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

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Abstract

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

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Chapter 1

Introduction

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

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

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

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

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

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

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

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

parent', the frequent flying visits to their families.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Chapter 2

Contextualisation of Research

Korea and New Zealand each have a unique history and culture. In Korea, as part of the Oriental world, a highly important value in life is contributing to the harmony and balance of groups over individual needs. In New Zealand, by contrast, discourses of individualism and individual freedom are more dominant. These discourses may be utilised in different ways by Korean migrant people when they come into the New Zealand context. In this section I discuss the cultural context of meanings: being a woman and being healthy, and what these things mean to Koreans in New Zealand. I look at what previous studies offer to the understanding of Korean migrants living in western countries. I start with the background meaning of what it is to be a good woman in Korea. The philosophical and historical background of this concept in Korea will be discussed and compared with those in the western world. Next I explain the traditional concepts of health in Korea and how new discourses from the western world relate to traditional Korean discourse. I then review previous studies on Asian migrants in western countries, which highlight existing insights into Korean mothers' subjective experiences on selves and health.

Womanhood in Korea

The philosophical background of Confucianism has played a significant role in

shaping the ideal of womanhood in Korea. The introduction of Confucianism into Korea can be traced back to the 12th Century BC. It was the dominant value system for the time of Joseon (14th C~20th C), the last dynasty of Korea (Kim, 2004). During the 500 years of Joseon Dynasty, Confucianism provided the framework for building social and political order in society (Kim, 2004). One of the main virtues in the Confucianism culture is being able to contribute to harmonious relationships within groups (Chen & Swartzman, 2001).

In Confucianism, the ideal world resides in a harmonious society, which can be achieved through a network of “massive and complicated role systems” (King & Bond, 1985, p. 30). Expected roles from social relationships in the network are crucial to an individual sense of self (Chen & Swartzman, 2001). The network is summarised in the five basic dyads: (1) parents and children, (2) sovereign and subject, (3) elder and younger brother, (4) husband and wife, and (5) friend and friend (King & Bond, 1985). Three of the five relationships are familial relationships. The importance of the family indicates that a person can hardly feel individual personhood outside of these relationships. In this sense, every family member carries the responsibility of reinforcing and contributing to the selfhoods of other family members.

‘Harmony’ is a powerful notion for shaping woman’s subjectivities. A woman can be a mother, a wife, a daughter, a sister and a daughter-in-law within her family. Harmonious relationships for the wider social group, then, are achieved through these positions. While husbands and children can contribute to

the harmony by playing their expected roles, such as building a successful career or showing good academic performance at school, wives and mothers are expected to contribute by caring and supporting their husbands or children (Yoon, 2003). Daughters and sisters often come second, after sons and brothers, in sharing resources in the family. Women are also involved in the kinship network, which is important to maintaining harmonious familial relationships in Confucianism culture (King & Bond, 1985). In the kinship network, the father-son relationship, and the hierarchic order of age among siblings, is also important for daughter-in-laws (Kim, 2004). The principle of filial piety is applied to the relationship between a woman and her husband's parents too (Kim, 2004). It is even more important for the wife of the first-born son, because the eldest son has the primary responsibility of taking care of his parents. When a married woman handles the relationship with the husbands' family well, it means she is a good woman, contributing to the happiness of the family (Yoon, 2003). While these responsibilities are justified by the value of maintaining harmonious family relationships, women may accept their roles with a sense of moral obligation. The notion of harmony has powerful influence over what Korean women consider moral behaviour, and has existed in Korean women's lives for a long time.

Being a good mother has been particularly important to shape the moral personhood of women in Korea. While fathers' jobs are conducted mostly outside the family, mothers are expected to be in charge of domestic business. It is not rare to see mothers making most of the decisions about child care in Korean families (Byeon, Back, & Kim, 2001). By doing this, woman can gain power in

the family as a decision maker. Motherhood therefore has contradictory aspects in Korean women's lives, as it imposes heavy responsibilities as care givers, on the one hand, and empowerment as authority figures in the family, on the other hand.

There are famous mothers in history of Korea and China, whose stories have been known as models of mothers and are still useful references for current motherhood issues. One is the mother of Han Seok-bong, the famous artist (1543-1605) of calligraphy in 16th century (Lee, 2005). She sent her little son to a remote place where he could better learn calligraphy. One day, he missed his mother too much and came back home. The mother, however, did not welcome her son. Instead, in the dark, the mother cut rice cakes, which was her job, and had the son write calligraphy letters on a piece of paper. When the mother lit the candles again, her rice cakes were cut nicely but her son's writing was badly drawn. She then returned her son to his school.

Another example is Maeng-ja's mother (Kim, 2006). Maeng-ja (c. 376-289 BC) is still considered one of the most important Confucian philosophers in China. When he was a little child, his family lived by a market where Maeng-ja soon started copying the sellers' language. His mother did not like it, and moved them to a quieter place near cemetery. This time, her son started singing after the funeral rituals, so she moved again. They settled close to nearby schools and became happy with what her son was learning there.

In both cases, the mothers are determined, confident and active decision

makers while the stories say nothing of the husbands' role. These stories give an idea of the influence of Confucianism on motherhood in Korea. Being a good mother relates closely to responsibility for the children's education, for being a good role-model and for making good decisions for children. Although there have been many changes in the Korean society, these stories are still frequently referred to. The messages reproduce and continue to shape the Korean concept of morality in motherhood.

Modern Korean families have also experienced substantial change, including increased participation of women in society. This partly corresponds with the economic and social reconstruction of Korean society (Byeon et al., 2001). Modern families compromise traditional family values, so that they can function as a more effective unit by adjusting to rapid economical and social change in Korea. Koreans have started to have only one or two children. Women's status seems better recognised, as reflected by an increase in their vocational participation and educational levels. However, the changes in women's status in the family are not as positive as the statistics might first suggest. In a study of the changes in modern Korean families, Byeon et al. (2001) interviewed 65 married women in Korea and found that although many of them (70%) have their own careers, they often suffered from increased pressure both at work and at home while still struggling in the position of daughter-in-law in their husbands' families. Having their own career was described not only as a means to value themselves but also a way to escape from the distressing obligations in the family (Byeon et al., 2001). Those women live with tension between the moral obligation to

maintain harmonious family relationships and the discourse of individual freedom which legitimises their social activities.

Korean goose mothers in New Zealand live in a world where the discourses of individualism are more dominant than in Korea. The notions of individuality, freedom and independence dominate western society and affect an individual's experienced subjectivity. This individualistic discourse is frequently referred to in all aspects of western life and permeates into the way of living, where an individual's own decisions and interests come first over and above those of groups (Dalton, Elis, & Wandersman, 2001). The ideal of a being a "good woman" is also substantially driven by popular discourses in western society, and may not be valued in the same way or to the same degree as in Korean society. For example, from a Korean perspective, women who speak out their opinion are often seen as problematic, threatening to jeopardise the harmony of family or community relationships. In contrast, from a New Zealand perspective, a Korean woman's effort to be invisible within a group is often seen as negatively passive.

The discourse of individualism has become more familiar to Korean people recently and is increasingly used to reformulate subjectivities, especially in new and foreign contexts. With increased involvement and contact with western culture, the idea of being a good woman, justified by the traditional Confucian value of harmony, becomes a traditional ideal that is not reinforced by wider society. Korean goose mothers' lives in New Zealand can be understood by exploring the relationship between various discourses available to them and the

way these Korean women experience themselves in their new context.

Health in Korea

In Korean culture, health is based on the understanding of the human being as part of others (Lee, 1983). The condition of being healthy is indicated by the balanced manner in which people locate their social being in their environment (Lee, 1983). The Korean traditional approach to health, broadly speaking, can be explained in two ways. Firstly, a person has four constituent elements: ‘sin (신)’ (functioning), ‘ki (기)’ (energy), ‘hyeol (혈)’ (fluid) and ‘jeong (정)’ (material/physical)² (Noh, 2000). The first two are intangible while the last two are observable. When a person is healthy, he or she is supposed to have a good combination of these elements so that energy, or ‘ki’, flows well throughout the person and the environment. Illnesses result from a break down in harmonious relations between elements and disturbances to the flow of ki. (Noh, 2000). Secondly, health is also considered as a balance between ‘eum (음)’ and ‘yang (양)’ (Jovchelovitch & Gervais, 1999). ‘Eum’ refers to the earth, darkness and wetness and holds a female association. ‘Yang’ refers to the sky, brightness, warmth, fire and the like and holds a male association (Noh, 2000). While eum and yang connote negatives and positives respectively, neither is necessarily interpreted as absolute badness or goodness. Rather they are in a complementary opposition, crucial to engender one another and always in interaction with one another (Noh, 2000). Health is understood as the balance of these two forces, while illness is seen as a failing in the balance of forces (Chen & Swartzman, 2001).

² It is hard to find English equivalent for the Korean concepts for sin, ki, hyeol, and jeong. So the words in the brackets are chosen as synonymous rather than equivalents.

It is important to note that this dynamic relationship of eum and yang is the key to not only health, but also to every relationship and all existences in the universe (Jovchelovitch & Gervais, 1999). In the philosophy of Taoism the idea of balance encompasses the relationship of the individual to the entire universe, and does not focus on the human body as a separate total. Taoism emphasises that human beings should not be prominent in their nature, because being passive and peaceful in their nature is good for the health (Chen & Swartzman, 2001). In this philosophy all parts of nature such as the weather, the soil, the air and even the physical locations of residence are taken into account in the maintenance of wellbeing. While Taoism sheds light on the relationship between human beings and nature, Confucianism emphasises the harmony between individuals and society (Lee, 2000). In Confucianism, it is the interrelationships and functional dynamics in groups that are important for maintaining wellbeing (Lee, 2000). In other words, achieving group goals is important for staying healthy even if it means sacrificing personal goals (Chen & Swartzman, 2001). Balance and harmony, therefore, underpin all relationships between individuals in groups as well as between individuals and the natural environment.

Traditional Korean understandings of health place emphasis on relationships to others. Women are expected to function well in groups, and women's status is explained by the nature of 'eum' in opposition to men as 'yang' (Heo, 2000). For example, it is commonly held in Korean culture that 'women's power should not be stronger than men' or 'women's voices should be smaller than men's'. In addition, women's health is often only referred to in terms of their

reproductive and relationship roles in the family. Maintaining a functioning body so to better support family members is the key to a woman's 'good health'. Health is therefore something considered in relation to other family members, and derives its meaning for Korean women from social roles and relationship responsibilities.

In western society, the biomedical model has dominated views of health and illness (Lyons & Chamberlain, 2006). The philosophical background of the biomedical model can be found in the position of dualism proposed by Plato, the ancient Greek philosopher. Dualism is the philosophical view that the body and the mind are separate entities. This duality has further developed throughout western history. In particular, the Renaissance philosopher Descartes asserted that the mind and the body were completely separate things but that they interact with each other. Since that time, the division between humanity and science has become clearer in the academic field. The latter grows fast, building up the biomedical model of health. In this biomedical model, illness is brought about by specific disturbances in physiological processes (Lyons & Chamberlain, 2006). All diseases have biological causes, which can be objectively identified in physical components of the body (Hardey, 1998). However, the criticism of this model has been that it does not take behavioural, social and psychological factors into account (Lyons & Chamberlain, 2006). More importantly, this view assumes that the body can be defined with objective scientific knowledge, and that it can be, or should be, controlled by this knowledge (Hardey, 1998; Lupton, 1994). The requirement for objectivity in the biomedical model of health has been criticised as problematic, because the ideal of health was standardised by one particular

cultural group, white males, whereby women and minority ethnic groups were relationally positioned as less favourable and subject to institutional surveillance (Heo, 2000; Kugelman, 2003).

Health concerns in contemporary society have gone further from institutional settings to include other aspects of people's everyday life. While the notion of controlling the body remains strong, contemporary health discourses focus on individual, rather than institutional, responsibility to control the body (Crawford, 2006). This is partly due to the increase of chronic diseases such as cancer and heart disease in modern society (Stam, 2004). Chronic diseases that result from lifestyle, such as smoking, poor diet and lack of physical exercise, are seen as more likely to be in the control of individuals than institutions. This is heightened by the common discourse of individualism, whereby individuals take responsibility for their own needs. People then follow biomedical instructions about what to do and what not to (Kugelman, 2003). Kugelman (2003) notes that this trend has a particular impact on what is understood as health in modern society: When people are ill, it may be seen as the outcome of deviating from the standard medical order. In this sense health and illness in contemporary society become moral experiences of the individual. An example of this is health promotion campaigns that give medical instructions and emphasise individual responsibility to comply with them (Crawford, 2006; Kugelman, 2003; Lupton, 1994).

In modern Korean society the biomedical model has gained popularity

since the 19th century. The first western medical institution was set up in 1885 by Gojong, the last emperor of Korea's last Dynasty (Joseon). An American missionary, H. A. Allen, was appointed as a president of the institution. This institution is now one of the most influential universities in Korea, with its famous medical school producing many scholars, practitioners and publications. After the establishment of this school, the number of medical schools increased rapidly. Western medical schools and hospitals today far outnumber traditional ones. The scientific medical model has come into Korea along with other western knowledge, quickly permeating into Korean people's everyday lives. The status given to medical knowledge has been an important factor in developing a sense of superiority of western science over traditional Korean methods.

While the biomedical model is dominant at the institutional level, Jovchelovitch and Gervais (1999) note that a substantial amount of health-related decisions are based on lay health beliefs, outside of the formal institutional setting. This is the case in modern Korean society, where traditional understandings of health and illness remain strongly within people's everyday health practices. For example, although Korean mothers usually give birth in conventional western hospitals, maternal care during pregnancy follows very traditional ways. While the biomedical approach treats pregnant women as 'patients to be treated', the traditional model focuses on the roles of supportive familial environments and relationships. It is important to note that, while it is embedded into Korean people's everyday life, the traditional Korean approach also exists as a legitimate formal health service in Korea (Cho, 2000). The Korean traditional health services are called 'hanbang'. There are training institutions for hanbang practitioners and

they have a professional body. For this reason, the ways of discussing formal and informal health settings in the western world are not applicable in Korea.

The biomedical model, with its notion of individual responsibility, incorporates with traditional Korean health understandings to constitute womanhood. For example, while the biomedical model accounts for breast feeding, it is presented as a matter of individual choice: Choosing or not choosing breast feeding becomes a matter of moral choice (Wall, 2001). Furthermore, the biomedical model essentialises women's psychological and physical nature as nurturing, which legitimises the woman's role as the carer in the family (Gilligan, 1990). These examples of western discourse around health and women reinforce the traditional roles of women in the Korean family. Traditional notions of motherhood, for example high devotion to children and familial harmony, are further emphasised by biomedical justifications that provide certain roles and positions for women in the family and in wider society. As Lupton (1994) asserts, women shape and experience their subjectivities by drawing on historically and culturally constructed notions that are available to them in the current context.

Both the western biomedical model and the traditional Korean way provide Korean people with resources to make sense of their health. Neither the biomedical nor the traditional models exist as an absolutely true system that Koreans have relied on to the exclusion of the other. Modern Koreans access both of them when formulating their subjectivities. Korean mothers in New Zealand, also, face different ways of understanding health and must negotiate systems that

are linked with accepted ways of doing motherhood, and of living as Koreans in this new context.

Being women and experiencing health in western countries

There are a limited number of studies that provide information about Korean goose mothers' lives. Koo (2004) reported that Korean migrants who had recently moved into New Zealand tended to identify their current state of life as temporary. Particularly, Korean goose mothers reported instability in their lives and isolation from mainstream society (Lee, 2002; Koo, 2004). Lee's study (2002) shows that mothers feel disabled because of unfamiliar settings, and experience cultural shocks such as different notions of marriage in New Zealand than in Korea. They also have difficulties with their children, because their parenting styles often do not match with their children's developing and different expectations of the parental relationship (Aye, 2004). Indeed, an Asian mental health report in New Zealand notes that Asian migrant women are likely to experience the immigration process differently than Asian migrant men and European migrants (Ho et al., 2002). The authors identify the common difficulties experienced by those women as language barriers, lack of support due to small sizes of ethnic communities and the burdens of learning new skills for housekeeping and child care in the new culture. Facing those difficulties, women accept a lower level of life satisfaction and show vulnerability to mental health problems while being less likely to get help from mainstream health services (Ho et al., 2002; Scragg & Maitra, 2005).

To explain migrants' health experiences, a great number of studies

highlight the relationship between the level of 'acculturation' and various barometers of well-being. According to Berry, Kim, Minde, and Mok (1987), acculturation refers to changes in behaviour, attitudes, values and identities that occur as individuals' react and adapt to a new cultural context. Berry and Sam (1996) propose that the optimal acculturative strategy for migrants' successful adjustment is active engagement with the host culture, while valuing and maintaining their attachment to their home culture. This strategy is referred to commonly as integration rather than less adaptive and negative terms like assimilation, separation and marginalisation. Studies based on this acculturation theory have been quite successful in preparing for Asian migrants' well being and social adaptation in western countries (Berry, 1997; Ward & Rana-deuba, 1999; Ward, 2006; Yeh, 2003) including New Zealand (Aye, 2004; Eyou, Adair & Dixon, 2000).

There has, however, been some criticism of the acculturation theory. For example, Hunt, Schneider, and Comer (2004) criticise the assumption that there are two distinct cultures within persons and that measuring the separate aspects of each is possible. Hermans and Kempen (1998) argue that migrants' lives are more complicated than any linear process from culture 'A' to culture 'B'. Bhatia (2002) elaborates on this complexity by highlighting that, at any given moment, people are not entirely free from the influences of race, gender and power in choosing their acculturative strategy. These criticisms of the acculturation theory are a critique of essentialism in which the existence of core properties within individuals is assumed. Also, acculturation theory seeks underlying psychological

processes that are taken as common for all migrants, ignoring people's complex engagements within their contexts.

Consideration of these issues is important in exploring non-European migrant women's lives in western countries. Burman (2005) asserts that, by essentialising and emphasising cultural difference, the significance of integrating gender and culture is undermined. Particularly, women from non-European cultures are not well understood by policy makers who overemphasise cultural differences (Burman, 2005). Mahalingam and Leu (2005) suggest that Asian migrants in western countries experience asymmetrical relationships, for example between women and men, and in relation to mainstream society. They emphasise that migrant women's subjective experience is shaped through these intertwining relationships. This perspective leads us to consider Korean women's lives in New Zealand as reconstructed by and experienced through their multiple relationships in their new context.

Another issue for Asian migrants' health in western countries is underutilisation of mainstream health services and frequent use of traditional health services. The Asian Health Survey in New Zealand (Scragg & Maitra, 2005) shows that Asian migrants are less likely to access health services when they are ill, compared to New Zealanders. Accessing health services for preventative measures is also underutilised. For example, Asian women have not had mammography or cervical screenings in the last three years to the same degree as New Zealand women. Several reasons are suggested for this, such as the

different understanding of health between western practitioners and Asian migrants (Mulatu & Berry, 2001) and unfamiliarity to health service settings (Scragg & Maitra, 2005). Furthermore, even if Asian migrants do make first visits, they are more likely to drop contact before completing a series of treatments (Ho et al., 2002). The western medical practitioner's way of communicating with and advising clients is not only often unfamiliar to Asian service users, but is also easily interpreted as rude or racist (Canadian Task Force, cited in Ho et al., 2002). These factors all contribute to a situation where Asian health service users feel inadequate and marginalized in medical settings. In this sense, not using mainstream service is a way of resisting the unsatisfactory subjectivities created by using mainstream services (Chen, 2006).

In contrast, the use of traditional health services may mean that migrants do not face such marginalisation. Indeed, many migrants access both, mainstream services as well as their traditional health care services (Wong et al., 1998; Han, 2000). Existing studies show that Asian migrants who use both kinds of services believe that traditional health care is good for prevention of chronic illness, while the western approach is more effective for treating acute diseases (Ma, 1999; Han, 2000). It seems that exercising the choice to access any health care services also expresses how people interpret signs of their bodies. However, it does not mean that people choose health services on the basis of rational decisions that result from health information. If that is the case, then people's health behaviours would consistently reflect the desired behaviours given by public health information. However, people's accounts for their health-related behaviours change all the time

and are often contradictory (Radley, 1994). This inconsistency is related with the diverse ways of interpreting health in the context where their sense of being healthy forms through (Jovchelovitch & Gervais, 1999; Willig, 2000). For example, Han's study (2000) shows that Korean migrant men in Australia expressed uncertainty about using Korean traditional medicine, drawing on its insufficient scientific evidence as reason for this. However, many of these men used traditional medicine as a way of strengthening their ki, which they consider as necessary to the hard work required of them in their new environment. In this context, these Korean migrant men's interpretations of the body, and the ways of treating it, relate closely to their subjectivities, such as being the head of household and being a member of a minority group.

Willig (2000) has suggested that people's social practice is closely linked to discourses and to ways of constructing subjectivities. In other words, subjectivity is not something to be defined within a person's mind, but is formed through people's interaction drawing on discourses in their context. The previous studies on Asian migrants discussed above indicate that the migrants' lives cannot be portrayed simply by identifying distinct cultures at work within the individual. Rather, they negotiate various positions offered through various discourses within their current context. For example, health experiences are bound up with broader areas of migrants' lives, such as what is to be a responsible man or woman, what is to be a successful migrant or not and so on. These subjectivities are constituted through discourses related with ethnicity as well as gender that are given in their cultural context. In this sense looking at the multiple relationships of gender and

ethnicity, as well as other power structures, would be useful in further highlighting how migrant women are provided with discourses for taking up multiple subjectivities (Hermans & Kempen, 1998; Mehta & Bondi, 1999). Korean women's lives, including their health practices, can be better understood by exploring how their subjectivities are shaped through available discourses in their lives and the current context of their living. Such an approach will also help further develop understanding about the relationships between subjectivity, discourse and health practice.

Research questions

In this study, my interest firstly focuses on the way that Korean mothers formulate themselves in this country. As discussed, migrant women seem to have unique circumstances where they have to make new meanings from traditional cultural norms, as well as from the culture they are currently encountering. Korean women have rather different stories from even other migrant women. For example, they have a new family structure, where family members that aren't children remain in Korea. They also carry other aspects of life that distinguish them from other mothers and determine their subjectivities. My first question is: How are Korean mothers' subjectivities described and constructed in their culturally and physically new context?

The next question relates to Korean mothers' health experiences in New Zealand. While there is insufficient data on Korean women's health issues in New Zealand, I assume that their health experience is culturally and historically

specific. Therefore I look closely at how they understand their bodies and health behaviours in this modern New Zealand. My second question is: How do Korean goose mothers understand and take care of their health in New Zealand?

Previous studies indicate that the way migrants understand and practice health can be better understood by how they see themselves, e.g., being a member of minority group, being a woman, being a mother and so on. This research explores this understanding in terms of what being healthy or ill means for subjectivities. Thus, my third question is: How are Korean goose mothers' health experiences linked with ways of experiencing their subjectivities in New Zealand?

Chapter 3

Methods

This research explores Korean goose mothers' subjectivities and health experiences in New Zealand. In this section, I explain the research process used to do this. Firstly I introduce the participants of this research, and then follow with the procedure used for collecting data. I then discuss and consider the ethical issues of this research. The analytical steps used to interpret the meanings of the data in this study are also described.

Participants

The women in this study are all Korean mothers living in New Zealand with their children, apart from their husbands in what is considered a temporary separation. I have excluded cases of single parenting caused by divorce or partner's death, because I consider those mothers' experiences would have different family dynamics and stories underpinning them. All the participants have children with them in New Zealand and husbands in Korea. These were the basic criteria used to select participants, termed 'goose mothers' by lay people in Korea.

I did not set an age criterion, but only included women with children under their direct care. All participants were aged between their mid 30's to their late 40's with, one to three children under 16 years old. They all received financial

support from their husbands for living and for children's study, and were not working to make their own living. One participant, however, had a part-time job in order to increase financial stability as well as to have social contacts. All the participants except one lived with their children only, rather than with other relatives, friends or flatmates. The exception had a relative from Korea, with a child, living with her.

As my interest is in people's general health experiences in everyday life, rather than any specific morbidity, participants were not taken from groups in clinical settings. In addition, there was the added ethical consideration to not include people who may not have dealt with any potential psychological or physical impacts from participating in the research. This will be discussed further in my consideration of the ethical issues further on.

I also considered the length of time that participants have stayed in New Zealand. To include people with sufficient experience for this study, I set the criterion of having lived in New Zealand for at least one year. As I am interested in the mothers' experiences in encountering a new culture, I set the upper limit of time spent in New Zealand at five years. This is to try and minimise the effect of long-term residency in New Zealand, whereby lifestyle might have been more influenced by the foreign country which would confuse the aim of this study. Five participants had lived in the country between one and two years, one was a resident for two to three years, one was between three to four years, and the other one had been here more than four years but less than five years at the time of the

interviews.

The ten women in this study lived in the Auckland region or nearby. Although there are no precise numbers regarded as ideal for qualitative research, I decided on this number in order to obtain sufficient data to locate the themes emerging out of the participants' talk. I was aware of the possibility that migrants in different regions in New Zealand could have very different circumstances. For example Koreans in Auckland, where almost 80 % of Korean migrants live, have more access to culturally familiar services and to aspects of Korean community than other Koreans. I have therefore only included Korean mothers in Auckland, focusing on their lives rather than introduce differences between regional factors. Except for one person in Orewa, which is still within one hour driving distance from Auckland, four lived on the North Shore, three in central Auckland, and two in Howick, the eastern part of Auckland. All participants were within an easily accessible range of Korean communities such as churches and Korean language schools, as well as Korean traditional medical services like hanbang practitioners. The sub-areas where participants reside still have differences between them. Especially, I found that participants on North Shore were less constrained by the number of options for traditional health services. However, this problem might not be too critical in this study because my analysis was focused on interpreting their way of constructing themselves in relation to health services rather than on presenting immediate reasons for their health care choices.

Procedure

I recruited participants through Korean language schools and the Asian Health Support Centre of Waitemata District Health Board (WDHB) in Auckland. Firstly I contacted representatives of the mothers' support groups at two branches of the Auckland Korean Language School in different areas. These schools open every Saturday, to teach the Korean language to Korean children. I visited each school once and introduced my study to the representatives of the school and to parents waiting for their children to finish at school. I was introduced to some mothers and then arranged interview times with those that were interested in participating. Another method of recruitment was through the Asian Health Support Centre of WDHB. I contacted the Centre and explained my study and participant criteria. Then a worker of the Centre contacted several people and introduced me to some mothers who showed interest. Through phone contacts, I arranged interview schedules for those who wanted to talk. Finally, some participants contacted me expressing interest, the result of a 'snowball' effect starting from earlier participants through schools and the Asian Health Support Centre. All participants were given the information sheet (see Appendix I) before making the final decision to participate.

The data collection was conducted through semi-structured individual interviews. I decided to do interviews as they have been recognised as a powerful means to capture the issues that are most relevant and close to participants' lives (Burgess, 1993). I chose the semi-structured interview method in order to include the topics of the research in participants' conversations, while allowing enough flexibility to adjust to each participant's own story. I made a list of questions (see

Appendix IV) based on the topics surrounding their current lives and health while staying in New Zealand. I explained the nature of the questions to the participants, to give them a basic idea of how the interviews would proceed. However, I asked them which would be more comfortable, giving answers to my questions or talking freely after listening to the questions. All of participants expressed a preference for talking after each question. Apart from the prepared questions, I also asked additional questions to draw out discussion of each participant's unique experiences.

Eight of the ten interviews were conducted in participants' houses, and the others were conducted in a café or in one of the schools. When it was at the participant's house, the interview was conducted in a separate room especially if there were others, like children or friends, present. This was because the interviews may include private stories and because talking in this way requires concentration. In most cases we had already arranged a suitable time, so as not to be disturbed by children or other visitors. One mother arranged a caregiver, her friend, for her children for the duration of the interview.

The whole data collection took seven months, between June and December 2006. During this time I completed ten interviews, transcribing them and interpreting them into English. Each interview took between 40 minutes and 1 hour. The interviews were recorded using a digital recorder and then saved on my computer. I transcribed them in Korean and interpreted into English only the parts that I decided to cite in my writing. As English is my second language, I found it

more effective to look through the transcription in Korean to make better sense of the meanings. Thus, interpreting the whole transcription into English seemed unnecessary for the purposes of this research.

Ethical considerations

This research was considered as low risk to the participants and the researcher. The proposed research underwent peer review and did not require ethical approval by Massey University Human Ethics Committee (see Appendix I). The participants were fully informed about the researcher, the purpose, the way of participants' involvement and the use of the research before they made the decision to participate in the research (see Appendix I). Their personal details remained confidential as a condition of participation, and participants remain anonymous in the final report of the research. After collection, the body of data was computerised, then stored in a secure environment in the Psychology Department of Massey University. I also assured the participants that the data provided by them would only be for the purposes of this research, but told them that the research findings may be published and disseminated to health practitioners or scholars. Before the interview I gave the participants a list of health practitioners that they could access in case they experienced any distress triggered by participating in the research (see Appendix III). I also advised participants that they could withdraw from the research at any time during the process. In addition, because the researcher holds the same cultural background and gender as the participants, external advice to ensure culturally safe procedures is considered unnecessary in this case, but a requirement of this is that the

researcher not go beyond the professional relationship after the interview. All participants received the researcher's contact details, but did not make further contact (see Appendix I). Each participant gave their fully informed consent before the interview started (see Appendix II).

Analysis procedure

Analysis of the data is based around interpreting data in terms of how participants formulate and experience their subjectivities through various discourses. This analytical approach is influenced by the Foucauldian version of discourse analysis, which proposes the importance of relationships between discourses and power in shaping subjectivity (Willig, 2001). However, my analytical focus is more on the way of formulating subjectivity in a new context rather than identifying or elaborating certain discourses. The two stages of my analysis process are described below.

Firstly I divided the raw data into two parts, according to the two main topics: What it is to be a goose mother and how these goose mothers experience health in New Zealand. At first this seemed a relatively simple process, as each interview was roughly structured by these two parts. However, the difficulties of this topic division soon became apparent. For example, when participants talked about health, they are also referring to their mothering and satisfaction or dissatisfaction in their current lives. It happened that reverse is true as well. However, I decided to stick with the two categorisations and to explore each topic in depth and the relationship between them later. Therefore, the analysis

comprises of two sections: (1) life as a Korean goose mother and (2) experiencing health in New Zealand. Although each section overlaps, the first section covers more about the experience of being a Korean goose mother. The second section discusses the remaining two research questions, goose mothers' health experience, and the relationship between understanding health and constructing subjectivity.

Secondly, I identified subjective positions shaped through the talk. I went through two steps of identifying subjectivities. One was clear and obvious, involving subjectivities such as being a good mother and being a foreigner. The other was subtle, but critical in constituting subjectivities, such as being inadequate or confident as mothers and being marginalised or privileged as migrants. Both these steps involved a process of looking for exact words in the transcription such as mother, women, Korean, goose mother, healthy or ill. They also involved looking for instances where, although the participants did not say these exact words, certain subjectivities were semantically achieved through using other words to describe them. These were examined to determine the more subtle instances of subjectivity. My cultural background allowed me to understand the Korean women's indirect ways of talking about certain objects or topics.

This stage, exploring the construction of subjectivity, involves looking into the discourses drawn on by participants. For example, when they constructed themselves as being strong mothers, traditional Korean notions of the devoted mother as well as the western discourse of individual responsibility for health were drawn on. I also explored the way in which new subjectivities emerged. This

was largely related to the new context, where new discursive resources are available and previous dominant beliefs are challenged. I gave special attention to conflicts or tensions within and between subjective positions and discourses which allow or close new opportunities for changes in power structures. For example, in the new context, the traditional Korean notion of being a good mother is challenged, while new interpretations of mothering are met with, offering participation in a variety of social activities that extend beyond the familial relationship.

The two analytic stages described above did not occur in an orderly sequence, but emerged through a more integrated procedure of moving backwards and forwards between the two. During analysis I read and re-read data, while moving between my research questions and raw data, in order to 'achieve a true dialogue between the data and my own argument' (Holliday, 2007, p. 102). Throughout the analytic process I was conscious that my personal background and research interest would influence the shape of this dialogue between data and my own perspective. I used this reflexivity to create a more sensitive and appropriate interpretation of the research data.

Chapter 4

Analysis

The education of children in an English speaking country is the most common reason participants give for coming to New Zealand. In line with this, the Korean mothers in this study describe their lives in terms of ‘doing motherhood’ and their concerns about health are constructed in terms of being a responsible mother in the new environment of New Zealand. This analysis looks at how motherhood is experienced by Korean goose mothers and explores the issues that emerge from this positioning. While living in a western country, they are exposed to both traditional understanding of motherhood as well as western norms for it. The following discussion focuses on the dynamics and possibilities that these rich discursive contexts provide for Korean women when formulating their subjectivities. Firstly, I discuss how they construct their motherhood in context as Koreans in New Zealand. Secondly, their ways of constructing health issues while in New Zealand are explored. Through analysis, I suggest that Korean women actively engage with various cultural resources and, by doing so, reformulate their subjectivities which in turn affects their experience of health in New Zealand.

Experiencing mother and Korean

The participants’ lives are substantially defined by their roles as mothers and as Koreans. These two subjectivities constantly intersect, making meanings from one another. In this section I start with a discussion about the participants’ subjectivity

as good mothers that should deal with the temporary nature of life in New Zealand. This temporary status partly accounts for the participants' marginalised or privileged positioning in their current context. Next I look at what it means for them to be alone in a foreign context, something that contributes to their experiences as foreigners and reforms their subjectivities by the need to take on new roles and tasks. Then I consider how the participants' diminished or resisting self is constructed in relation to the power of English language. Finally, I discuss their efforts to construct self in different ways from the past.

Mothering and the temporary nature of being in New Zealand

Mothering for the participants is frequently constructed through the roles they take in their children's education. Their temporary living arrangement is built on the plan of going back to Korea sooner or later. Their mothering in New Zealand is described as different from other mothers because of the temporary nature of their living arrangements. This temporariness shapes the way they mother their children because they have to get the children's education completed in the shortest amount of time possible.

Sunyoung

My friend has said to me "do not hang out with other international students' mothers." Because...they [migrants] think those mothers don't behave well... They [migrants] have a life here that goes on. But the goose mothers stay for a certain time only and leave, so that they might behave carelessly. For example, they [goose mothers] just take care of only their kids... they contribute to the increase in expense for private lessons rather than trying to adjust to this society. But, the migrants think they are the ones paying tax and taking responsibility.

Citing someone else's standpoint, Sunyoung describes the alleged characteristics of goose mothers. They are described as pushy mothers, obsessive about their children's education. The mothers are also allegedly irresponsible members of local communities because of their temporary residency in New Zealand. These characteristics are constructed through comparison with other long-term migrants, who are described as model migrants, adopting the country's culture and taking responsibilities as citizens. However, in Jisuk's talk, what goose mothers do is not presented as wrong but rather as the reason they are here.

Jisuk

We are different from other migrants. We have to do much within a limited time... so my kids have many private lessons for grammar, math and violin and so on. Because... they should be able to catch up with Korean schools later and need to learn English while we are here. That's why we have to hurry and work hard. This is a hard job. I drop my kids to the tutor's home and wait in my car for an hour or more. I do it almost everyday.

Being different from other mothers is constructed as a natural consequence of doing what they are supposed to do here as mothers. What makes them different from other migrants are their goals, which need to be matched with expectations from Korea. In this sense, the traditional Korean emphasis on the mother's role in children's education remains strong in the women. In addition, drawing on the temporary nature of being in New Zealand, the importance of making more chances for children's education is heightened. These extracts show how their temporariness is constructed shaping the way of mothering, firstly giving little reasons for changes in order to fit into the new society and, secondly

highlighting the need to complete the children's education in a limited time. Thus, their certain styles of mothering lead to isolation from others, but it can be strategy in the given circumstances of their coming to New Zealand.

Suna

I sometimes tell my son "You are a Korean... Koreans do not skip school just because they feel unwell."

The Korean style of mothering and child rearing is quite authoritative, and emphasises hard work and self control. The Korean values that Suna speaks of do not necessarily mean static traditional norms but rather notions that reflect more recent trends in Korean society. Recent societal trends show that mixtures of traditional and modern notions are practiced for certain purposes. Suna's talk emphasises the role of mother as an authority figure, while reinforcing the notion of being a member of the hard-working Korean society. It may also be that these mothers strive to give their children various extra activities and lessons in an effort to have them attain modern ideals of professionalism for work as well as developing extra talents to enrich their lives. Because different discourses are uniquely combined and negotiated in a specific time and space, attached to their home country, the lifestyles of these mothers recently coming from Korea may not be same as those of migrants who left Korea long ago. The point is that although the pressure of the educational style rooted in Korea is not physically present in New Zealand, it is reconstructed by the Korean mothers as still powerful in their lives.

The relationship between temporary residency and the mothers' subjective experiences shows that the adjustment steps proposed for other migrants would not necessarily be the best option for Korean goose mothers, and may even cause a waste of resources in that are certainly limited by the time in New Zealand. The suggested optimal process of integration for successful adjustment to a new country (Berry, 1997) may not be meaningful for the Korean goose mothers. Rather, in the participants' talk, isolation and otherness are constructed as aspects of adjusting to their new lives in New Zealand. A standard way of adjustment may not be kept to, but change in accordance with through the context participants engage in. Thus, the participants' lives can be understood as an ever-changing construction of subjectivity, involving their way of doing motherhood, being Korean and living in New Zealand.

Further marginalising through temporariness

Temporariness of the Korean women's lives in New Zealand is also drawn on in shaping a sense of being in minority. As Korean goose mothers do not belong to the new country, they experience confusion about what to claim for their rights and responsibilities in New Zealand.

Mina

What's the point to buying nice things? So I buy cheap ones, just good enough for a couple of years... because, when I go back, they will be dumped out anyway. It is not a good feeling to buy and live with things to throw away.

Mina metaphorically describes her life in New Zealand as living with

cheap things not meant to last long. By drawing on this metaphor, Mina positions herself as someone for whom quality of life in New Zealand, or pursuit of it, cannot be important. This is related to the previous discussion regarding the temporary nature of being in New Zealand, where the Korean goose mothers position themselves in comparison to members of mainstream society as well as other migrants. Here, the differences from others are made in a way that describes their life in New Zealand as disposable and downgraded. However in the next extract, drawing on the same subjectivity as temporary visitors, positive aspects of self are apparent where a sensitive reaction to unfairness is acknowledged:

Jiwon

[Talking about the New Zealand school that her son was enrolled at before arriving in New Zealand, an enrolment she cancelled after visiting the school] The principal said he would refund the tuition fee as it was before the start of semester. But he changed his words at the end of it, saying I would not be refunded. I was so angry and claimed the refund again, but it did not happen. I shortly thought that "Ok this is not my country. Things can happen" ... After a while, I couldn't help the thought that 'If it's Korea, I wouldn't let it happen to me'. You know, although I am not a citizen here, I do not deserve this. So I went to a lawyer and finally it is sorted out.

Life in New Zealand may be seen by Korean goose mothers as temporary and the pursuit of quality of life as unnecessary or pointless, but while they acknowledge vulnerabilities of their minority status, they also can actively interpret and respond against unfair treatment. Indeed, recognition of their marginalised position, itself, is a form of resisting marginalisation (Irwin, Johnson, & Bottorff, 2005). In other words, while they construct themselves as people who could be easily victimised, they do actively respond to the distressing experiences.

This response can be either through making an effort to address the unfairness (e.g. finding courage and hiring lawyer), or through just dismissing it (e.g. ‘It’s not my country’). Another way to manage temporariness is in utilising their sense of not belonging to the new country, seen in the next extract.

Jiwon

This is neither a short trip nor a permanent migrating. I do have place to go back to (in Korea). It gives me a comfort. It is better than thinking that I have to live here forever...

Here, temporariness is drawn on to create safety rather than to highlight overwhelming responsibilities. This safe zone is brought about by subjectivities as a foreigner in the current context, ‘I don’t care as I do not really belong here’, which legitimises passivity about adjusting to the new country. In this way, Korean goose mothers negotiate between advantaged and disadvantaged aspects, denoted by their sense of not belonging to the new society, and between adhering to Korean norms and taking up new cultural norms from New Zealand. There are no definitions for how to live and where to belong in their tentative living arrangement. Rather, flexible negotiations for their sense of belonging occur beyond geographical boundaries. Through these negotiations, the women deal with their tasks and marginalised positions in the current context.

Loneliness: Losing connectedness vs. building independence

Loneliness is an important theme, recurring throughout dialogue with participants. Participants positioned themselves as both disempowered and independent.

Loneliness is constructed from the Korean goose mothers as not having the usual people around them to define their social behaviour and to provide a sense of belonging. This loneliness is linked to their sense of being in a foreign country, where they feel disempowered by unfamiliarity. However, while the disempowered self is constructed and referred to, another aspect of self emerges as the Korean goose mothers accept and work on new roles during their time in New Zealand.

Soyon

I think I may not be able to forget the sound of the Fisher & Paykel washing machine. No, not because it is too noisy but... when I first arrived and start living, I have nothing to do... so I did laundry everyday. The sun was so good and I liked to hang out the laundry outside. When I hear the 'wing wing ~' sound... I still feel my chest dropping down. Because it reminds me of the feeling ... the extreme loneliness ... that I had during my initial period here.

Loneliness is here vividly described as a physical sensation, and highlights the permeation of loneliness into the very core of Soyon's life. Naming the New Zealand home appliance company draws attention to Soyon's unfamiliarity with New Zealand. Through this metaphor, the meaning of loneliness in trying to find things to do in an unfamiliar environment relates to Korean mothers' accessibility to resources in the new cultural environment. Also the unfamiliarity has profound meanings in these womens' lives, involving where they are or are not, and who they are or are not.

Yunhee

For the first several months, I just drove anywhere with a map in hand... In Korea, I always had things to do at home, at work or where ever ... But here, nothing...I went almost everywhere in the North Island, sometimes with my kids or sometimes alone. At that time, I just needed to do something.

Although Yunhee has a different response than Soyun, lots of travel rather than staying home, it is still a way of experiencing her loneliness. Here, Yunhee's difficulty is explained by being away from all that had once occupied her routine. Her current life is constructed as empty and lacking, as she is not engaged with a social network. The distressing feeling is more intense in the initial period, as Soyun and Yunhee both describe. This may be the time when it is most difficult to shape new connections with the wider community, before any emergent 'making sense' of their subjectivities in New Zealand.

Heyoung

It's hard to find someone to talk with. Migrants are different from us. And Korean community is so small that you will have to be very careful to keep your privacy. So it is almost impossible to have someone that you can get things off your chest with, different from what you used to have in Korea.

Korean goose mothers have problems mixing with people in order to feel a sense of belonging. Keeping their privacy is described in terms of keeping face and not wanting to be prominent in the tight-knit Korean community. Through addressing the physically small size of the community and sharing the similar life experiences among the mothers, they suggest that it is not wise to expose themselves too socially. This restricts their motivation to access resources for support and to be near communities. The frustration in having no one to turn to is

not only a problem in the initial period, it often remains longer or even unresolved until they leave New Zealand.

Heyoung

Because my husband is not here... well even if people wouldn't tell me off, I don't feel comfortable to put on make up when I go out. Even going out for eating with friends... well, it can make rumours.

The sense of being alone, and of having to be alone, is made more intense by acknowledging the risks attached to being out of the protection of men or the family frame. Fox (1977) has noted that women's vulnerability is socially constructed, so that they come to believe that they need protection and regulation. Then, seeking regulations and protection becomes part of what it means to be a woman and the need for them is driven by the women themselves rather than any external agency. It is shown in Heyoung's talk that she is aware of the fact that people tend to see married women away from their husbands as somehow incomplete and defective, with a high likelihood of behaving inappropriately. Whether such an understanding of unaccompanied women is true or not, it becomes, in these Korean goose mothers, an internal pressure that obstructs their socialising and activities. By putting herself in this position, Heyoung becomes uncomfortable in situations where she is considered as a woman before she is considered as a mother. However, in the next extract, this situation of being alone is described as the reason for becoming more capable and independent.

Mina

In Korea, if you buy furniture, people will deliver it and assemble it for you.

However, here, they come with pieces and just leave the rest to you. Anyway you can't sit idle when your kids are watching you. You have to do everything...

Jiwon

Well... I cried a lot... when I got beds, desks, chairs, lying around the dining room, waiting for me to assemble them. However, I did it all, while crying [laughs]. Now, I just know that's what I have to do here... we get used to it.

Most participants speak of doing what they regard as men's work, such as assembling furniture and looking after cars. References to this usually came out when I asked them about the difficulty of not having husbands. In addition, an apparent difference between New Zealand and Korean culture becomes clear, where New Zealanders distinguish clearly between what is 'my business' and 'your business'. This is not a very familiar concept for Korean people: They tend to expect to do things together for reasons outside of personal and immediate wants. In these circumstances, the Korean mothers' new roles are often overwhelming, and they feel disempowered in the situation where they do not have protective resources such as husbands, a familiar language or knowledge about the life style of New Zealanders. On the other hand, they are also creative in solving problems, as a result of having to do what needed doing. The challenging situation of being alone was ultimately acknowledged, and accepted as a necessary condition of good mothering in these particular goose parent situations. Here goose mothers take on fathering roles as part of their mothering role. Therefore, conceptualising loneliness includes a loss of the usual social structures that have been critical to the Korean goose mothers' subjectivity. New and adaptive subjectivities, on the other hand, draw on the traditional ideal of

responsible motherhood to enable Korean goose mothers to cope better with the challenges of their current context in New Zealand: They are more capable of handling their new roles.

Handling the dominance of the English language

'Being a foreigner' in New Zealand needs to be more specifically referred to as 'being Korean' where participants talk about the English language. The English language is an important theme, and it is given as a main reason why participants chose to come to New Zealand. The need of using English language is also constructed by Korean mothers as a source of great stress associated with staying in New Zealand. The stress is not just about communication problems. "Speaking a language is inherently political" (Chen, 1995, p. 5). This is especially true for Asian migrants in a western country, where the dominance and normalisation of the English language seriously limits their active positions (Chen, 1995). Here the English language is much more than simply a 'foreign' language, particularly to the Korean participants. It is something that so profoundly affects their subjectivities.

Mina

If I say "I don't like a raining day" [to my classmates in an English class], then I want to talk more about what my feeling is like but just end up saying "because I feel blue". When I talk to [New Zealand] parents at school, I can use only easy and always the same words to express myself. But I am more intelligent than that. While I talk in English I feel smaller and stupider.

Suna

You know, English has always been a big one at school. I studied up to university but I am still not good at English. But, compared to some of my friends who had lived overseas, it was not so easy. I always envied them so much. I want my boy freed from such stress and to give him more opportunity to have a better quality of life.

It is not surprising that people have enormous difficulties with communication in a foreign context, having to use language with which they are not familiar. When looking into the details of these, it is apparent that Korean goose mothers were not only speaking about the loss of a communicative tool. They refer also to the loss of the resource that constitutes their feelings, knowledge and sense of dignity. This loss is constructed in opposition to the power of English language, entailing experiences of shame or inferiority when they do not speak it fluently. This view of the English language has been built on from their school experiences in Korea, where children with good English skills were admired and praised with good grades and promises of a bright future. The power ascribed to speaking the English language well reflects the power of western countries. Although the participants do not directly acknowledge the influence of globalisation or the usefulness of the language to access political and economical power, it has been internalised in their view of the English language. That is, when they say they are not confident in English, there are socially influenced interpretations attached to this. This construction of the English language, therefore, reflects the way Korean goose mothers experience their lives in New Zealand, where they feel they are unable to express their intellect and emotions, constrained by the English language. These components work counteractively ("*I want my boy freed from the stress*") to the main construct for

being here, which is for their children's education.

However, the English language is also a site of resistance for Korean mothers, based on its unwelcoming meanings.

Suna

I run out of things to talk in the language school. I don't want to bother with English any more. Would I get a bright future out of learning English now? I rather spend time learning and enjoying something else like golf.

Suna

I tell myself that I am trying to be honest to my feelings. Because... there are times I feel demeaned... when I cannot talk fluently in English... And I find myself pretending to be a nice person, saying yes and smiling even when I don't feel like it, and then I feel not very good. So I tell myself that it is ok, that communicating in English is not everything.

Jiwon

I have realised that I need the life with my mother tongue. I think it [stress from trying to function in English] is enough for me now. We just need to talk a little bit of English but no more than that. I will go back to Korea where I can do things being as I am.

Not wanting to be bothered learning or using English could be interpreted as just giving up on the hardship of learning. However by refusing the learning, and by choosing to be comfortable in not being fluent, they can resist the pressure and stresses of using English as well as having to experience its negative positioning. The meaning of speech in terms of using one's mother language in a foreign country is pointed out by Bhatia (2002): By speaking in the mother tongue,

the speaker is “not just privileging” the mother tongue. Rather, in reference to Arab speakers, “voicing his Arab ‘I’ position, the moods, emotions, histories and cultures that are associated with being an Arab” (p. 68). The participants’ talk about speaking in Korean is constructed in a similar way, where speaking in Korean holds their Korean identity in place in a western country. In attempting to use the English language, Korean goose mothers often fail to communicate adequately and are further disconnected from the host society. However, they also find the meaning of their life in New Zealand partly by reinterpreting the power of English language, if not in refusing to engage with it at all. In this vein, handling the pressure of the new language becomes more important than being able to speak it. Through this process, the negative view of the English language becomes softened, being seen as a life tool rather than as overpowering.

Sacrificing womanhood

For Korean goose mothers, motherhood in New Zealand is constructed in a way that sacrifices other aspects of life. The sacrifice is made by losing their familiar context, where their social interactions had enabled them to value themselves as persons beyond just their roles as mothers. It is closely related with their sense of aging. Through discussing aging, participants talk about missing the chances associated with youth because they are in New Zealand.

Jisuk

I think I am a grain falling to the ground [for my kids]. But sometimes, it does not help... and I feel just frustrated by myself. I do not have room to feel and enjoy New Zealand. I am so occupied by looking after my kids and

managing everything all by myself.

Heyoung

From a certain moment, maybe because the life here is too dull... or due to my age... I started feeling that myself is disappearing. My existence here is just filled by doing things like transporting my kids between school and home, cooking for them... There was a time when I was happy doing that, but now... I find that kids are not everything and I feel like I am disappearing and empty.

In Heyoung's talk she recognises missing aspects of her life, such as not having social contacts who can give diversity to her being. By seeing their lives cut off from meaningful people, and only connected with children, Korean goose mothers may define themselves as mothers that find it hard to be anything else, highlighting a sense of being unfulfilled. Constructing their subjectivities as unfulfilled is also seen in their talk about getting old.

Heyoung

When I see my face, I realise I am getting old so fast. It is probably because I am not laughing as much as before. I haven't been with the people I feel comfortable with for far too long.

Suna

My age is 35 now. It's almost the last period to be looked at as an attractive woman. I am not talking about attracting men... but you know... I am spending this precious time here.

Soyeon

I sacrifice my time for my boy...I regard the time here as a blackout in my life.

The theme of 'getting old' is often constructed by participants' as losing opportunities that are held to be available only at specific ages (e.g. 30s or 40s). Suna considers that, because of her age of 35, she should have more of a social life and be able to enjoy her physically attractive prime. This is an example of how Korean goose mothers experience their aging selves through socially constructed expectations. The participants use these social norms to judge whether they are doing what they are 'supposed to do' at that age. Soyeon elaborates her sense of sacrifice for her child by describing her time here as a 'blackout'. Therefore, while Korean goose mothers are apart from their familiar context, where they feel they have the opportunity explore age-related expectations, they see their current life in New Zealand as using up an otherwise rich part of their lives, advancing them to a next stage of the life course.

Re-interpreting self bring change

Living in New Zealand means these Korean goose mothers live outside of previously valued role structures. Although participants strongly hold the notions of being a dutiful mother to construct their subjectivity, they also see this particular time in New Zealand as chance to have independency and freedom from their obligations. They describe their need to have individual space, whereby they regard the past relationship with family as unsatisfying. As this realisation comes, changes in their perspective on being a mother and being a wife construct a new sense of self.

Soyon

In Korea, we have to be a good daughter-in-law, a good daughter, a good wife... So I had to sort of be a good and nice person to meet all the expectations... and be patient. Then while I have been away from them [family], I find myself so relaxed and happy. So I came to the realisation that I was so much under pressure.

Soyon describes how physically being away from Korea has provided a chance for her to realise the extent of the previous pressure to be a good woman. Relationships with family members from their kinship network determine the meaning of being a good woman. These roles appear to have been burdens for some of the participants in this study. The realisation of this comes through the actual experience of living without the previously powerful and role definitive structures. It starts from very immediate changes in their everyday life and becomes more profound, evoking changes in their understandings.

Sunyoung

We, women, are good here, once you got over the initial settlement period... [Because] no Jesa (제사), Confucianism rituals for close ancients), no family days (e.g. Chuseok, New Year)³, no husband's family... Those are big things once you are married.

Jiwon

As time goes on, I feel comfortable. It's funny that many of the mothers here are wives of the elder sons. Life in New Zealand for women from other countries would be quite different from ones for Korean women. Away from obligations [husbands' family, and even parents], I think there is something to compensate for the hardship of being apart from family.

³ Jesa, Chuseok, and New Year are important days for gathering family with priority on husband's family and they involve lots of work and encounters with the husband's family.

Family events such as Jesa, Chuseok and New Year are big days for Korean women. Whether she is a mother, daughter, or daughter-in-law, women do most of the work associated with these days, such as serving the elderly and cleaning the house or preparing gifts and food. In particular, the expectation is that married women will prioritise their husbands' family gatherings. When participants mention their relief of being free from the burden of being a daughter-in-law, therefore, it is an expression of strong resistance. Not only to the extra physical work during the days, but also to being in a position where they are so constrained by expected roles.

Sunyoung

I don't find any difficulties without my husband here. He did not help me at home anyway. He just gave financial support. Now I have become so used to the life here. When he visits us from Korea, it means more work for me to do, like cooking for him... My husband said I have been changed. Of course, I have. Because now I know that living without my husband is not that big a deal. There are more good things than bad things. I have my kids here, which is good. I'm fine. Before, I thought that I could not have a good life without a husband.

Being free from such wifely obligations provides Sunyoung with a new perspective on life. She sees the burden in her previous life and comes to a change of belief about domestic roles, freeing herself from the obligations. However, this freedom does not come without cost. Before reaching this level of comfortable understanding, Korean goose mothers must first experience a process of adjustment. Being away from their usual contexts, the Korean women lose the

reinforcement of familiar concepts that have constructed their world, which provides them with valuable chances to see their life from a different perspective. It does not mean that they chose one over the other such as selecting western notions over Korean traditional ones. Rather, their subjectivities are changing all the time and are contingent on the context.

Soyon

If I was in Korea, my husband might have a wife who pretends to be happy... I was doing my best for my family by hiding myself, but my husband seemed to believe that I was not capable in social situations and good only at house things. I wanted to laugh at him... I think I am happy here and I have become brave... I have told him that if he loves me, he should accept the happiness that I feel now. It is good for both of us.

In Soyon's talk, she positions herself as a person with growing confidence and satisfaction in life, brought about by negotiating life in New Zealand on her own. By seeing herself in this way Soyon constructs her past roles, including her relationship with her husband, as negotiable rather than passively or invisibly accepted. She suggests a new way of building harmony, based on her newly interpreted and practiced subjectivities. While Korean goose mothers necessarily become more independent from their husbands, they adapt notions around individual rights and draw on their role as strong and committed mothers to accomplish this. The two positions of 'being a mother' and 'being an individual' are not necessarily incompatible. Rather, they work together to shape multiple subjectivities, and provide meaning and answers to questions about selfhood that emerge in the Korean goose mothers' lives in their new context. The participants come to face and resolve the conflicts in the new context, wittingly and

unwittingly coming to the understanding that the notion of 'good mother' is not fixed but contingent on context.

Summary

Korean goose mothers' roles as mothers, Koreans and temporary residents in New Zealand substantially constitute their subjectivities. Their feelings about motherhood relate closely to their pursuit of education for their children. Particularly, positioning themselves as temporary residents for the purpose of educating the children means that they pressure themselves to push their children to achieve as much as possible while in New Zealand. Furthermore, through constructing the power of the western countries such as dominance of English language, they find themselves in asymmetrical relationships with New Zealanders. While these disempowering positions isolate Korean goose mothers, they also construct new subjectivities that help themselves with tasks given in the new context. Therefore, on the one hand, the Korean women are marginalised, isolated, and initially overwhelmed by their minority positions and responsibilities given in the new context. On the other hand, they also reinterpret their roles as Koreans and mothers in response to new tasks and new relationships.

Being a Korean woman in New Zealand highlights the contradictory notions of being a devoted mother and of being a free individual. When the participants actively engage with these conflicting notions, they come to reconstruct their personhood differently than previously dominant discourses constructed it. The New Zealand context, in a sense, functions as a politically

loose structure, with emphasis on individuals. This makes it hard for Korean goose mothers to maintain the traditional family order expected of Korean women. However, while the changes occur through the adaptation of notions of individualism, it does not mean that the idealised representation of motherhood diminishes. Rather, there are multiple interpretations of good mothering that contribute to the women's conflicting subjectivities. Being a good mother positions these women in different ways, such as being a sacrificing care giver as well as being a capable and strong person, for example. Thus, the Korean goose mothers' negotiate their current subjectivities through drawing on the various discursive resources that are culturally and historically available to them.

Constructing health and illness

In this section I focus on the construction of health as expressed in the participants' talk about health-related experiences in New Zealand. Health experience includes the ways of making sense of health and of responding to it. The Korean women in this study are familiar with traditional Korean understandings of health, which emphasise the balance within and between individuals in a wide context. In western societies, biomedical discourse and the contemporary notion of individual responsibility for health are prevalent. Both ways of perceiving health experience are important resources for Korean goose mothers. In this analysis, I explore the ways in which participants' subjectivities form through drawing on these different discursive resources. The difficulty here is that participants tended to talk about their health using interchangeable but diverse understandings, such as physical health, psychological health, or a holistic

view which combined physical, psychological and environmental elements. Although it would be interesting to see how they use these various forms in their talk, this analysis does not seek to categorise or ascribe value to participants' use of those terms but rather is focused on following the links between the women's subjectivities and the health experiences.

Firstly, I explore the way in which the Korean goose mothers' health practices are connected to the meanings of 'being a good mother'. Secondly, I discuss how they construct their health as women, particularly as Korean women. Thirdly, I focus on the relationship between being Koreans and their choices of western clinics or Korean traditional health services. I then summarise this section by highlighting the connections between the participants' health practice and being mothers, women and Koreans in New Zealand.

Health as mothering

Being a 'good mother' requires that one is strong and healthy. Through their talk, the participants' construct their health as mothers in the following ways: Being healthy is a mother's obligation; they have healthy habits because of the routine provided by caring properly for children; and they need to be happy in order to have happy children.

Yunhee

There's no one to take care of us. Taking care of my health is taking care of my family... As goose mums...we can't get sick.

As mothers, the participants portray themselves as strong. The basis for this is not necessarily their current physical condition, but rather has its basis in the variety of meanings that being a mother embeds into their lives. Understanding health in relation to others is quite strong in collectivist-oriented societies (Armstrong & Swartzman, 2001). Particularly, a mothers' health is thoroughly associated to the health of other family members and the mother's capacity to take care of them. Korean mothers' alertness to health risks increases, and so do their motherly responsibilities, when they consider an environment as high risk. Dutta and Basu (2007) also suggest that health is a way of parenting, and importantly involves the context in which parental responsibilities arise. In Dutta and Basu's study, in a rural area where there are few health services, fathers consider themselves to be healthy if they are able to secure the resources necessary to their family's health. As a Korean goose mother, Yunhee also constructs her current living situation as obstructive to her capacity to provide proper health resources for her children, an important aspect of mothering.

Yunhee

As I can't use medical services as freely as I used to in Korea, I keep checking the signs of my body, and my children's... and take pills... like propolis is good to prevent colds and when you feel tired... there are also herb oil pills good for women... New Zealand is good place to buy these things. I knew some already from Korea... We [mothers] ask each other which one is good for what.

Participants in this study consider New Zealand as a place that puts them and their families at higher risk. They do not have easy access to medical services, due to language, culture, unfamiliar systems and so on. Armstrong (1995) has

suggested that there is a close relationship between risk discourse and consumption of preventative medicine. In this study, the participants see that their health is at higher risk of failing in a foreign country, whereby they compensate by using preventative measures in order to minimise the perceived risk. On the other hand, they describe New Zealand as notable for its quality and range of preventative local health products. In this sense, New Zealand provides them with health resources. They construct New Zealand as a foreign country with high health risks and also as a good place to get quality health products, drawing on both to make sense of their health in this context.

In the next extract, Mina constructs her experience of health by comparing her role as mother in New Zealand with the father's role in Korea.

Mina

I am fine, but my husband has been unwell since we left. I heard that goose dads in Korea tend to get sick. Probably we are better because we are with kids to take care of. We can't afford to get sick... and at least we eat better because, we cook regularly for our children and eat meals together.

Here, Mina constructs a healthier position than her husband by drawing on the mother's job, such as cooking and keeping in routine for their children. In comparison, failing health in fathers remaining in Korea is considered as a result of not having their wives and children around. The mother, then, succinctly accounts for her health through discourse about what mothers or women do in the family in relation to what fathers or men do in the family. There is an interesting study that highlights this gendered health in family. In a study with fathers

(Robertson, 2006), participants considered their health in terms of their desire to play with the children as well as to be with them in the future. This is different from the way that Korean goose mothers in this study consider their health. The mothers' emphases are on their everyday tasks, such as cooking and doing the domestic work. Both the mothers and fathers make a daily habit of their everyday role practices, which becomes a life pattern that is hugely influential to their health considerations (Backett and Davison, 1995). With such radical changes to traditional role structures, Korean goose families construct their health within an experience of conflict and change.

Living in New Zealand requires of goose mothers that they need to be the primary care giver for their children and they should be the practical head of the household. They see that their current life situation makes it difficult to access the services of health professionals. These particular circumstances are drawn on, when these Korean women talk about their health, and form their subjectivities in line with considerations about good mothering in this context. Therefore their health experience binds strongly with their moral responsibility as mothers in the current context.

Illness as mothering

Korean goose mothers largely consider the maintenance of good health as part of their moral obligation to their children. However, because of these responsibilities, they consider that a mother's health in New Zealand is likely to be sacrificed or neglected. They speak of an overwhelming responsibility to be responsible for

their illnesses.

Jisuk

I often feel all my body souring, like someone is pressing ... I think it's because of the stress here. You know... we are sacrificing for our kids... we do not have life for ourselves...I spend most of my time taking kids to lessons and schools and waiting for them...while I'm doing that, I am getting sick.

Jisuk's constructs a condition of her being unwell as the consequence of sacrificing aspects of her life for her children, where most of her time is spent transporting and waiting for her children. Although traditionally a Korean mother's sacrifice for her family receives praise in Korea, Jisuk's talk indicates that the responsibilities of mothering in New Zealand take over too much of her life. This 'extreme mothering', where meeting responsibilities is the predominant feature of life, becomes destructive to self esteem. The next extract elaborates more fully on what participants consider to be lost or sacrificed.

Soyon

Many health problems come from stress... like... there are things that can't be resolved with money. Here it's our social identity. One of my friends, who worked as a teacher in Korea, has told me that her dream is to have a job and to go to interesting seminars or conferences. I deeply share the feeling. However, it is impossible here as you are just a mother.

In Soyon's talk, she constructs sacrifice as giving up her life as a social being. Quoting a friend's talk, she describes the desire to have a social life that fulfills intellectual demands and to continue personal social activities. She

emphasises the multiplicity of Korean goose mothers' subjectivities by comparing the values that money can provide and expresses the relationship between being active social beings and having healthy lives. Talking about materialism, without the social values that mothers cannot actively express in their current lives, they construct their health as unavoidably suffering. The balanced engagement of such diverse aspects of their subjectivities, such as being a mother, being a career woman and recognition as members of certain groups, is important for Korean goose mothers' health.

Heyoung

Since I came here, I have been unwell and often sick. One day, I was driving my children home and suddenly heard sounds like 'Puk' in my year. It was my eardrum, ruptured... The hanbang doctor said to me that somewhere in my body, the circulation of ki was blocked, and that I didn't have enough ki for self recovery at that moment... I think the reason is... the stress I get here. I have no way to release it... don't have people who I can get off my chest with. I have kept the stress inside me for three years here. No wonder my ki is not flowing well, and it finally burst out in my ear.

Heyoung draws a direct link between her illness and the stress of being stuck in New Zealand. She does this by drawing on traditional knowledge about the flow of ki in the body. Ki includes physical energy as well as rather intangible elements that explain psychological stress (Noh, 2000). However, what the flow of ki articulates about the human body and how this works in hanbang practice is not as important here as the fact that Heyoung uses it to make sense of her problems. She does not disregard the intangible stresses; rather she uses them to answer the puzzle of her poor health. The tension caused by mothering in social

isolation is the culprit in blocking ki and therefore her healthy functioning.

Jiwon

Well... rather than having a serious illness here... the problems start with emotional signs...then physical ones, like momsals⁴, visit.

Although Jiwon determines the symptoms of illness by the physical signs of her body, the word ‘momsal’ carries wider meaning than the merely external cues. When Korean people get momsal, they usually expect to have their family’s or friends’ attention, a rest, food, and so on. Using the concept of momsal speaks of a need or a lack of support. The Korean mothers in this study used many Korean ways to express pain, such as the symptoms of momsal and feeling like someone is pressing on their lives. Through these expressions, the women explain the ways that they suffer. Kugelman (2003) has suggested that “pain is not only something to be concerned about, as the bearer of meanings, but also a way of interpreting one’s situation” (p. 29). In this sense, the way of experiencing and expressing pain, itself, is a meaningful practice for explaining Korean goose mothers’ life situations, regardless of whether it indicates a specific disease or not. Drawing on the ways of expressing pains in Korea, the participants can reach even closer to the specific situations and feelings they experience. Here, what the women express through their experience of momsal is the situation where some level of support is really necessary. Mothering, once the source of strength, is also an obligation that harms them in this new context, by raising their need to have

⁴ Momsal is a Korean traditional concept. The word is coined with Mom (body) and Sal (bad spirit, energy, or ki), which is used when the person is both physically and emotionally unwell usually after heavy or intense work or worry. The symptoms include moderate fever, difficulty in digesting, feeling down, an increase or decrease in sleep and so forth.

broader social interactions.

Self-surveillance through being Korean women

While strength as being a mother is acknowledged and valued, the same person may be thought of or treated as fragile as being a woman who needs medical attention or men's protection (Peterson & Lupton, 1996). Korean goose mothers, in talking about their vulnerabilities as women, express similar concerns. The vulnerabilities are constructed and dealt with through interrelating issues of gender and culture.

Yunhee

Regarding health...we are women, so...although the whole body is important, I think gynecology is important to take care of...like ovarian cancer...It's not only me, women in their mid 40s... they are likely to have lumps in the wombs like me. We need to have smear screening regularly.

Suna

I was checked when I was in Korea and had no problems... I will go to Korea in December... I want to believe that nothing has happened to me in the two years I have been in New Zealand... Honestly, it wasn't easy to visit a doctor for gynecological problems⁵, even in Korea... so it's harder in New Zealand.

The meaning behind of attendance or non-attendance of cervical screening programmes relates closely to biomedical discourses. For example,

⁵ In Korea, there is not the concept of general doctors and people visit specialists directly as the health care system is not based on the primary health service where specialists can be seen after the primary service providers such as general doctors.

through the discourse of women's biological vulnerabilities, women's bodies need regular checking and institutional surveillance (McKie, 1995). This biomedical discourse is widely accepted and practiced, and attending to cervical screening has become the social norm for responsible women (Bush, 2000). Yunhee's talk reflects this by highlighting that she considers smear screening normal, and even compulsory for women, it is just doing things as women. Therefore, for these mothers, not having regular cervical screening means not giving enough attention to themselves as women and consequently causes them a certain degree of anxiety about their health.

However, despite an apparent awareness of its value, Korean migrants' have shown low attendance at cervical testing (Lew et al., 2003; Wismer et al., 1998). Mina expresses her discomfort in going to see a gynecologist not only here but 'even in Korea'. It indicates there are also culturally embedded meanings in the woman's body. For example, societies influenced by Confucianism generally position woman's body in contrast to man's by the notion of *um* (darkness, female) and *yang* (light, male) (Noh, 2000). As long as this dichotomy stands meaningfully related to gender it is difficult to discuss women's bodies and treat them in an open manner, as is the case for men's bodies (Kim, 2004). This has led to the tendency to restrict discussion of women's bodies, and has influences the treatment of women's bodies in Korea. On the other hand, however, the notion of being '*um*' as women might have been incorporated into the biological discourse about female vulnerability, which contradictorily demands that they expose their bodies in the name of health maintenance and institutional surveillance.

A study of Islamic women in Australia (Read & Bartkowski, 2000) examines the close relationship between gender and culture and the treatment of women's bodies. The authors assert that culturally specific ways of treating the body, such as wearing veils, have crucial relevance to the Islamic women's gender and ethnic identities. Read and Bartkowski (2000) suggest that the character of gender identity is unfixed in that it undergoes a constant reconstruction and transformation as the women interact with new cultural input (see also Hopkins, Kahani-Hopkins, & Reicher, 2006). Korean women similarly negotiate between traditional ways of feeling secure about their bodies and new versions created by accepting medical intervention. Therefore, the participants' conflicting accounts for their subjectivities around cervical screening is understood as a process of ongoing negotiation, presented both in their hesitance and their willingness to attend regular screening.

Being disabled at Western clinics

Participants construct the use of the mainstream health service as unfavourable. They feel inadequate and unfulfilled when visiting western practitioners because they do not have the resources to handle the situation effectively, such as skill with English language or knowledge of New Zealand medical settings.

Suna

I don't go to the GP here in New Zealand. I can't see a GP by myself. I need to bring a good English speaker. I don't want to bring a man. Therefore, the person should be a woman, one that speaks good English, knows me well, is close to me and has time to go with me. There's no one like that. Therefore, it is not so easy to bring someone along to my appointment with GP.

Suna refers to the doctor and to her ideal interpreter as not merely knowledge-deliverers. They are people who have personal meaning to Suna. Seeing a doctor in New Zealand is not a simple activity, treating symptoms as a medical subject. Rather it involves a complex set of interactions where people, as complicated beings, need to communicate meaningfully. Hardey (1998) has noted that medical encounters are negotiations between doctors and patients. The encounters may be asymmetrical, but the patients exert their resources and strategies to influence the asymmetrical relationship (Hardey, 1998). In this sense, the Korean women do not have enough tools to express their own understanding of the body and they do not have the schematic pictures to draw on in medical encounters in New Zealand. In such an interaction, Korean goose mothers become dysfunctional and occupy a position of disability, where they construct themselves as unable to see a doctor by themselves.

Turner (1996) has noted that the meanings of body in western society have been constructed and changed through history of the society for a long time. The Korean people also have the meanings of their bodies that are socially and historically constructed in Korean context. In previous studies about Asian migrants' use of traditional remedies (Kim & Chan, 2004; Wooton & Sparber, 2001), reasons for using traditional services included sharing common philosophical understandings on health. It may partly support the importance of sharing the way of talking about body and of sharing history of the society. These are critical parts of understanding socially constructed meanings of Korean body. In this line, the Korean women may seek for the place where social meanings of

Korean body can be communicated. Thus, use of health services relates to participants' subjectivities: It involves having the Korean body recognised in the medical encounter.

Jisuk

Just several days after I got here, I had very high fever one day. My friend called an ambulance...But I couldn't see a doctor all day long in the emergency room. I paid about one thousand dollars for the one day... I didn't get any special treatment, just a blood test and a couple of paracetamol tablets... Nevertheless, I was still really unwell so I went to Korea twice to see more clearly what was going on my body. Now, I prefer to go to the Hanbang clinic than to local doctors.

Jiwon

I had a lump in my womb. To find this out, I had to go to a laboratory, organized by a GP, for a test...and when I heard about the treatment procedure at the lab, I felt that the technology they used was a bit behind... My friend who has lived in New Zealand longer said to me that it's better to go Korea and get surgery there... so I went to Korea to get rid of the lump.

Some of the reasons for traveling to Korea instead of using New Zealand health services are to do with convenience for the goose mothers. Practically, since most mothers are from middle class Korea and are used to using private medical services and consulting directly with specialists, things are relatively easy for them in Korea. This serves to reinforce the women's sense of belonging and of having control over their lives. As Jisuk implies, in the familiar setting, they know which institution is better to go and what is going to happen to them. Thus, drawing on the mainstream health service in New Zealand to affirm their choice to go to Korea for care is understood as a way of confirming where they belong.

Again, it is also an effort to recognise their bodies in Korean context.

Being alternative, using hanbang

Using the traditional Korean health service, hanbang clinics, is quite popular among the participants but they do not always prioritise it. Their preference for hanbang is justified through their being able to make sense of their Korean bodies. On the other hand, they describe the problem of hanbang not being a properly recognised health care in New Zealand. Rather, hanbang is put in an alternative position to mainstream clinics.

Heyoung

I think hanbang suits us...Especially people like me...I don't have a specific diagnosis but am quite weak, often caught by cold and I don't eat well. [After having Hanbang herbal medicine] My cold hands got much better. I feel more ki [energy] in myself too... well it might be just my mind thing, but I talk better with the hanbang doctor... We can talk about things like why I might be lacking in ki.

Mina

As I know it, the Western approach is good for fixing a specific problem point, and hanbang is about strengthening ki, to let the person fight against the illness...like facilitating natural self-healing. Actually, whether I choose either Hanbang or western doctors depends on the problems I have. Like... when I need poyak⁶, or have sprained ankles or period pain, or when I feel weak without a specific ailment to fix, I go to a hanbang clinic.

⁶ Poyak is a kind of herbal medicine that is for strengthening ki and preventing serious illness. 'Po' means to support/supplement and 'yak' refers to medicine. It is prescribed to help to make balance in the whole body by assessing the individual's condition. People have poyak when they feel weaker or lack in energy. Usually the effectiveness of poyak also requires complying with the practitioner's advice on every day practice such as eating or mind controlling.

The hanbang clinic is the place where the participant's can discuss concerns about their noticed physical and psychological signs and make these relevant through traditional health concepts. Korean goose mothers construct the use of hanbang as a way of getting meanings about their health. As discussed earlier, through using traditional concepts for health and treatment, their Korean bodies can be properly recognised and treated.

Heyoung

I do not go to hanbang here. I have heard hanbang is not an officially legitimate health care here...just recognized as acupuncturists. Therefore, we have to be careful when we choose which hanbang clinic to go. In Korea, we know which institution has trained practitioners... so we can trust the quality. However, here... I heard that hanbang does not have recognition here as medical knowledge, so there is no system for proper professional registration...

Heyoung strongly resists using hanbang in New Zealand. It is not only due to the quality of services but more to the position of hanbang in this country. She does not consider hanbang as an equal alternative to western health services as it is unqualified and not properly acknowledged in New Zealand. Consequently, choosing this option would be to use a socially unsanctioned, unrecognised service of uncertain quality. Therefore, the use of hanbang in New Zealand does not necessarily have the same meaning to Korean women in New Zealand as it does in Korea. By using hanbang, they can use the resource of a shared acknowledgement about their Korean bodies, but using hanbang further positions Korean goose mothers as disadvantaged, and marginalised in relation to the mainstream in New Zealand.

Health as balancing and having control

Often participants see their health getting better, or partly better, than is usual for them in Korea. This sense of replenished health is described as a result of moving away from the particular stress of previous obligations, such as being a dutiful member of husbands' family. Through recognition of the changes in their roles and environment, Korean goose mothers give different explanations for their health. Responsible health practice is constructed as having awareness of, and balance between, mothering and other social engagements.

Soyon

In Korea, I had to be a good wife, a good daughter in law... Being away from these obligations... I feel very comfortable. Without that stress... and not having as much work to do...my health has greatly improved in New Zealand.

Yunhee

My headache has gone since I came here. I think that it's because I don't work any more. I ran an after-school institution in Korea. The job was really tough. So coming here has been a kind of opportunity to change my life.

Soyon and Yunhee show that there are advantages in being away from their previous tasks. They describe relief from the pressure to be a good woman in the Korean family, devoted only to the well-being of other family members. Furthermore, if they are employed women, their tasks double but little extra support from other family members is expected (Byeon, Baek, & Kim, 2001). Korean goose mothers construct life in New Zealand as having space for

themselves. By exploring the opportunities that this new life provides, they actively engage with the process of building new subjectivities.

Soyon

To be healthy, it is important to do different things... like joining some groups, church or sports club, a gym...I think that those mothers who do these things are very wise people. They have control of themselves...I didn't look after myself in Korea. But those mothers are quite different.

Soyon sees that her life has changed from her past of mainly looking after her children and husband to a new understanding of taking care of herself. She constructs control of the balance in her life through giving adequate attention to her self as well as to others. She sees that taking part in social activities is part of how to have a healthy life. Crawford (2006) suggests that balance between stress and release becomes a dominant discourse in explanations of health behaviour. Korean goose mothers construct 'healthy being' in a similar way: They are able to create balance for themselves, between being good healthy mothers and with being members of wider social groups. This capacity to create balance receives praise as 'wisdom' in Soyon's talk. In Korea, wisdom is a virtue highly respected over being good or clever, and refers to a capacity to hold differences together. In this construction of health, Korean goose mothers' subjectivities have a different shape than that of just being a sacrificing mother possessing marginalised bodies. The new understanding of themselves comes with relocating themselves into the new context, in which they actively respond to changes in meanings of what it is to be a capable and moral person.

Summary

The multiple discourses available to Korean goose mothers, in their current context, serve to make sense of their health experiences in New Zealand. Both Korean and Western notions work to construct the women's subjectivities around their health experience. Traditional Korean traditional notions include balance, and functioning in a collective way. The western ones include biomedical discourse and the notion of individual responsibility for health. Drawing these discourses into their own meaningful experience, the participants understand their health and illness in relation to being dutiful mothers and responsible women. In particular, illness is considered as the result of their social roles being reduced and constrained, causing imbalance in their bodies. In line with this, they consider health as being able to engage effectively with both mothering and other social activities.

Korean goose mothers' health practice links strongly to their subjectivities, particularly to their ways of experiencing being a mother and being a Korean in relation to the New Zealand health system. By positioning themselves as responsible mothers taking care of their children's health, they are empowered to take preventative health action and are motivated toward a healthier lifestyle. Using traditional Korean health services engenders the social meanings about Korean bodies, but provides inferior subjectivity because of its alternative status in New Zealand society. Participants are hesitant to use both, resisting the power of the mainstream health services, at the same time as avoiding the inferior positioning created by using Korean traditional services. Therefore, the Korean

mothers' health practice is mobilised through multiple subjectivities of being Korean, being a migrant, being a mother and being a woman.

Chapter 5

Conclusion

This study draws on the experiences of Korean mothers in New Zealand and explores the ways that various available discourses formulate subjectivities, focusing on the ways that health discourses construct the experience of self. Through data analysis, I make three articulations to encapsulate this research: firstly, health is a meaningful practice for participants' subjectivities; secondly, research is a process of personal reflexivity; and finally, that as health researchers, we need to attend to participants' subjectivities to achieve better health promotion in the future.

Health as meaningful practice to subjectivity

Crawford (2006) notes that social action is not just a matter of behaviour, it also has meanings that hold subjective relevance to social actors. Through addressing their health, people use a range of notions and metaphors that express a range of meanings: ways that people feel about themselves, such as being good or bad, responsible or irresponsible, feminine or masculine, for example. Given that attending to health is a social practice, we can better understand people's health experience by integrating it with understanding of other aspects of their lives, something that the biomedical model does not explore (Burr, 2003; Crawford, 2006). I would also argue that the health practice of the Korean women in this

study is part of their social practice, and that this becomes apparent through exploration into their ways of experiencing subjectivities. In particular, the way of being a good mother relates very closely to their health practice. What is important here is that a singular essential identity, such as 'nurturing female', does not solely define motherhood. The Korean women show that they derive complex meanings and functions about being good mothers by drawing on different discourses. This complexity is a result of the interrelatedness of their socially constructed world. Being a good mother does not occur in separation from their current experience as Koreans, temporary residents in New Zealand, or as members of an ethnic minority group.

Macleod (2006) criticises the essentialist approach to understanding migrant women by pointing out that we need to replace unitary notions of gender, such as generalising women as a single globally oppressed group. Burman (2005) suggests that normalising cultural differences also obscures our understandings of migrants' lives and creates a new form of racism. These criticisms are meaningful in several ways. Firstly, they critique the essentialism, and suggest that we can understand universality and ethnicity as social constructs rather than objective truth. Secondly, these criticisms help to highlight the network of power-relations in which subjectivity is shaped, through complex rather than bipolar relationships, e.g. between men and women or between mainstream society and minority society (Foucault, 1980). Thirdly, because there is not such an essential or universal definition for either cultural or gender identities in migrant women, it is hard to say what outcomes would result from acculturation or what kinds of equality we

should finally achieve. Other than the search for an ultimate state of truth, we can learn something from the various forms of meaning in migrants' subjective adjustments. In this sense, we can better understand Korean women's subjectivities through attending to the multiple and contingent nature of social practice. Korean goose mothers' subjectivities form through their simultaneously being mothers, Koreans and temporary residents in New Zealand. These plural subjectivities have multiple and sometimes contradictory meanings in their health practice. For example, the Korean women account for their health consciousness as part of the responsibilities of being a mother, being a woman, and being a foreigner. Despite their health consciousness, the Korean goose mothers in this study often choose not to use any health services, whether they are mainstream ones or hanbang. By avoiding these services, they can avoid negative positioning in their social relationships in New Zealand.

While people engage with various aspects of social practices, they engender multiple bodies. Tucker (2006) suggests that, given that the body is a part of social practices, we should not view a person's body as a singular subject or object. Even in a hospital setting, for example, different medical devices used to examine a body and the different professionals who treat multiple symptoms all provide a multitude of views of one human body. Each device and each profession has its own system that makes meanings of these bodies. Thus, one person has many bodies, not a single body (Tucker, 2006). Korean women in this study also experience this multiplicity of bodies. Their bodies cannot be conceptualised solely by using either the biomedical model or the Korean traditional health model,

but are constituted by being viewed in myriad ways: as Korean bodies, modernised bodies, mother's bodies, women's bodies and as migrant's bodies, for example. Various discourses construct both the gendered body and the ethnic body, through categorising men and women, and western and non-western worlds, to have particular meanings according to their functions in society. Thus, bodies engage with multiplicities of social practices as they "exist in the social settings in concert with any number of other factors" (Tucker, 2006, p. 439).

If there is no total, fixed identity for people, it may be that subjectivity suggests some random combination of multiplicity. If we see people's subjectivities as just random combinations of various relationships, analysing them would only be meaningful by exploring the nature of randomness and the passive adoption of it. However, the subjectivities of the Korean women in this research did not form by accident. Rather, there is the influence of power, as Foucauldian theory suggests (Burr, 2003). For example, the notion of familial harmony is dominant in Korean society: Koreans sustain asymmetrical relationships between men and women to maintain harmony. In addition, discourses around science and biomedicine dominate western societies, and this positions people who utilise alternative health services as marginalised citizens. In these asymmetrical relationships, which are socially and discursively constructed, the Korean women not only act on but also react to certain discursively determined positioning.

Looking at such power-relations allows us to see the dynamics among

discourses. Since there are constraints created by certain dominant discourses, there is also resistance to the power of the dominant. Resistance occurs 'through the re-appearance of this knowledge, of local popular knowledge, of disqualified knowledge, that criticism performs its work' (Foucault, 1980, p. 96). Bearing this in mind, the power influence of discourses can be acknowledged by the appearance of other alternatives, in which acknowledging the dominance itself brings about different meanings of 'reality' in people's lives. It can even reach further, challenging dominant discourses and transforming power-relations between previously opposed agents (Burr, 2003). Therefore, the ability to access various discursive resources provides the possibility for change through the appearance of an alternative view. In other words, people negotiate their subjectivities both through complying with and resisting dominant discourses while drawing on alternative discourses. The Korean women in this study also resist, at various levels, some of the social structures that embrace them. For example, reinterpreting the way of being a good mother, and consequently becoming more confident in dealing with western power, requires great effort to challenge their internalised expectations, such as what constitutes being an ideal mother. Such expectations or social pressures, like family, work or society, provide certain conditions that affect subjectivities. For example, although the Korean women's physical shift to New Zealand allows for new possibilities, it weakens some kinds of resistance to others, which together allows changes in power relations through exposure to different discourses. As Prilleltensky and Prilleltensky (2003) suggest, the Korean women engage with micro (e.g. close personal relations, family), meso (e.g. school, work) and macro spheres (e.g. community, society), which interact and work together to constitute their

subjectivities (Lyons & Chamberlain, 2006). By recognising these dynamics within they occur, we can understand subjectivities as a process of constant transformation.

Researching multiple subjectivities, and various forms of resistance, starts from understanding that people's behaviour is a socially meaningful practice. People's subjectivities form through multiple, shifting, and sometimes contradictory subject positions, as they engage with a range of discourses and social practices (Mehta & Bondi, 1999). In other words, there is no universal motherhood or no singular essential healthy body that we can identify with. Macleod (2006) proposes that the aim of replacing a singular identity, "e.g. women as a single oppressed class across time and space" with "plural and complexly constructed social identities" (p. 379) is not a way to overcome differences, or to justify the difference as if there is nothing we can do. Rather, the aim is to "use difference to establish multiple points of resistance to the myriad relations of inequality and domination" (p. 379). Agreeing with these authors, I also argue that we should not start from a convenient distinction between western and non-western worlds, as if we make this being value-free. Furthermore, we need to avoid assumptions about motherhood and womanhood as being driven by a person's innate traits. As Murray and Campbell (2003) note, many health psychology theories focus on defining people's behaviour 'as something that belongs to the individual' (p. 232). Rather than accepting such a view as the whole picture, we need to locate meanings in the context of people's lives, so to better make suggestions specific to points of change and resistance. Theorising

subjectivities in relation with discursive resources and social practice should be sensitive to the complexity of various issues with which people engage. If this is the case, there is less chance that we will isolate theory from meaningful social action and people from society.

Reflexivity in the research process

In this section, I discuss reflexivity, the process of being aware of my assumptions about the research, how they shaped the research and how the process of research lead to changes in them (Chamberlain, 2004). Chamberlain (2004) notes that research is ‘authored’, rather than ‘discovered’. In this sense the researcher, as well as the researched, are critical parts of the research. Explicitly discussing these issues will allow readers and authors “to consider and evaluate the potential impact of the assumptions and practices behind the research and its interpretation” (Chamberlain, 2004, p.127) and results in making better sense of the research (Parker, 2005). In designing this research, collecting and interpreting data, my autobiographical background and epistemological assumptions, such as being a Korean, a migrant, a female and a researcher applying social-constructionist theories, have all impacted on the form and direction of my research. As I consider the whole research process as a reflexive one, in this section, I discuss how my personal background shaped my relationships to the participants and in what ways this research process has influenced my subsequent epistemological view and social practice.

I came to New Zealand from Korea as an adult. By the time of this

research, I had lived in New Zealand for five years. I am a single woman without children, studying at a local university. Personal backgrounds have influenced the interaction between the participants and me in various ways. Firstly, by sharing the same language and cultural background, I could engage with conversation by understanding the way they gave personal stories and expressed emotions. However, this commonality might also have hindered my chance to facilitate richer accounts from the participants, as they tended to give answers assuming that I had prior knowledge and were less inclined to elaborate. Positioning myself as a naïve researcher, one with no prior knowledge of the situation yet still able to give authentic responses to the participants', is sometimes required. Secondly, when the participants' talked to me, they were responding to not only my questions but also to my status. For example, some participants said "you will know when you have your own baby," "you may not understand because you are single," and "you have a different future because you speak English." This also served as another way for me to see how being a woman and being a migrant are constructed. They treated me as a different kind of woman, who has not experienced what it is like to have a husband, babies, and husband's family to contend with. In addition, given that I speak better English than they do, they immediately divided Koreans into those who can speak English, like me, as one group, and other Koreans, as themselves, that do not. This categorisation might have affected their ways of talking about and positioning themselves as mothers, wives and Korean migrants. Finally, in analysing the data, I tried to use my own cultural knowledge to make better sense of the data. I believe that it may be beneficial, for understanding the research, to draw certain meanings out of the talk. It also means if other researchers reflexively interpret this same qualitative data,

their analyses may well be different.

Exploring the meaning of mothering and how it functions in these Korean women's lives gives me deeper insight into the world as constructed, rather than as fixed and given. The Korean women actively drew on or abandoned certain ways of mothering, which also affects other aspects of their personhood. While I hesitate to identify that these women take better or worse perspectives towards mothering, they do go through changes in their ways of seeing the world, which have certain functions in their context. Therefore, if we appreciate our understanding of the world as abstract and contingent, we actually have possibilities to re-create meanings that are relevant to the ways we live our lives. Rather than positioning people as passive objects driven by factors that scientists have 'discovered', I am more interested in exploring people's social positionings, through which people take part in more flexible, transformative practices.

Attending to subjectivity

This study shows that Korean mothers' health experiences link closely with their senses of self. Given this, we can apply a critical perspective to health promotion policies and make suggestions for future studies in this area. As Murray and Campbell (2003) suggest, if we stop seeing health practice as controlled by an individual's rational mind, we can then develop theories and policies which facilitate change at various levels and as people engage with their lives. They suggest that we need to go beyond the idea of the responsible individual, and take action to promote a healthy environment at the micro, meso, and macro levels.

These levels include homes, schools, workplaces, communities, and cities (Murray & Campbell, 2003). Furthermore, we should develop theories to help to enable marginalised groups of people change their lived experience for the better. In particular, for people marginalised as women, ethnic minority groups, and migrants, we need to scrutinise what ‘essentialised representations’ have been portrayed for these groups, through analyses of relevant discourses, and understand that these do not constitute the fixed subjectivities of these people. As Lyons and Chamberlain (2006) note, in this way we can promote and apply theories that are not separate from social practice.

In considering programmes to promote the health of these groups, it seems clear that an emphasis on western biomedical knowledge will not be very successful in engaging positive subjectivities for Korean women. Perhaps, if schools or health institutions provided structures where the mothers could participate socially and responsibly without language concerns, they might become more active and create better ways of coping with their lives. It would not, for example, include sending them brochures about how to stay healthy by following a Western diet, which is likely to place Korean women in the passive position of needing instruction and would also not be relevant to their lives. Therefore, we need to consider Asian traditional health care services in New Zealand. The use of traditional health services is not merely a matter of convenience for Korean people, but rather their way of naming, understanding, and treating physical and psychological signs, which for them can be an urgent matter and take high priority in life. Thus, it is important for them to access a

traditional health service. This raises issues about its status as a proper health service in western society. Having traditional Asian health practitioners or advisors in mainstream health settings may ameliorate this problem. In this case, examining whether Korean traditional practice is scientifically proven is not as critical as acknowledging its subjective meanings for the Korean people and the way that they maintain their health.

I also suggest there is a need for further research on goose families, which temporarily split for the purpose of children's education or to change life style. While this kind of family arrangement becomes more noticeable in modern society, there has been little research exploring the adaptation and relevant dynamics of these families. In this family arrangement, not only the mothers but also their husbands and children go through significant transitions from their previous lives. Each of them face dramatic changes in their familial roles, in health and educational systems, and in social and natural environments, whereby people need to shape new ways of making sense of themselves in the new context. Therefore the phenomenon of goose parent families, as a new form of family and as a new trend of migration from third world countries to western countries, invites contemplation of such issues as traditional notions of family, geographical categorisation of cultural and national identity, and issues of human rights. It is important to explore what these pre-existing understandings and distinctions do in constituting subjectivities of these migrants, and what changes occur to reformulate their subjectivities in this new era.

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Appendix I

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Korean Mothers' health experience in New Zealand

INFORMATION SHEET

Researcher Introduction

Thank you for participating in this study. My name is Michelle Jeon. I am the researcher of this project for my Master's thesis research supervised by Professor Kerry Chamberlain. This research aims to explore the nature of Korean mothers' health-related experience and the way of caring themselves with Korean herbal medication. I employ a qualitative research methodology to collect data from volunteer participants. Any information shared by you will only be used for the purpose of research. In addition, the study will safeguard the identity of you as well as ensure your anonymity.

If you have any concerns or questions about the research, please contact me or my supervisor.

Michelle Hyunok Jeon

██████████ ██████████ ██████████

Mobile ***

Kerry Chamberlain

E-mail: K.Chambelain@massey.ac.nz

Phone: 09-414-0800(ext 41226)

Purpose of the Study

Koreans are the biggest group whose young children came to New Zealand for their early overseas learning experience. In most cases, mothers bring their children into New Zealand while their husbands stay in Korea for financial support. Their difficulties, health problems and the way of caring themselves are barely known. Nevertheless, Korean herbal medication is known to be one of the popular health care systems for those

mothers. In addition, Korean people have their own cultural concepts to make sense of their health concerns which can be freely discussed over their use of Korean herbal medication. Therefore this study aims at listening to their lives and health concerns in New Zealand and the way in which they get help from Korean herbal medication. The findings are expected to contribute to understanding of health practitioners and policy makers in New Zealand as well as those in Korea about the needs of those mothers for their well being and appropriate health care provision.

How you involve in this study

I contact you through Korean traditional health practitioners and the Korean community leaders' referrals. I gave them clear explanation about the study purpose, procedure and participants' criteria. Then they talked to you for this study and informed me that you were willing to participate in this study, whereby I contacted you to organize this interview.

Your personal details including name and address are kept confidential and only for this research but not anywhere else.

You are selected under the following criteria for participant selection: (1) Korean mothers staying more than 1 year in New Zealand; (2) having husbands in Korea; (3) having their one or more than one children with them; and (4) having been used Korean traditional herbal medication at least once recent two years.

Participants are totally 10 people for this study. This number of participants is considered to be able to provide reasonably enough amount of information for analysis, while the volume of information is manageable for the researcher.

Your participation will require about two hours including the interview and traveling. For this time and travel, you will be given a grocery shopping voucher for 20 dollars.

As the interview may involve the talk about life difficulties and health concerns you have been experiencing or experienced in the past, you may feel some degree of discomfort. If so, you can withdraw from the interview any time and refuse to answer questions you feel uncomfortable with. Also I attached a list of health agencies you can contact to consult any personal concerns occurring during the participation.

How your data are collected and treated

The interview is conducted at the place of your preference. The interview with you will be recorded on audio tape. The recorded tape will be transcribed on my computer. To insure

your anonymity, your names will be replaced with code numbers. After publishing the study, the tape and the transcription will be stored for 5 years and destroyed by the supervisor. However, if you would like to hold your tape, you can request it at the beginning of the interview or before destroy it. At your request, I or my supervisor will give the copy of the tape. There will not be a copy of the original tape made for other reasons. If you want to withdraw from this study after the interview, decision to withdraw should be made no later than one month after the interview. After publishing the study, I will send you a summary of the study.

Your Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study (within 1 month of the interview);
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded.
- ask for the audio tape to be turned off at any time during the interview.

LOW RISK NOTIFICATIONS

"This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Professor Sylvia Rumball, Assistant to the Vice-Chancellor (Ethics & Equity), telephone 06 350 5249, e-mail humanethicsouthb@massey.ac.nz.

[Print on Massey University departmental letterhead]
 [Logo, name and address of Department/School/Institute/Section]

뉴질랜드 거주 한국 어머니들의 건강에 관한 경험

연구 안내

연구자 소개

저는 메시 대학에서 심리학 석사과정을 밟고 있는 전현옥이라고 하며 케리 챔벌린 교수의 지도 아래 본 연구를 진행하고 있습니다. 이 연구는 제 석사 논문의 한 과정으로 자녀 교육을 위해 홀로 뉴질랜드에 오신 한국 어머니들이 겪는 정신적으로 겪는 스트레스와 건강에 대한 염려가 어떠한지, 그리고 건강을 위해 한방을 이용하는 한국인들의 생각과 경험을 알아보고자 하는데 있습니다. 인터뷰를 통해 자료를 수집해 분석하는 질적 연구 방법으로 진행되고 있으며 인터뷰에 자발적으로 참가하고자 하는 분들을 대상으로 하고 있습니다. 참가자가 제공하는 모든 정보는 오직 본 연구 목적을 위해서만 사용되며 모든 이름은 익명으로 처리돼 개인이 노출되지 않습니다.

만약 본 연구에 대한 궁금하시거나 염려되시는 점이 있으시면 저나 저의 지도 교수에게 연락주시면 감사하겠습니다.

연구자: 전현옥 (미셀)

■■■■■ ■■■■■ ■■■■■■

Mobile ***

지도교수: Kerry Chamberlain

E-mail: : K.Chambelain@massey.ac.nz

연구의 목적

뉴질랜드에 유학을 목적으로 오는 어린 학생들 중 한국인의 비율이 가장 높습니다. 어머니들이 자녀들을 데리고 오시고 아버지는 한국에 남아 경제적 지원을 보내주시는 경우가 대부분이라고 할 수 있습니다. 이 같은 어머니들이 적지 않음에도 불구하고 이 분들의 생활, 건강 문제(정신적, 신체적), 그리고 어떻게 이런 문제들을 해결하고 건강을 돌보기 위해 어떻게 의료시설을 이용하시는지는 거의 연구된 바가 없습니다. 다만 많은 한국분들이 한방을 통해 자신의 건강을 돌보고 있음은 비교적 일반적인 사

실이며 이는 위 어머니들에게도 별반 다르지 않은 것으로 여겨집니다. 한국인들의 건강(정신적, 신체적)에 대한 표현과 이해는 서양의 것과 다른 측면이 있으며 이 같은 점들이 한방 체계와 잘 맞물려 있는 것이 사실입니다. 따라서 본 연구는 한국 어머니들에게 이 곳 생활에서 겪는 어려움과 정신적, 신체적 건강 문제, 그리고 한방으로 어떤 도움을 받으시는지를 직접 물어보는데 큰 의의가 있습니다. 연구 결과는 뉴질랜드의 건강 관련 종사자들과 정책 입안자의 이해를 높혀 한국 어머니들의 웰빙, 적합한 의료 시스템을 개발, 향상시키는데 도움이 될 것입니다. 이는 또 한국의 관련 종사자들에게도 좋은 정보가 될 것입니다.

연구에 참가하시게 된 경로

한국 한방의나 교민사회의 각종 커뮤니티 모임에 종사하시는 분들로부터 소개를 받아 인터뷰 요청을 하게 되었습니다. 제가 이 분들에게 이 연구의 의의, 어떤 분들을 인터뷰하고 싶은지를 전달한 후 여러분에게 연락을 취하셨습니다. 그 중 연구 참가를 승락하신 분들에게 제가 직접 연락을 드려 인터뷰 일정을 잡게 되었습니다.

여러분의 이름과 주소를 포함한 개인 정보는 이 연구 외에 어떤 용도로도 사용되거나 알려지지 않습니다.

인터뷰 참가자들은 다음과 같은 상황에 해당하시는 분들입니다. 자녀를 가진 한국인 여성으로 배우자는 한국에 계시고 자녀분들과 함께 뉴질랜드에 오신 분들로 적어도 1년 이상 5년 이하 이 곳에서 거주하신 분들입니다. 또 최근 2년 동안 한방을 이용해 보신 적이 있는 분들을 대상으로 하고 있습니다.

모두 10분 정도가 이 연구에 참가하시게 됩니다. 참가자 수를 10명 이내로 결정한 이유는 이 정도면 연구 취지에 맞는 양의 정보를 제공받을 수 있고 동시에 혼자 진행하는 연구이기 때문에 지나치게 많은 정보의 양을 피하기 위해서입니다.

참가자들은 인터뷰, 이동시간 등을 포함해 약 2시간 정도를 할애하셔야 할 것으로 보입니다. 이에 감사하는 의미로 약 20불 상당의 슈퍼마켓 상품권을 드립니다.

인터뷰에서 지난 혹은 현재 진행되는 어떤 어려움, 건강문제 등을 이야기 하다 보면 불편함을 느낄 수 있다고 봅니다. 이런 경우, 참가자가 해당 질문에 답하기를 거부하거나 인터뷰를 그만두실 수 있습니다. 또 혹시 나서는 개인적 영려나 문제점들이 있을 경우, 상의하실 수 있는 전문 상담 시설 목록을 덧붙였습니다.

연구 진행 과정

인터뷰는 여러분이 원하는 장소에서 진행됩니다. 인터뷰 내용은 녹음된 후 연구자가

나중에 이를 받아 적어 개인 컴퓨터에 저장하게 됩니다. 익명성을 보장하기 위해 참가자의 이름은 숫자로 표시합니다. 논문이 끝난 이후에 이 녹음테이프와 녹취 파일은 5년 간 저장된 후 모두 파기됩니다. 만약 참가자가 인터뷰 테이프를 가지고 싶으시면 인터뷰 전에, 혹은 자료가 모두 파기 되기 전에 의사를 표현하실 수 있으며 이런 경우, 저나 저의 지도교수를 통해 복사본을 받으실 수 있습니다. 만약 참가자가 연구 참가를 취소하고 싶으시면, 이미 인터뷰를 하신 후라 하더라도 인터뷰 이후 1달 이내에 말씀해주시면 됩니다. 연구가 마친 후, 연구 결과에 대한 요약본을 보내드리겠습니다.

참가자의 권리

참가자들은 이 연구에 반드시 참가하실 의무가 없습니다. 만약 연구에 참가하시게 되면 다음과 같은 권리를 가지게 됩니다.

- 특정 질문에 답변을 안하셔도 됩니다
- 이 연구 참가를 취소하실 수 있습니다 (인터뷰 마친후 1달 이내).
- 언제든지 궁금한 점을 질문하실 수 있습니다.
- 연구자가 동의를 구하기 전에 참가자의 이름이 사용되는 일이 없으리라는 보장을 받으신 후에 정보를 제공하시면 됩니다.
- 연구가 마무리 된 후 연구 결과에 대한 요약본을 받으실 권리가 있습니다.
- 인터뷰 중 언제든지 녹음기를 꺼줄 것을 요청하실 수 있습니다.

위험성이 낮은 연구임을 확인합니다

본 연구는 동료들의 검토에 의해 위험성이 낮은 연구로 판명되었습니다. 따라서 본 연구는 메시대학의 공식 윤리 위원회 심사를 받지 않았으며 해당 연구자가 연구에 대한 윤리적 책임을 지게 됩니다.

만약 연구 진행에 대한 연구자 외 다른 이에게 문의나 건의하고 싶으시면 아래 연락처로 연락주시시오. 실비아 럼벨 교수, Assistant to the Vice-Chancellor (Ethics & Equity), 전화 06 350 5249, e-mail humanethicsouthb@massey.ac.nz”.

Appendix II

[Print on Massey University departmental letterhead]

[Logo, name and address of Department/School/Institute/Section]

Korean Mothers' health experience in New Zealand

PARTICIPANT CONSENT FORM

This consent form will be held for a period of five (5) years

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I wish/do not wish to have my tapes returned to me.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:

Date:

Full Name (printed) :

Address (for posting a summary at the end of project) :

[Print on Massey University departmental letterhead]

[Logo, name and address of Department/School/Institute/Section]

뉴질랜드 거주 한국 어머니들의 건강에 관한 경험

연구 참가 허가서

이 허가 동의서는 향후 5년간 보관됩니다.

본인은 본 연구에 대한 내용을 상세히 안내한 연구 안내지를 읽었습니다. 본인의 궁금한 점들에 대해 만족스런 답을 얻었으며 앞으로도 언제든지 궁금한 점을 질문할 수 있다는 것을 알고 있습니다.

인터뷰가 녹음되는 것을 동의 합니다/ 하지 않습니다.

연구 안내지에 명시된 내용에 따라 본 연구에 참가할 것을 동의합니다.

사인:

날짜:

이름:

주소 (나중에 연구 요약본을 받으실 곳):

Appendix III

List of health practitioners

건강 관련 상담 및 문의하실 수 있는 곳

Korean Health agencies

Name	Organisation	Position	Phone
정인화 Chung In-Hwa	CADS	상담사 Counsellor	09 845 1807
캐더린 홍 Catherine Hong	ACC	Health Promotion	09 524 6358
김하균 Kim Ha-gyun	AMHS	정신건강 사회복지 Community Support Worker	09 443 3700
김하영 Kim Ha Young	에비모어	약사 Pharmacist	09 535 4900
김혜은 Kim Hye-eun	Hospice	상담사 Counsellor	09 268 8260
김시원 Kim Si-won	Rangitoto College	상담사 Counsellor	09 477 0150 (#925)
임동환 Lim Gus (Dong Hwan)	Problem Gambling Foundation	상담사 Counsellor	09 369 0618 09 369 0615

Help line, community resources

Asian Health Support Centre 09 486 2491

CAB 0800 367 333

Migrant Centre 09 486 4081

Women's refugee 09 378 1893

Raeburn House 09 441 8989

Parent helpline (Barnardos) 0900 472 7368

Lifeline 0800 543 354

Appendix IV

Interview topics

1. What are the psychological and physical health problems you have experienced after coming to New Zealand?
2. What do you think about the difficulties?
3. How do you think about your health since you came to New Zealand?
4. What do you do for your health in New Zealand?