sons and their wives are breaking down, while the claim for the right to social welfare, as well as a demand for expanding the government's role for public support has received more attention. This will be called "defamilization of elderly care." However, elderly people who are the first stakeholders in this matter are not ready to accept this change. The narratives of the residents in care facilities clearly show this. Their narratives are similar in that they include involuntary admission, a comfortable life in residential homes and facilities, and confessions of longing for returning home. No matter how comfortable life in facilities is, their stories always end in their desire to return home. Despite this desire, the reality of their situations prevents them from returning to living with their families. This is because among their sons and daughters-in-law, some do not want to live with their parents, while others in dual-earner families cannot afford to care for their parents. It is certain that the elderly are aware of this situation yet are reluctant to accept it. This is not an issue of individual psychological adaptation but instead is an issue of reframing the issue sociologically. The factors laid forth in the following pages must be considered in the process of socializing elderly care in Korea to reframe care at facilities in a positive light, as well as to promote a more comprehensive rationale for its necessity.

Keywords: *Elderly Care, Care Recipient, Care Givers, Long Term Care, Defamilization, Familism, Social Welfare, Korea*

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I. ISSUES IN ELDERLY CARE

According to studies on elderly care in Korea, one of the most trenchant problems is that the voices of the elderly are often neglected. The aspects of subjectivity like the experiences of the elderly and their needs, particularly as a social group who receive care, have not yet been actively explored in scholarly research. Either as speaking subjects in political discourses or the collective bearers in a cultural context, their experiences and signification on the socialization of care are not fully represented.

The fact that researchers have failed to pay attention to the voices of the elderly might not only mean that studies on the aged could be jeopardized, but also that the very interests of the major stakeholders are overlooked in social welfare policies. Policies are devised and budgets are created for certain social groups, but in this case the needs of the involved subjects have not received sufficient attention. The exclusion of the elderly has not been limited to the level of policymaking. If the ultimate purpose of sociology is to understand society and human life, access to in-depth understandings of senescence cannot be limited. Sociological exploration of senescence as well as investigations into the meaning of being “old” in neoliberal social conditions in which competition and success have risen as dominant values should not be put off any longer in a rapidly aging society.

The reasons for the elderly remaining unheard can be summarized as follows: first, the elderly are not easily accessible. In many cases, they suffer from serious illnesses. Physical impairments such as stroke and arthritis, and mental incapacities such as loss of communication skills, memory deterioration and dementia, prevent them from participating in surveys or interviews. Secondly, although they are the beneficiaries of massive economic resources on national and societal levels and in contrast to the approach to childcare, the elderly remain passive receivers since no future productivity is expected of them. Thus, according to neoliberal logic, they are considered unproductive. Lastly, the aged as a social group are stigmatized and stereotyped as a unitary group with cultural images of being a social burden, being dependent, politically conservative and lacking differences or conflicts of interests amongst themselves. This article aims to reveal their experiences

by placing them at the core of research as active participants.

One of the major issues with regard to elderly care is defamilization. The responsibility for elderly care lies traditionally with the family, especially with the oldest son and his wife. However, the realities of modern families combined with expectations for women to become caretakers can frequently lead to familial conflicts. Long Term Care Insurance for the Aged, which was implemented in July 2008, can be viewed as a turning point for elderly care in Korean society. It is significant that the act recognizes the responsibility of the state and addresses the issue of elderly care, which has previously been absent in public discourse. However, the act is expected to trigger the commodification of elderly care rather than the public awareness of it, because it was designed to reinforce home care and enlarge the care service market (Seok, J. 2006a).

Another issue examined here is the conflict between the care beneficiaries (elderly) and caregivers (family) as they impact the direction of care policies. According to studies conducted thus far, the aged prefer family and community care services to institutional care while families tend to prefer facility care (Jung, K. et al. 2004; Kim, S. 2000; Kim, T. and Jeon, G. 1995; Park, K. 1993). This indicates that familization and defamilization have been the two conflicting forces in elderly care. This article aims to examine and explain the issue of defamilization through the voices of the elderly themselves.

In sum, this article has two objectives. The first is to explore the problems and prospects of defamilizing elderly care, which has been expanding both before and after the implementation of the Act on Long Term Care Insurance for the Aged. The second is to focus on the voices of the elderly, which have been excluded in the discussions of defamilizing elderly care. This paper will provide a balanced view by offering the elderly's points of view to the previous discussions, which have been primarily centered on the caregiver-son/daughter-in-law, and spouse.

II. THEORIZING CARE AND ELDERLY CARE

1. Western Discourse on Care and the Marginalization of Elderly Care

Tronto defines care as “a species activity that includes everything that we do to maintain, continue, and repair our ‘world,’” and the objects of care as “our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining we,” (Tronto 2006: 5). Care extends from certain groups of the population such as children, the elderly and disabled, to all activities necessary for the reproduction of human life in general. It also is a continuing process, physical as well as mental. It refers to both performance and disposition, and includes emotional elements such as attention, consideration, and intimacy as well as activities meeting basic human needs.

In Western discourses, care has been described as something romantic (Tronto 1993). It has been called “the labor of love” that reflects highly moral values, or an altruistic activity that places greater consideration on other beings than on the self (Kittay 1999; Ruddick 1991; Gillian 1982). On the other hand, care has also been conceptualized on the notion of duty and dedication, which implies a sense of burden. Care begins with an interest in others and embracing their needs. However, the other-directedness of the notion of care also involves power relations between the caregiver and receiver, creating domination over or dependency on others. To overcome the inherent contradictions of care and to make care interdependent for both parties, it is crucial to reflect upon the unequal power relations.

Care has been explained as a relationship that is either dyadic or individualistic. It has often been delineated as a relationship between two parties, the caregiver and the recipient. However, the social context surrounding the two has been insufficiently explored. In Western care discourses, the mother-child relationship in particular has been viewed as the quintessential model. In the works of theorists on care such as Held, Noddings, Kittay, and Gilligan, not to mention Tronto, childcare is at the center of caring practice although not overtly specified as such. Care is an activity of individual beings like the mother for the child in these models and motherhood is a relationship that women become involved in as a result of

their biological/social nature (Held 2006; Noddings 1984; Kittay 1999, 2002; Gilligan 1982).

Elderly care has been marginalized even among theories on care. Such a phenomenon in Western discourse could be due to the social background in which elderly care has long diverged from the responsibilities of the family. However, the development of care theories centered around childcare eventually resulted in the lack of discussion of an entirely different population, the elderly, and excluded their voices.

In Korea, where elderly care has just begun to be discussed, studies on the elderly as care recipients are rarely conducted. Normative and structural changes in the Korean family as a system of elderly care, the diminished willingness of family members to care, and the burden of caregivers have dominated most discussions (Lee, H. 2005; Kim, S. et al. 2004; Lee, J. and Han, G. 2000). With the exception of the elderly with dementia, who have been studied extensively, the fact that the experience and perception of the elderly themselves have not been dealt with is common. In the dichotomous relationship of the caregiver and recipient in elderly care, the aged have assumed the role of dependents unable to express themselves.

2. Social Norms and the Transformation in Elderly Care in Korea

Care is defined politically within the culture of each society. The notion and practice of elderly care are also formed within traditional, normative, conventional, legal and institutional frameworks. In the West, the general trend has been to reduce the burden of welfare costs under neoliberal economic policies as well as to expand community care services. Although such changes in public facilities, often called post-institutionalization, reflect the state's intention to avoid financial burden inherent in elderly welfare policies developed after the 1960s, they have been expanding under the ideological slogan of "choice" and "autonomy" (Park, K. 2009; Seok, J. 2006b).

In contrast, elderly care in Korea has traditionally been associated with the responsibility of the eldest son and his wife. The traditional explanation to the question of "who, how and why care for the elderly" in Korean society can be found in the ideology of filial piety. Filial piety, based on blood ties and biological reciprocity, provides the moral foundation for assigning the

eldest son and his wife the duty of caring for the parents. It is a tradition upon which related customs and social systems are organized. Norms and institutions founded upon the principle of familial continuity through blood had the function of distributing the “burden” of elderly care to social settings such as family, kin and local community.

However, as a result of the changes that have occurred in the familial structure and relationships in modern Korean society, filial piety no longer exerts any realistic influence. The term “care” implies a hierarchical relationship centered on children, which has replaced the term “serve,” which was formed with the notion of a parent-centered hierarchy (Park, K. 2007: 33). With the erosion of kinship and communal relationships, and with the expansion of the nuclear family, the social environment supporting elderly care was deconstructed so that the parents’ generation, without stable material resources such as land to pass on to the next generation, lost their rights to demand children’s service. In particular, the contradiction inherent in the ideology of filial piety- the paradoxical circumstance of women having to repay their parents by serving in the husband’s family according to agnate logics- has resulted in resistance and refusal from the female perspective.

As a result, the transformation of the family, which has also been “the process towards equal familial relationships’ (Park, K. 2007: 45), has separated the ideals of filial piety from its practical application. Filial piety gradually lost its power in reality and became a pure moral value and as it was more and more attacked, lost its influence on familial relationships. The willingness of families, specifically sons and daughters-in-law to support their parents has diminished. Thus, old age, a stage of life when one is dependent on others, has become a phase in life filled with “depression” if not a “nightmare,” an object of phobia, fear and refusal.¹

The Long-Term Elderly Care Insurance Act was propagated in this social context. It recognizes the state’s responsibility for providing care and the social rights of care recipients. These institutional changes provide an opportunity to alter the perception and practice of elderly care by reassigning

¹ A series of stories about a mother who is always mistreated by her son and has nowhere to go is so widespread that everyone has heard of it and it is enough to stir up fear in the elderly.

elderly care as the duty of the family to that of society. By exposing what has been limited to issues of investing economic resources and social impact, this study represents a step towards the defamilization of elderly care. How do the involved parties understand such institutional changes? This article examines the experiences of the elderly as care recipients and their views of public care.

3. Previous Studies on the Expansion of Elderly Care

It is difficult to generalize the changes in elderly care in Western societies as each society has had its own unique path. Overall, elderly care services were constructed within the frame of welfare policies called the welfare regime. In the 2000s, Britain switched from care policies centered around public facilities to the expansion of community care services. The change of direction in government policies in reducing welfare services is due to financial deficits and the emphasis placed on choice. Through the revision of care insurance, Japan is pursuing the balance between institutional care and community care services, which consequently promotes the quantitative expansion of the latter (Hiraoka 2006). Through the expansion of services, the Japanese government anticipates that norms regarding family care are changing since spouses are replacing the duties expected of daughters-in-law. For instance, according to the Report on National Basic Living (1998, 2004) conducted by the Ministry of Welfare and Labor, the son's spouse, who has always been ranked at the top, dropped below the "spouse" as the primary caregiver for the first time in 1998. In 2004, the "spouse" at 37.4% topped the daughter-in-law at 30.1% as the primary caregiver. The adoption of the care insurance system changed the social responsibilities of elderly care; whereas the duty of elderly care used to be assigned to daughters-in-law, society began to take the responsibility at that time.

Additionally, the elderly's access to care services became conceived as a social right. As a result, according to a survey on elderly care conducted by the parliament (2003), 10% of the respondents said they wanted to receive care only from their family, 40% wanted external help in addition to primary family care, and 30% wished for family care with mainly external help, which shows that the majority stated a preference for receiving external services. However, although community care services expanded with the revision of

care insurance, facility care underwent a relative decrease, which increased the applicants on the waiting list for facility care. Thus, it was evaluated that many of the dementia patients or the highly disabled, or low-income elderly who needed institutional care did not have access to facility care.

In Korea, before the enforcement of the Act on Long-Term Care Insurance for the Aged, elderly care services were commodified, recipients bore the brunt of the expenses, while institutional care was devised only for the low-income group. With article 38 in the Law of Elderly Welfare, the government adopted community care services in 1987 and eased the financial burden of facility care and the social stigma surrounding it; it also expanded payment services through which the elderly could receive community care services. However, a gap exists between the elderly, the recipients, and the family, the caregivers, in terms of the intention for using care services. Caregivers such as children or spouses have actively expressed the intention to make use of care services. The elderly, however, have been less receptive and have shown a less positive view of home care, not to mention facility care. However, family responsibility with regard to elderly care remains strong in Korean society, while family and kin play bigger roles than they do in caring for the disabled, children, or the unemployed (Yang, O. and Kim, H. 2001; Yang, O. 2002).

The gap between the felt needs and expressed needs, in other words, the distance between the felt needs and the expressed needs, can be explained in a few ways (Song, D. 2003: 110). First, on the normative level, the notion of elderly care is based on care by children because it is not easy to justify care by people other than family members. Second, as social welfare services for the elderly have focused on the low-income group or recipients of the Basic Livelihood Program, the services were only confined to involuntary usage and consequently had the possibility of social stigma. Lastly, because the role of the state has been meager, people who were not able to receive care from family tended to view elderly care as a self-responsibility rather than as a state-responsibility (Kim, C. and Rhee, K. 1999).

However, along with the improvement in education, the increase in female employment, and the decrease in the number of children, the idea that elderly care traditionally is a task requiring a larger societal-based resolution, is spreading. Song's research (2003) indicates that the highly educated tend to use community welfare services, and Kim and Rhee's (1999) study shows

a significant tie between education and defamilization as people with higher education prefer state-responsibility to self-responsibility.

The problem, though, is that these studies do not reflect the opinions of the elderly because they focus on the children's generation. It is crucial to pay attention to those issues of care important to the elderly and bring them out into the general discourse. It is necessary, therefore, to clearly identify what the elderly think of the defamilization of care and why they refuse to accept it.

III. RESEARCH METHOD AND PARTICIPANTS

1. Research Method

Although this study focuses on interviews with the elderly receiving care, the interview data on their caregivers was also collected. Perspectives from both parties are necessary since care is an interdependent act. Interviews were conducted in such a way that they directly convey and deliver the research participants' points of view. The interviews were devised in consideration of the qualitative research from the native's point of view. As the focus is on the experience of the elderly, the life histories of the elderly were collected, and with caregivers, supplementary sources were gathered in order to understand the narratives of the elderly more fully. The first round of interviews was conducted during May 2008 on home-based elderly, with additional data collected in interviews in May 2009 on the elderly in institutional care.

The interviews were conducted for about 1-3 hours at the participant's home or at facilities in which the elderly were residing. Those who had no difficulty speaking were asked for their life histories; more in-depth interviews had to be carried out for those with hearing problems or dementia. As residents of care facilities particularly had suffered psychologically, talking about themselves was not an easy process, and recording their life histories was highly challenging. For those who had no problem communicating but were physically unwell, in-depth interviews were also conducted. Interviews were conducted twice in general but limited to once in the cases of in-depth interviews due to the difficulty of those participants' responses. Instead,

supplementary interviews with caregivers were carried out to complement the contents. With the caregivers, 1 to 2 hour in-depth interviews were conducted with an emphasis on their experience of care giving.

The interviews were transcribed and a research team (of 10) held analysis and discussion sessions, which aimed primarily to obtain the reliability of the analysis through the interviews with the caregivers. Additionally, they made an effort to achieve the justification of the analyses through discussions. In terms of the construction of the text, the core sections of the interviews were represented as they were delivered by the interviewees since the emotions, self-justification and interpretation of the participants facilitated readers' understanding.

2. Research Participants

Of the care recipients participated in the research, 4 received home care services and 5 were residents in facilities. 8 were female and 1 male; it was difficult to find male participants in the process of selecting research participants. Among the home-based participants, one was living with a child, one was being cared for by a spouse, one was living partially with a child (child coming when necessary), and one was living alone. Among the facility residents, three were living in a group home and two in a large-scale nursing home. Suitable participants were introduced by the researchers' relatives and friends, and recommended by experts in the case of participants from group homes and large-scale institutions. The home-based elderly participants all lived in Seoul and were from the middle or lower class. Among the facility residents, the ones from group homes lived in medium-sized cities outside of Seoul and the ones in large-scale institutions lived in Seoul. The group home had the capacity of housing 9 people and at the time of the interview, 8 had been admitted; among them, 5 were under the National Basic Livelihood Security System while 3 were not. The large-scale nursing home had 245 long-term residents and 20 short-term ones, and only 4 were under the National Basic Livelihood Security System while the rest were not.

There were all together 8 caregivers, including a daughter, daughter-in-law, husband, director of a group home, nurse, social worker, and a care worker. Altogether there were 17 research participants.

Table 1. Research Participants

Name (Pseudo-nym)	Gender	Form of Residence (Period of Care)	Age	Primary Caregiver	Class	City of Residence	Illnesses	Long-Term Care Insurance
Yi So Jung	Female	Spouse (2 yrs)	78	Spouse (Husband)	Low-income	Seoul	Hearing impaired, mobility challenged	Not using
Yeo Jeong Soon	Female	Solitude (2 yrs)	87	Daughter-in-law	Low-income	Seoul	Mobility impaired after traffic accident	Not using
Yi Soon Young	Female	Solitude (2 yrs)	73	Daughter-in-law	Middle Class	Seoul	Geriatric illnesses	Not using
Kwon Young Kyung	Female	Adult Children (2 yrs)	74	Daughter	Middle Class	Seoul	Mobility impaired after spine surgery	Not using
Jung Young Hee	Female	Group Home (3 yrs)	77	Social Worker	Low-Income	Provincial City	Geriatric Illness, Asthma	Using
Choi Mi Kyung	Female	Group Home (2 yrs)	87	Social Worker	Low-Income	Provincial City	Geriatric Illness, Mobility impaired	Using
Shim Hye Sook	Female	Group Home (1 yr)	88	Nurse	Middle Class	Provincial City	Dementia Ill in bed	Using
Kim Ok Im	Female	Care Facility (3yrs)	78	Social Worker	Middle Class	Seoul	Stroke, Dementia	Using
Yi Jin Seob	Male	Care Facility (1 yr 6 months)	88	Care Worker	Low-Income	Seoul	Respiratory and Geriatric Diseases	Using

*Primary caregivers were interviewed in the research.

** Some interviewees were not using the services at the time of the interview but were using them later. These cases were not included in this paper.

IV. HOME-BASED ELDERLY'S EXPERIENCES OF CARE AND THEIR NOTION OF FAMILY

1. Experiences of Elderly Care in Three-Generation Families and the Notion of Family: Strategies for Care Within the Family

1) *Kwon, Young Kyung*

Of the four participants receiving community care services, one (Kwon) was cohabitating with a son and his wife, another (Yi) was living with a spouse, and two others (Yi and Yeo) were living alone.²

Kwon, now living with her second son, his wife, and their two sons, resides in a large-sized apartment in a typical middle-class residential area. When her son, an executive at a large company, and her daughter-in-law, a staff member of a university, go to work, she does the housework along with a housekeeper and takes care of her grandsons. She underwent back surgery last year and has difficulty moving, so her daughter often comes to help when she goes out and her eldest son lives nearby; she maintains frequent contact with all of her three children. Although she lost her husband in an accident in her late thirties and experienced hardships raising her children by herself, she considers her life successful since her two sons and son-in-law work as executives or managers in large corporations. Her two sons and daughter are pious and always say that their mom's cooking is the best.

According to Kwon, her children are her family and they are the most important part of her life. "Before my husband died in Vietnam in the war, we had been living happily together every day, but after his death, my life seemed clouded with darkness. Although my heavenly husband was gone, I had three children to take care of, and my eyes opened up wide and bright." She reminisced that her children gave her the motivation and desire to live.

² Among the participants, Yi So Jung lives with her husband. She relies entirely on her husband for she is hearing-impaired and suffers from geriatric diseases. They have two sons and a daughter but the sons are almost completely absent and only the daughter comes for a visit during the holidays. For that reason, intergenerational care seemed impossible for them and they were not prepared for the situation in which only one would remain.

“I had to be a father to them and I worked hard just to raise them well and make them successful; I had no time to think about whether it was night or day, and my children have given me so much joy, so I am only grateful.” She is enjoying the rest of her days, receiving compliments on her contribution to the success of her children. People are envious that she lives with her child.

While Kwon was one of the participants who held a family-centered way of thinking, she had a different idea about the matter of her own care. Family is still important but she thinks that families nowadays are distinguished from those of the past.

From my point of view, I should probably say that earlier generations had lived unsuccessful lives, devoting their lives to their parents-in-law and husband so that they lived their lives without thinking of themselves at all; but because of the social environment in Korea back then, it was customary for them to live that way. We, in our late sixties and seventies, went through all this over the years. We cared for our mother-in-law and father-in-law, and we respected them. Now we have to serve, in a negative way, our sons and daughters-in-law because we have to try to get along with them. Whether we live together with them or not, in the past, the elderly would have their way, commanding “come over here, sit or stand there, I want to eat this or that,” but now, we cannot do that. We respected our parents and the elderly but people in their thirties today or our children’s generation are not like that, living in the so-called global age; it does not suit them to blindly obey us because women and men are now almost equal. In the past, college graduates would marry girls with only high school diplomas. But now they have the same level of education and women are participating in the social sphere. Expecting children to serve you, you would still want that from your children like in the past but I don’t think it is the case anymore. You have to respect your children’s opinions and the way they think; I mean there is really a need for a shift in generations. When I have to make a decision, I struggle; but my daughter, daughters-in-law and sons come up with solutions right away, and I instantly feel safe, and that’s why I feel like we desperately need a generational shift. Young people in the future will have to develop themselves and improve their family lives and become the nation’s cornerstones. The elderly need to understand and consider that, and compromise a little, be grateful and try to get along with them well. We cannot live as we did in the past; this is the society that we are living in now. Advanced countries have long been living like this.

The narrative above includes the idea that intergenerational relationships have changed and their own generation cannot expect to be treated like the earlier one. And it contains the awareness that to live together, the elderly need to yield although it might be uncomfortable to do so. Terms such as “global age,” “generational shift,” “advanced countries,” “blind obedience,” and “yield” support her perception. Therefore, Kwon thinks that the age in which the elderly reigned over their children has long passed by, and that they need to go along with what their children want instead. Also, regarding daughters-in-law, she says that certain boundaries need to be respected and rules ought to be followed. She has been told that she is too flattering of her sons and daughters-in-law but “to live with her children, she tries not to hurt them emotionally and to be liked by them.”

One thing that will never change over time is her love for her children, but she is worried that she might be a burden to them. To live as part of the family, she tries hard to keep fit and look presentable and to live happily in order not to be burdensome. She also performs an active role by helping out with housework and the care of herself. She wants to confirm that she has the ability to provide care, and that she is a useful elderly person.

2. Care Experiences and the Notion of Family among the Solitary Elderly

1) Yi, Soon Young

Yi, living in a large-sized apartment in a middle-class neighborhood in the metropolitan area, lives near her second son of three, who visits and lives with her on a temporary basis. Her youngest son also occasionally comes and lives with her since his wife and child live outside of Seoul. Yi married her husband when they were students and because her husband was more interested in reading than making money, they both worked for twenty years and put a lot of effort into their children’s education and sent them all to private schools. Her life history, however, is filled with sorrow due to all the energy she invested in her children and their failure to meet the couple’s expectations. Except for the eldest who became a doctor, the two other sons, whom they sent abroad to study, did not work hard and still are unstable. She is comfortable with the inheritance her husband left her but she is worried

about her children. "My dream was to raise my kids, and I wanted them not to experience hardships like I did. So I supported them throughout their education but they were unable to find their paths in life and wasted their time on worthless lives and made me cry." However, she has found peace by becoming a Catholic 17 years ago, after losing her mother and husband within a period of a month, she even thought of committing suicide, but she could not hurt her children and gave up the thought of suicide and thought to herself, "I cannot even die at will."

Although she lived her life for her children, she thinks that she is alone now as an elderly person. She says, "I might be able to endure the loneliness quite successfully as I have been alone since childhood." She considers life lonely on account of a few incidents, one of which was her eldest son's marriage. Her son, who was in medical school, was her pride and joy. However, he announced his decision to marry at an early age.

I became a mother-in-law for the first time in my forties, and was the first to become one among my friends. My son made me a mother-in-law when I was 48. He and his wife met in school and they were determined to get married on their graduation day. I thought it was ridiculous, becoming a 48-year-old mother-in-law. I never thought that my son would get married at 26. However, they got married, and I did not know how to be a mother-in-law because I never had to deal with my mother-in-law, but I could only find faults in my daughter-in-law, although I used to like her when she was my son's girlfriend. Whatever she did, I did not approve. She had just finished school, and she did not know anything about maintaining a household. She had no idea what to do, and we struggled for about six months. When I described my situation to my friends, they would say, "You should be more understanding, because being a mother and a mother-in-law should not be so different." It was easier said than done since I never had a mother-in-law myself, but actually being one, I really could not understand why it was so difficult for me. I used to think to myself, "I will love my daughter-in-law as my own daughter since I do not have a daughter." But how selfish I was, not being able to feel that way about her. I cried and thought about my situation for over six months, and one day I decided to change my mind. I thought, "Ah! This is not the way to go about the problem. Peace in my family cannot be risked like this. She is part of my family now, and I need to understand her. I should understand everything about her." The word "understand" hit me at that moment. Ah! I did not know

the meaning of it until then, because I had always lived with my own family. It was difficult having a stranger in the family for the first time, you know. As a stranger coming to live with a new family, she must have gone through tough times herself. She came to the family with nothing but love for my son and I could not continue to treat her this way. I needed to help her feel comfortable. What she does might not please me, but I should understand and be able to accept her as part of my family.

She constantly agonizes as a 48-year-old woman who had never thought of her son's marriage, and was unprepared to take on the role of mother-in-law. It has been hard to suddenly accept a "stranger" into her family. She, therefore, makes an effort to "understand," which she had never had to experience with her own family. But her son's family has separated from her, and created a new family centered around the daughter-in-law, so she was left alone after a while. And she thinks that she does not belong to the new family.

My eldest son said, "Well, I will get straight to the point, and I will not talk about the process." But I said, "What is family? You are treating me like I am dead." It was as if he was talking to a corpse. I was furious that I was treated in such a way. It is really upsetting. They might as well bury me alive. I said to my son, "What is family? One can talk about anything, pour his heart out to family. How can you do this to me? You have treated me like I was dead; yes, I am dead. Do not come to see me or call me."

She thinks she has been alone since the death of her husband. She accepts the reality in which she has to distance herself from her children. "I have to give in as I get older now. Give everything up. Respect the children's opinions and go along with it. Do not be too nosy, and take a supporting role in the background, just like an observer." She moved her position to the margins of the family, outside the border. She, therefore, thinks that the state should be responsible for her life in old age. "I worked hard in my youth and paid my taxes, and I had children and educated them for this country. I could have just used or kept the money I made for myself, not spending it on my children's education. Money is the most significant element for the aged, for people who could not save up for their own future due to supporting their children, so they feel it is the government's responsibility to provide them with care in their old age.

2) *Yeo, Jeong Soon*

Yeo is a typical case of a single elderly in the low-income group. She lives alone in a small apartment in an area heavily populated with the elderly. Her daughter-in-law visits her once a week to help her with the cleaning and cooking. She had four sons but since her eldest son passed away, she has been living alone. She earned a living by running her own business but she has nothing left now after a bankruptcy and after supporting her children. One of her sons is retired from an executive position in large corporation and one is working for a small company after being laid off. Her existence is a burden to her sons and none of her three sons are willing to take her in. Her second son, who is relatively well off, is suffering from cancer, and he suggested she go to a nursing home, which she strongly opposed. She was petrified after taking a look at the nursing home when the residents told her, "Never come to this place." She strongly feels that she has been abandoned by her children.

She raised her children with love and thought that they would take care of her in her old age. She now realizes that this is not going to happen because her children are married and she has conflicts with her daughters-in-law. She could not prepare for her life after retirement. Now, after having raised her children and not having anything left, she feels that her life is wretched.

When you are still young, you think of your children, feed them, living and thinking that educating them should come first; but when you get old, you think more of yourself. When you are physically impaired, then, you start thinking of yourself. When you do not have anything, there's nothing more distressing than that. Getting an allowance from a daughter-in-law, to be honest, that is the worst thing, and I'd rather die. But it cannot be helped. That is a problem that comes with age. I should have planned for my later life but I could not because I had many children and I did not think of such matters.

That is why she thinks that the state should deal with elderly care. "Thinking hard, I feel the state might be better than our children. If we do not raise children and serve the state—that's the right thing to do, but then if you do not have kids, there's no country so we have to raise children." The tragic conclusion drawn by a mother, who ran a small business all her life and supported her children by even providing them with higher education

abroad, is the instability of her life. Living in a very small-sized apartment her children got for her and receiving 200,000 won per month for living expenses and 80,000 won in subsidies by the state as basic senior pension, she worries about not being able to pay the rent and envies people without children because the government supports them.

What life is, first and foremost, is the parents' responsibility to feed and raise their children, and when the parents are old and weak, the children should of course support them in return. The same goes for an older brother raising a younger one, parents and their children, or siblings; they ought to respect each other, not lose face, and not cross the line. To be frank, people without children do not go to nursing homes like this. The state sends them to nice places. It hurts to think of it but then, there are people who are in worse situations. But there's no one more miserable than me. These days, if you do not have children, the state takes care of everything, pays all the expenses, and provides an allowance just enough to get by on, and everything is free of charge. Because I have children, I get only 80,000 won. What are children for?

The exaggerated interpretation of the government's support for the elderly with no family might show the depth of despair she feels. In the current social circumstances where the basic rule of reciprocity between parents and children does not apply, she despairs, saying, "there's no one more miserable than me" and expects the government to do more. This could be a reality experienced by many elderly females at the bottom of the economic strata. Compared to elderly females with no education in rural communities who maintain the traditional conception of family care, as the one who went to school in Japan during the colonization period and ran a business in a large city, she has come to gain an insight into the socialization of care due to her situation.

The case studies of Yi and Yeo show that when the ideology of family based on generational exchange breaks down, the older generation has no choice but to find social means for care. The ideology of family is changing among the home-based elderly themselves. If elderly care is unavailable within the boundaries of family, alternatives should be found outside of it.

Changes in the experience and perception of home-based elderly care show that the agent providing care is moving from family to society. Elderly

care within family is still influential on a normative level but the notion that realistic means should be found beyond family is widely expanding. The duty of care is transferring to the sphere outside of family.

V. CARE EXPERIENCES AND THE NOTION OF FAMILY AMONG THE ELDERLY IN FACILITY CARE

1. Forced Placement in a Facility

While home-based elderly come from all social strata: middle class to low-income groups, and span over a wide range of disability level, the elderly in institutional care are severely disabled. They suffer from serious illnesses that have impaired their mobility or they suffer from dementia, which has affected their capacity to carry out everyday activities without a great amount of assistance. The elderly residing in high-end, costly nursing homes are from the middle class or the upper class, but most of the elderly living in facilities as well as their children have financial difficulties, come from the lower income-group or are recipients of the Basic Livelihood Security System.

The common features found among the participants were that they perceived their placement as involuntary, and at times, as even semi-forced. Except for Jung Young Hee, who was thrown out of the family on the grounds that she could not have children and had been living as a housekeeper since the age of thirty, all four had children. They all said that their institutionalization had been their children's doing and that their feelings of not wanting to be admitted had been ignored.³

³ The elderly in facility care were reluctant to talk about themselves and their family (children and daughters-in-law) in detail. They avoid the topic because they think that coming to live in a facility is not honorable and it means that their children are not fulfilling their duties. Their children have wronged them but they cannot let them be exposed to social criticism. This was confirmed by the social workers and therefore the descriptions of family members is often absent in these narratives. Moreover, many residents are in advanced stages of dementia or memory loss/deterioration, and are unable to be articulate their life histories. Their stories were filled with sadness, indignation and resignation and were told in fragmented words rather than complete

Kim Ok Im, who has been a resident for 3 years in a large-scale nursing home, is a model resident⁴ who wakes up at 3 am and prays at 4 am, starts her rounds, looking everywhere. Although she is paralyzed on her right side due to a stroke and she is also suffering from dementia, she remembers the day she moved into the nursing home. She said she was afraid that she was losing her other memories but at the beginning of the interview, she gave the exact date that she was admitted to the nursing home, even without being asked. It must be because it was a significant turning point in her life. She said, “I came only because my children brought me here.”

I only came because my children insisted, but I did not want this. My daughter-in-law works and there is no one to take care of me. I cannot even feed myself. When I first came here, I felt empty. I wanted to go home. They gave me food when I woke up. It was weird. My children did not come, fearing that I might want to go home. I said, “I want to go home” (Kim Ok Im).

Yi Jin Seop thinks that he is not supposed to be here.⁵ His daughters deceived him. He was living with his wife who had a stroke, when one day his daughters asked him to be hospitalized for something that he did not know anything about. He had respiratory problems, so he agreed to be hospitalized. After a few days, he was released from the hospital, but he was admitted to another hospital for about a month and was eventually moved to the current facility. He thinks that there is no reason for him to be in a nursing home, while there might be a reason for him to go to the hospital.

I was in the hospital and my daughter said I was going to another hospital so I believed her. I did not want to come live here. I was living my life, and maintaining a household. At first it was painful to think that my daughters

sentences.

⁴ Kim Ok Im is paralyzed on the right side from a stroke and has dementia. She got married in Moonkyung when she was twenty and lived on a farm; she lost her husband when she was young and lived with her son. She was placed in the facility three weeks after she had the stroke and it has been three years.

⁵ Yi's wife is alive and they used to live together, but after she had a stroke he was sent to the nursing home. He has two sons who are unmarried because they are mentally ill and three daughters, who took care of the parents.

had deceived me deliberately. I was furious. My children did not visit for a while because I threw tantrums and they were afraid I might scold them. I asked someone working here to call them and they came after two months. I could not help but tell them that it was good to see them even though I was still holding a grudge in my heart (Yi Jin Seop).

He reminisced about his process of becoming a resident at the facility; he mentioned feeling as if he had been “deceived” and feeling “furious” and he mentioned that he did not socialize with other residents. He thought of them as not worth hanging out with or talking with. Moreover, he found dementia patients annoying. He was at the facility to “be cured” but they could not take medication or be cured and were unable to communicate. He seemed to have trouble adjusting to communal living; for example, he had to endure those with dementia when they went through his desk drawers, although at first he did yell at them.

With the elderly living in group homes, the process was explained as involuntary, something that could not be helped, or a forced choice. Shim, whose dementia seemed to have progressed quite considerably, shed tears while saying, “I want to live at home just like before. It is so loud here living with everyone else. People pick on me.”⁶ While interviews with others were being conducted, she kept on eavesdropping on conversations taking place in another room, yelling and throwing fits, saying that others were talking about her. The director at the nursing home said that she suffered from paranoia.

Caregiver Park (1 year experience) commented on the negative perception of the facility, saying that the elderly all think that they have been “abandoned.” They even call it *goryeojang* which was an ancient burial practice of leaving old parents to die in the mountains. Due to the conservatism of the elderly, they fear changes in their surroundings and have difficulty adjusting to their new environment. As a result, they look for the doors during the first two weeks to a month so they can go home. The elderly with declining cognitive

⁶ Shim Hye Sook has dementia and has lost her mobility. She used to live with her son, daughter-in-law and grandson but came to live here as her illness worsened. Her son retired as a public servant, is now farming and comes to visit with her grandson. The social worker who cares for her says that although she meets with her family regularly, compared to other elderly, she complains a lot and often cries.

ability in particular retain such a negative perception of the facility. To them, that they have to share a residence with dementia patients triggered their fear of losing their memories, as well as suffering from dementia and living a life cut off from the rest of the world. The healthy elderly feel isolated and they feel rage about their situation, just like the ones with dementia who are locked up in their own world. This sort of phenomenon is more apparent in the middle class or in males, who think there is still the possibility of returning home.

2. Positive Evaluation of Care in Facilities

The elderly under facility care are skeptical of the situation that they are in. However, their evaluation of life in the facility is quite the opposite. The participants of both group homes and large-scale facilities say they are comfortable places to live in. Choi Mi Kyung, a resident of a group home, previously lived with her eldest son and his wife for 50 years but did not feel at home there at all.⁷ She would spend all day at a local center for senior citizens, she could no longer even open the refrigerator door. Kim Ok Im, residing in a nursing home, goes to her son's place every year for Chuseok, but unable to move, she only feels apologetic for being a burden. She even needs help going to the bathroom. The current facilities at the nursing home are spacious, convenient, the food is good, and the workers help her bathe. Her evaluation is that she is grateful for this life, which would not be possible at home. Yi Jin Seop also says that he receives much better care at the facility with a regular schedule. The living environment is sanitary and the food is

⁷ Choi Mi Kyung lived with her eldest son for 50 years but when her 71-year-old eldest daughter-in-law had a stroke and was not able to cook, she was sent to the facility. In her younger days, she had been married and lived on a farm but she lost her husband at the age of 52 and has been living alone since then. She has three grandsons and the eldest grandson lives in Seoul but it breaks her heart that her granddaughter-in-law is working as a maid. Another participant, Jung Young Hee, was born in Gangneung and was married at 21, but she divorced because she could not have children. She worked as a maid/nanny and when she became older, she came to live in a group home run by the church she was attending when she got older. Jung Young Hee also says that it is wrong for children not to take care of their parents, although she has to live in a facility because she doesn't have children and she thinks it is not a good life.

better than at home. Before, he used to do housework for his wife, who was recovering from a stroke, but now he does not have to perform any chores.

The two facilities seemed to be maintaining a clean environment and were providing nutritious meals. It was also confirmed in the caregiver survey in the facilities conducted in December 2008 that the staff also treated the elderly in a positive and friendly manner. In the survey taken with 104 dementia caretakers family, over 90% of them observed that the elderly were satisfied with the living environment and that the staff was nice.⁸

The group home is part of a Christian organization and is run by a director devoted to social work as well as a hard-working staff. The elderly spoke of the staff in both facilities as feeling “appreciative” towards them and that the staff “took better care of them than their own families.” In terms of basic living conditions, the elderly were provided with much more comfortable and pleasant living conditions than they had experienced while living with family.

3. Home and Family They Cannot Return to and Unjustifiable Life under Facility Care

Stories of life in the facilities have the same structure: involuntary placement, relatively comfortable living conditions, and the yearning to go back home or to family. They desire to return home or be with their own kin, no matter how comfortable life is in the facility. They told such stories with tears or sighs when the care worker or social worker temporarily left them during the interview.

According to the director of the group home or the social workers, elderly people usually do not talk about family because they are afraid that doing so might reflect badly on their children. This phenomenon is most apparent in large-scale institutions. Staff members do not know much about the residents’ children other than the facts recorded on official documents because the residents do not talk about family in detail. This, in turn, reveals the perception by the elderly generation that their living in such facilities reflects a lack of responsibility on their children’s part.

However, family is inevitably at the center of conversation in such

⁸ From a survey conducted at “S” Elderly Care Center.

situations where members have close everyday contact, living in a tightly-knit environment. Staff members try not to talk about family with the residents if possible, so as not to hurt them psychologically. Their attitude towards family is ambivalent. The director of the group home finds that people who speak about their family are more open-minded and happier, opening themselves up and talking about themselves. At the same time, they show degenerative behavior when their children's monthly visits are postponed. They seek attention and love from the staff, causing trouble with other residents and exhausting the staff. A nurse who has been working in the group home for about two months feels restless and exhausted whenever the elderly display such behavior, which demonstrates the depth and the importance of family to the elderly.

Although the elderly residents dream of returning home all the time, family is something that they can never return to. Choi Mi Kyung, a resident of the group home, calls her son about his not visiting her, only to be refused by her daughter-in-law, who tells her that he is sick. Before moving to the facility, she had lived with her eldest son and his wife for over 50 years before her daughter-in-law could no longer cook after suffering a stroke. So she knows that she cannot be taken care of even if she returns home. She possesses talent as a storyteller. In her life history, the recurrent episodes were about how she was constantly abused and alienated by her daughter-in-law. She vividly described the memories of little incidents such as when the daughter-in-law took the toffee sent especially for her from the granddaughter-in-law's family, giving her only a bowl of plain soup without any meat in it after feeding all the meat to her sons and grandsons at a party, and another day of her daughter-in-law throwing an apple at her. The stories represent situations in which she had to demean herself and appease her daughter-in-law, to whom she had passed on control of the household, as well as the scars she has had to suffer from such memories as a person approaching 90.

Kim Ok Im, the resident of a care facility, also cried out that she was "missing her flesh and blood" but that home was not a place that she could return to. Half of her body is paralyzed and she has to sit in her wheelchair all day. For her, home is a space that is not equipped to care for her and her disability, and her family is a group of people who do not understand her

situation. She is sure that, "It would be terrible, and they would just coop me up if I were home." There is no one to talk to or to look after her in her home. "Who would talk to an old granny? No one," she says. She adds, because she is unable to move and is gradually losing her memory, "My children and daughters-in-law cannot understand me. They would say, our mom's losing her memory, and she has dementia." Her assertion would not be an overstatement since she is experiencing an abrupt disconnection in her present life.

Why is it that life in a facility is not interpreted as a realistic alternative for the elderly, although they know that they cannot go back home and life here could be more comfortable? It is not merely a matter of individual psychological adjustment. They do not have the resources to explain their situation in a society where social representation of the elderly or public discourse about them does not exist. It is a society in which the experience of elderly care cannot be situated outside the family or home. The denial of the realities that the elderly experience comes from the fact that there are no normative grounds that are necessary for the justification and acceptance of such realities.

They are only pushed to deny their reality, with a lack of ideological and social imagination to frame and justify their life transitions in the most vulnerable moment of their lives. They had believed that they should live in their own homes, but now they lack conscious grounds to accept these changes. Such a situation can be described as a state of anomie in some ways. In a rapidly changing landscape of care, they are unable to find a normative framework to explain and understand their changes. The only ideological resources that they can refer to are traditional norms, which could only drive them deeper into a contradictory frame of mind. When they are unable to understand their situation of having to live in a facility other than home and of having to live with strangers rather than family, and are unable to explain it to others, the only thing that they could do was emphasize that their living situation was not their choice, although they believe there is no possible alternative.

VI. DISCUSSION: ELDERLY CARE AND FAMILISM IN KOREA

We have examined the familization and defamilization of elderly care through the life histories of elderly participants. The ideology and customs based on filial piety which allocate the duty of elderly care to the family have been diminished in the participants' children's generation. This change was apparent in interviews with workers in the business who stated that families perceive institutional care as their right after the implementation of the Long Term Care Insurance for the Aged.⁹ Moral guilt still remains but it will not affect the forthcoming changes to come. Both home-based and facility care have already crossed the familial border over to the realm of social responsibility.

What is at stake here is perceptions by the elderly who must spend their lives in such facilities. The elderly participants in this research do not seem to have the normative resources to actively embrace care services that are highly defamilizing. When care is rapidly transforming but the normative changes to ideologically frame and justify it are lagging, the elderly facing defamilization could be exposed to confusion. This is especially true for the elderly in welfare facilities, much than those in community care services,¹⁰ who even experience identity crises caused by feelings of abandonment.

Such perceptions of the elderly are based on traditional familism. Familism can be characterized as a principle through which people seek material and psychological resources for living in the family system and prioritize family more than any other social groups. Modern Korean familism is distinctive in that it was founded upon Confucian ideology through its traditional, modern, and postmodern social changes. In traditional society, the ideal family was an extended family but it was difficult to realize. Instead, the immediate family became the actual. It was considered abnormal when

⁹ Interview with Yi Eun Hee (pseudonym), the director of a group home

¹⁰ People prefer community care services on the grounds that they can still receive care from family. Still, in these cases, people find it hard to accept care from outsiders or have trouble with caregivers such as social workers.

the nuclear familial form was taken in everyday life, and efforts were made to maintain familial relationships amongst lineal family members (Choi, H. 2006: 316).

Traditional family norms in the Chosun dynasty were transformed through colonialization and modernization into a hybrid of multiple family norms (Jang, K. 2001). Confucian family norms, based on strong intergenerational care ethics, required considerable material and cultural foundations for their intellectual perpetuation as well as practical realization; however, group without access to these resources, the social group experienced a chronic gap between the ideal and reality. Therefore, in real life, ordinary people had to expand instrumental familism based on familial farming for survival, and the family functioned as the one and only universal social support mechanism. As modernization progressed, emotional familism in middle- class working families, individualism in nuclear family, and the democratization of gender relations have diffused. The nuclear family composition is no longer considered abnormal, and at the very least, it has come to be known as a real ideal.

The facts discovered through this research imply that general ideals, rather than practical ideals in family norms, could be transformed. In the 2000s, the rate of importance of immediate family dropped 5% below and the perception of familial norms is changing. The strongest remaining component amongst those norms was the responsibility of family in elderly care (Kim, Y. 1980; Kim, S. and Jung, W. 1995; Yang, O. 2002). Members of Korean society emphasize the state's responsibility in childcare, education, and health care, while they dominantly perceive elderly care to exist within the sphere of family. Compared with children and the disabled, the elderly are generally thought to be the subject of care by family and kin. Recently, however, it has become an area undergoing significant changes (Song, D. 2004; Lee, Y. and Lee, M. 2003; Yang, O. and Kim, H. 2001). Song's (2004) research on married women reveals that while family-centeredness still strongly persists, with regards to patriarchal perpetuity, respect for parents and socioeconomic kinship ties, they retained a reserved view. Familism based on patriarchal Confucian ideology is no longer accepted and the general ideals of elderly care by immediate family have attenuated.

Kim, H. and Namgung, M. (2009) study on elderly care within the son's

family shows that formal care norms and informal care rules coexist. Efforts to redefine care responsibility in accordance with the quality of family relations accumulated within the private family occur as opposed to the formal norm of placing the responsibility on family based on filial piety. The traditional moral standard of care duty is transforming to a subject of rational explication, which requires moral reasoning in various familial and personal strategies in reality. It is pointed out that traditional norms can be an obstacle to good care.

The perceptions of the elderly themselves are going through considerable changes as well. According to Rhee, K. et al. (2004) research, the elderly desire “independence.” Independence here refers to autonomy constructed around economic, physical, and spatial independence and is also linked to concepts of privacy, dignity, autonomy and freedom in depth. Independence refers to a life in which privacy is guaranteed, experience and life are respected, and so is the freedom to make decisions and to act upon them. The most significant concept related to independence is “privacy” and privacy for the elderly means not encountering interference by others in maintaining their own lifestyle. In this research, it was revealed that those who consider privacy more important desired psychological and spatially separation from their adult children. These studies show that the elderly themselves do not prefer traditional care unconditionally.

However, as this research reveals, the elderly are not in a situation to accept care outside of the family. Park states that the maintenance of self should be recognized in the elderly and the meaning of their experience should be newly interpreted and incorporated (Park, K. 2004: 106). Old age does not mean something entirely new and disconnecting; it is instead a product of the elderly’s sense of self that has developed throughout life, converging with their experience of later life and their interpretation of it. From this perspective, the experience of the elderly who have to move to a facility from their own place of residence, facing the end of life at that place, needs to be studied in depth.

In the same context, Gong (2009) discusses the culture of elderly care on the basis of Heideggerian ontology. Heidegger defines “*wohnen*”—to reside—as a way of living, taking care of oneself in one’s “*ort*,” a dwelling place. According to him, human beings create intimate relationships with

the surrounding world that is soaked with the familiarities of their lives and look after themselves by dwelling in themselves when approaching death.¹¹ Residing, especially in elderly life, refers to a way of life, sustaining oneself as well as maintaining one's relations with the surrounding world in a site that is filled with life's truthfulness (Gong, B. 2009: 78-81). To care for oneself in later life is to reside in the truthfulness of self, maintaining the self's bodily capacities in a familiar living space, and sharing intimate human relationships. Elderly care, in this sense, is to tend to the environment surrounding the body of the elderly for their well-being, to ensure they are well in the living space and share human love, and helping them prepare for death.

How could care outside the family be interpreted by the aged in Korea, where familial duty is deeply rooted and the notion of the relational self persists unlike in the West? Gong defines it as a "socially alienated life surrounded by unfamiliar experiences, losing one's own familiar place of residence" (Gong, B. 2009: 85). Moving into a facility is a movement towards a space outside of the family spatially and relationally, and it might be seen as an experience that threatens the way of life one has maintained until then. The threat to self-residence could pose a question for one's *raison d'être* because it represents a disconnection and discontinuity from one's previous life and self-definition.

However, the participants in this research show a new possibility, which is that the quality of care outside of the family is better despite that care outside the family might be viewed as abandonment. The task that needs undertaking is to provide a cultural framework and interpretive resources that can enable a positive acceptance present circumstances, which impels the elderly to leave their familiar environment and move on to an unfamiliar space. This requires a critical reflection on the culture and discourse related to elderly care in Korean society. The elderly are represented in the community, everyday life, and

¹¹ Heidegger saw care (*sorge, cura*) as a characteristic of human beings, mortals (*der sterbliche*) residing on land. Care refers to a form of life which lets you be in your essence, lets that be hidden in your essence, and to protect it from damage, in other words, to look out for, stay with, think and worry about the being entrusted to you. To care for others is a positive gesture that opens up possibilities of existence for them (Gong, B. 2009: 79).

the media as people who are cared for by family. Whether such pictures present happiness or unhappiness, communication or disconnection, the elderly are placed in the hands of someone else in the family to be looked after. It is mainly the family's role to take care of the elderly, although they occasionally receive help from care workers who can only temporarily and instrumentally replace family. To people who are used to such a picture, life in a facility is something beyond the boundaries of the imagination, especially for the elderly.

Efforts to shed light on care provided by those other than family are needed. It is necessary to present cases and stories of the elderly spending their later life in comfort, happily receiving care by others, whether community care services or facility care, in our everyday life and the media. We need to bring out the concept of "intimacy" locked up in family and explore ways to realize and test it in various spaces and relations. Not only the policies on care, but also the politics of discourse which could make people accept and recognize the defamilization of care on a social discursive level are needed.

This study collected data from a small number of participants through qualitative research methods such as life history and in-depth interview; it does not deal with all situations surrounding familial life or life in a facility. Its goal was to answer one of the following questions: What do the elderly think of the defamilization of elderly care, and what makes them resist it psychologically, if there is resistance? Admittedly, it was difficult to interview those suffering from serious illnesses and those who lost the capacity to communicate, which resulted in a partial analysis of their experience of care rather than their life histories. These are the limitations of this thesis. With the accumulation of further research and the collection of a variety of answers, it will be possible to achieve a more comprehensive understanding of the fragmented accounts of the experiences of elderly care.

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