4 Cross-Cultural Considerations with Korean American Clients: A Perspective on Psychological Assessment

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The Korean American population was the fastest growing of all Asian groups between 1990 and 2000, from 799,000 to 1,073,000 individuals, a 35 % increase (US Bureau of the Census, 2004). Persons of Korean descent compose over 10 % of the Asian Americans and Pacific Islanders (AAPIs) in the USA (US Bureau of the Census, 2004). Currently, Korean Americans rank among the largest AAPI subgroup in the USA (US Bureau of the Census, 2004). While other ethnic groups have been in the USA for several generations, more than two out of three Korean Americans are foreign-born, first generation immigrants (US Bureau of the Census, 2008). Given that Korean Americans have a relatively shorter immigration history compared to other ethnic groups, this may impact their familiarity with and assimilation into American culture. As such, greater research on immigration stress, discrimination, and psychological adjustment is needed for Korean American families.

The Sino-Japanese War, which took place in Korea, initiated Korea's first wave of immigration to the USA (Kitano & Daniels, 1995). Between 1903 and 1905, approximately 7,000 Koreans immigrated to Hawaii for better living conditions than that existed in Korea at the time (Hing, 1993) and the Japanese annexation in Korea brought Korean women as picture brides (Zia, 2000). On the islands of Hawaii, there was a need for laborers to work on the sugar plantations. However, during this time, the lower-class Korean Americans who made the initial move faced poverty and hardship in Hawaii (Hing, 1993). In the early twentieth century, Korean immigrants moved to the mainland to work on farms and railroads.

The second wave of Korean immigrants arrived in the USA after the Korean War in 1953. These immigrants were predominantly the wives of servicemen, war orphans, and a number of them were students and professionals. While many immigrants at this time were professionally skilled in medicine or engineering, language barriers and racial discrimination prevented many immigrants from obtaining professional positions (Hing, 1993). In order to make a living, many Korean immigrants instead chose to open

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small businesses, such as groceries, dry cleaners, and restaurants. This downward shift from professionally skilled occupations to skilled labor jobs affected professional opportunities and financial livelihood, which in turn had psychological, physical, and inherently cultural effects on Koreans living in the USA.

Cross-Cultural Recommendations for Assessment and Therapy

Acculturation and Depression

Acculturation, the process of cultural adaptation by individuals, has been conceptualized as a central component in understanding the varied experience of ethnic and cultural minorities (Berry, 2005). It is a potentially stressful period, during which personal and interpersonal problems often arise in the process of attempting to resolve or minimize cultural differences between themselves and the host culture. Berry and Kim (1986) identified this as acculturative stress.

A review of the studies on Korean Americans and depression indicates that the prevalence of depression may vary according to acculturation levels. Assessing for acculturation levels may assist in establishing factors contributing to mood disorders (Jang, Kim, & Chiriboga, 2005). Given the high rates of immigration within the last 50 years, Korean Americans have to navigate a new host country and may be more prone to experiencing depressive symptoms (Takeuchi et al., 2007). In Jang et al.'s (2005) study, after controlling for the effects of demographic variables and chronic conditions, low acculturation levels remained a significant risk factor of high depressive symptoms for Korean Americans. Korean older adults in particular were found to manifest relatively more symptoms of depression.

Similarly, Oh, Koeske, and Sales (2002) reported that Korean participants who indicated abandonment of Korean traditions and values were more vulnerable to depressive symptoms. Furthermore, maintaining Korean traditions and adjusting to American culture adds a layer of psychological stress that nonimmigrant populations do not face (Aldwin & Greenberger, 1987; Oh et al., 2002).

The high rate of depression reported among Korean immigrants is strongly correlated specifically to increased rates of acculturative stress (Hurh & Kim, 1990; Kim & Rew, 1994; Oh et al., 2002). In a study examining the link between intergenerational acculturation conflict and depression symptoms, Kim (2011) found that increased depressive symptoms were related to incongruent cultural values. In fact, there is a positive correlation between depression and level of acculturative stress among Korean immigrants (Choi, 1997; Shin, 1994) suggesting that acculturated individuals may function better in the host culture and this contributes to their psychological well-being (Berry & Kim, 1986). However, longer residence in the USA and higher acculturation levels does not provide complete immunity from depression. Findings for the impact of acculturation levels (typically strong indicators of generational status) on psychological well-being have been inconsistent. The process of acculturation is a complex process for Asian immigrants with multiple factors influencing adjustment that could lead to increases in both levels of well-being and distress (Shin, Han, & Kim, 2007).

Social support plays an important role in adjusting to a new culture, decreasing acculturative stress, and reducing the risk of depression (Berry, Kim, Minde, & Mok, 1987; Choi, 1997; Kim, Han, Shin, Kim, & Lee, 2005; Shin, 1994). Family support and good family relations are associated with decreased levels of depression in Korean immigrants (Lee, Moon, & Knight, 2004; Mui, 2001). Similarly, Korean immigrants who are affiliated with a Korean church reported less depression (Hurh & Kim, 1990; Lee et al., 2004). Korean churches are an established social network, providing spiritual support, social services, counseling, cultural activities, and have become an important community for Korean immigrants in the USA (Hurh, 1998). Seventy percent of all Koreans living in America attend a Christian church. In some Christian-belief systems, mental illness is understood as a symbol of inherent evil (Kim-Goh, 1993). Korean clergy have reportedly advised church members not to seek professional

help for mental health issues and instead recommend alternative treatments such as fasting, praying, or performing exorcisms. Outreach efforts have been made to educate Korean clergy members about mental health issues and to collaborate with them when working with Korean patients. As such, psychologists may want to consider working collaboratively with spiritual mentors and pastors in the client's life.

Acculturation and the Family Structure

Korean families value filial piety, clearly defined family roles (with the male as the head of the family), collectivism and interdependence, and education (Kitano & Daniels, 1988). A Confucian proverb known in the Korean culture demonstrates this mindset, the "law of the three obediences": obeying the father before marriage, obeying the husband following marriage, and obeying the oldest son after the husband's death (Kim-Goh, 1998). These values are largely intact in immigrant families; however as children of immigrant parents become acculturated into westernized society, family discord ensues. In Korean American families seeking mental health services, counselors may see a higher frequency of family conflict due to strain shifting family roles, communication difficulties, a gap in parent–child values, and parents' expectations in the areas of academic achievement, dating, and marriage.

For Korean immigrant males, there is oftentimes a shift of work related factors, as many immigrate as professionals and transition to occupations that require long hours spent at work in order to maintain an income. Among immigrant males, occupation, income and job satisfaction show the strongest correlation with mental well-being (Hurh, 1998). Many highly educated Korean males who are unable to find professional employment may develop substance abuse problems (Min, 2001). In addition, often becomes difficult to suppress feelings of anger and resentment given their social role shifts to a more egalitarian way of life and the difficulty in maintaining financial stability (Min, 2001).

Despite the fact that men are oftentimes the primary breadwinners in an immigrant household, Korean American women have had to work in the family businesses out of necessity (Kim & Kim, 1998). More than 75 % of Korean American women are employed full-time outside of the home (Hurh, 1998) and are also expected to perform all household and child-rearing tasks (Kim & Rew, 1994; Um & Dancy, 1999). This is contrary to life in Korea, where domestic responsibility belongs to women and fiscal responsibility belongs to men. Given the multiple roles women are required to fulfill and managing conflicts that arise at home and at work, they are subject to severe strain and stress (Kim & Rew, 1994). Considering this strain during the adjustment period following immigration, employed and married Korean immigrant women may also be at higher risk for depression and may face more barriers to seeking services due to cultural attitudes and expectations (Miller & Chandler, 2002; Noh & Avison, 1996; Shin, 1994). These financial, social-role, and legitimacy shifts for Korean immigrants are factors that create stress and psychological maladjustment for Korean American families, which may contribute to the high rate of domestic violence within the home (Rhee, 1997).

There are a number young children and adolescents who immigrated to the USA with their parents (the 1.5 generation). These youth often face similar challenges as American-born children of Korean immigrants, especially when faced with a conflicting set of demands. They are often encouraged by their middle-class parents toward upward mobility by attaining a better education and well-paying professions (Novas, Cao, & Silva, 2004). This orientation towards academic achievement creates a significant demand for success, and in turn a dynamic wrought in perfectionism in Korean American adolescents (Kim, 2005).

Research on Korean American children and their relationship with their parents is limited. Of the studies on Korean American children and their parents, a vast majority are with college age populations. Studies predominately focused on

the gap that forms between parents and their children due to differential rates of acculturation and its effects on distress. In a study of examining the nature of parent–child conflicts and the use of coping strategies, a large majority of Korean American college students in the study reported having less adherence to cultural values than their parents (Ahn, Kim, & Park, 2008). As a result, when there was a greater parent–child values gap, there was a higher likelihood of parent–child conflict. When these conflicts occurred, Korean college students reported using problem solving as a coping strategy more frequently than social support. Conflicts that were most often cited included family expectations and conflicts regarding dating and marriage (Ahn et al., 2008).

With regard to parental strain, Choi, Dancy, Faan, and Lee (2012) found in a qualitative study that the main stresses that parents encountered while raising their adolescent children in the USA were inability to advocate for children, feeling uneasy and insecure about incompatible American culture, ambivalence towards children's ethnic identities, and feelings of alienation. Parents reported perceiving American culture to be liberal and individualized as opposed to Korean culture, which is perceived to be conservative and oriented towards familial, group, and community advancement, i.e. where the individual is subordinated in favor of the group. Parents felt that their children became more selfish and less respectful to adults the longer they lived in the USA (Choi et al., 2012). Due to living in two cultures, incongruent cultural values and conflicts between parents and children may increase over time and may place families at risk for mental health issues (Hwang, 2006).

Psychologists may want to consider addressing these aspects through a twofold approach considering the strains on both the parent(s) and the child as distinct but intertwined. Family therapy in particular can be a unique way for all parties to hear how the same strain has differing effects but result in distress nonetheless. Moreover there is oftentimes a third aspect and cultural value in a Korean American household, which includes the cultural practice as a caregiver to the elderly. The responsibility of caring for the elderly is often placed on adult children and can be an added stressor. As such, this burden is a risk factor for the mental health of the caretaker (Lee & Farran, 2004).

Korean Adoptees

The end of the Korean War in 1953 brought about the first Korean adoptees into the USA. Most Korean War orphans were adopted by US families (Kim, 1995b). Korean children adopted by American families accounted for approximately 20 % of all foreign adoptions in the 10-year period following the Korean War amounting to 4,163 children in the USA. By 1986, 6,150 Korean children were adopted, representing 59 % of all foreign children adopted in the USA, according to the annual report of the US Immigration and Naturalization Service (1992). There are now an estimated 110,000 children adopted by American families between 1953 and 2001 (Evan B. Donaldson Adoption Institute, 2007).

Several researchers (Lee, 2003; Lee & Quintana, 2005; Yoon, 2004) have noted that being adopted and ethnically different from other members of one's own family as well as from majority members of society can make the process of identity formation more complex for transracial adoptees. Although many Korean transracial adoptees have Caucasian family members, their racial features place them in the minority group. As such, they are forced to navigate the meanings of race and culture from two reference groups, the majority Euro-American group, and the Korean American group. A Korean adoptees' racial identity is also a challenging issue because they must both develop a sense of internal (family) identity while simultaneously attempting to come to some understanding of negotiating their external identity, as experienced by others (Randolph & Holtzman, 2010). In addition to racial identity, the development of a strong ethnic identity is also an important aspect of transracial adoptees' psychological well-being (Basow, Lilley, Bookwala, & McGillicuddy-Delisi, 2008).

However, research studies focusing on identity development and comfort with racial and ethnic identities present an inconsistent picture. In a longitudinal study with 366 transracially adopted Korean Americans in the 1970s in the Midwest, most adult adoptees were comfortable with their racial identity (Simon & Altstein, 2000). However, another study indicates that earlier generations of Korean adoptees did not identify strongly with their ethnic culture, viewing themselves as Caucasian or White children (Freundlich & Lieberthal, 2000). In situations where adoptees simply want to fit in with their majority Euro-American peers during childhood and adolescence, they may adopt a color-blind position by identifying more strongly with being "just a person" or American (Lee & Miller, 2009). In a similar vein, Johnson and Kim-Johnson (1998–1999) found that Korean transracially adoptees in Minnesota reported instances of "identity dissonance," experiences of indirect racism, and expressed the wish to be "just American." Kim, Suyemoto, and Turner (2010) explored the impact of sense of belonging and exclusion on racial and ethnic identity. They found that Korean transracially adoptees' individual identities are not solely choices made by individuals' internal decisions. Rather, social experiences with both White and the Korean American groups and responses from significant others and societies at large have influential roles in identity development (Kim et al., 2010).

Another important aspect to assess when examining psychological well-being in transracial adoptees is level of cultural socialization (Lee, 2003). In other words, it is important to consider the amount a Korean adoptee has been exposed to the cultural norms and expectations of one's birth culture and has internalized those cultural norms and expectations. Given that some Korean-born adoptees are raised by Caucasian families, they are exposed to and socialized into the dominant culture. Contact with other members of their racial group and/or exposure to an Asian ethnic culture may be minimal because of homogeneous neighborhoods, or because their family did not make an effort to expose them to their ethnic heritage (Lee, 2003). In particular, ethnic language knowledge is one of the most salient markers of cultural knowledge.

The role of adoptive parents is particularly crucial in the cultural socialization of their Korean adopted children. Parents make decisions regarding the degree to which they will, intentionally or unintentionally, affirm or discount the cultural and racial group memberships of their children and inherently influencing their child's identity formation process (Randolph & Holtzman, 2010). Korean "heritage" camps have been one approach to providing this experience. Generally, fostering an open environment that validates adoptees' racial experiences and educating adoptees about the possibility of encountering exclusion based on race and ethnicity is important.

Diagnoses, Treatment, and Assessment

Depression

Korean Americans have higher rates of depression when compared to Japanese Americans, Filipino Americans, and Chinese Americans. Depression is one of the most prevalent mental health issues among Korean Americans (Huang, Wong, Ronzio, & Yu, 2007; Kuo, 1984; Min, Moon, & Lubben, 2005; Shin, 2002; Yeh & Inose, 2002). Two particular studies report that 30–49 % of Korean Americans in their samples endorse depressive symptoms (Huang et al., 2007; Kim & Rew, 1994). This high rate of depression among Korean immigrants has continued for several decades (Hurh & Kim, 1990; Min et al., 2005; Shin, 1993). Despite the high prevalence of depression in the Korean American community, few speak about their depressive symptoms (Kim & Rew, 1994). Mental illness is viewed as stigmatizing and brings disgrace to the entire family (Kim, 1997). Wanting to "save face" on behalf of the family and a lack of culturally responsive treatments maintains a culture of underutilization of mental health services in the Korean American community (Shin, 2002).

In previous studies, depression was empirically linked to stressful life events (Choi, 1997;

Oh et al., 2002; Shin, 1994). In Korean Americans, depressive symptoms are linked to several factors, including aging, being female and changes in gender roles, divorce, or separation from family members, lower education level, low socioeconomic status, deficient social support, discrimination, rejecting acculturation, and language barriers (Choi, 1997; Im & Meleis, 2001; Kim, 1999; Koh, 1998).

A depression instrument was developed for use with Korean Americans: the Kim Depression Scale for Korean Americans (KDSKA). It captures the four domains of depression (affective, behavioral, cognitive, somatic) in a 25 item, four-point Likert-like scale. The questions were designed to be consistent with culturally salient descriptions of depression, such as "I cannot laugh with my whole heart." This instrument does have some clinical limitations that should be noted. The KDSKA is not intended to be a diagnostic tool because of its limited ability to delineate the severity of depression. It was designed as a screening tool based on the frequency of symptoms rather than severity. Additionally, this instrument does not have established norms or cutoff points and larger scale validation studies are required to establish these numbers (Kim, 2002).

Given the high rates of depression amongst Korean immigrants, it is alarming that this population rarely seeks the treatment they need (Kim & Rew, 1994). It has been reported that self-treatment for depression and other mental health issues results in increasing rates of alcohol abuse in Koreans (Duranceaux et al., 2008; Helzer et al., 1990). Untreated depression also affects the family unit making it a source of stress and nonsupport. Additionally, it has been found that depressive symptoms in parents negatively impact parenting (Lovejoy, Graxzyk, O'Hare, & Neuman, 2000). Depressed parents tend to be more hostile, coercive, less nurturing, less involved (Benner & Kim, 2010), and less supportive of their adolescents (Barrera & Garrison-Jones, 1992). However, despite the high rates of depression for Koreans, psychologists should first explore the way in which emotions and depressive symptoms are expressed and manifest.

Expression of Emotion and Depression

It has been found that Korean Americans experience, conceptualize, and express emotional problems differently than those in the dominant American culture (Kim, 1995a; McCollaum & Lester, 1997). In Korean culture, there is no differentiation between psychological and physical functioning. Based on classical Chinese beliefs and medicine, physical and emotional health are viewed in a holistic manner (Kim, 1995a). Emotional states and suffering are often interchangeable with physical sensations. Therefore, somatization is thought to be an important mode of expressing emotional problems for Korean Americans (Kim & Rew, 1994). Depressed Korean Americans often describe bodily sensation such as digestive distress, tightness in the chest, dizziness, constipation, back pain, and headaches. Studies have found that there is no clear distinction between body and mind; instead somatic metaphors are used to express affective states (Pang, 2000). For example, Pang (1998) found that Korean immigrants seemed to be describing somatic complaints when describing emotions, but instead were actually expressing emotional and psychological distress using somatic idioms or metaphors. Depression was described metaphorically using phrases like "My mind is wrapped with fog" (as cited in Pang, 1988, p. 105). Another notable difference in the expression of depression is using the color "black" rather than "blue" to depict negative emotions.

Furthermore, in the Korean dialect, there is no direct translation for "depression." The phrase that most closely describes the experience of depression is *woo-ul-jeuing* (Yi, 1990). This is a condition in which ones self is out of balance (Shin, 2010). Based on the Chinese philosophy of yin yang (the two forces in nature), the body, mind, and environment lacks balance or are not in harmony. When looking for "balance," it is difficult to differentiate and identify a single source of suffering, either through physical or mental illness (Choi, Stafford, Meininger, Roberts, & Smith, 2002; Shin, 2010).

Less acculturated Korean adults may adhere to more traditional Confucian values of modesty

and for this reason, may be reluctant to express positive emotions such as happiness and satisfaction. In contrast, those who are more acculturated may be more accepting of Westernized ways of thinking and expression and are more likely to reveal and express themselves in a positive manner (Jang et al., 2005). A growing knowledge and exposure to Western culture may also be an indicator of successful coping or adaptability, which in turn has been linked to positive emotional states (Jang, Chiriboga, & Kim, 2006). Jang et al. (2005) questions whether reported depression symptoms are indicative of true emotional states or result from a cultural response style. In this way, a reluctance to express positive emotions may be more of an indication of cultural norms rather than symptoms of depression.

Korean culture also discourages expression of emotional problems, especially amongst Korean men. Koreans believe this is an important component of keeping harmony in a family unit or society and that a person's maturity is measured by the ability to control one's feelings (Kim, 1995a). Additionally, most Koreans believe that the acceptance of suffering is a way of life (Pang, 1998; Yamashiro & Matsuoka, 1997). Based on Taoist and Buddhist influences, Korean Americans attempt to overcome emotional distress by personal willpower and believe that emotional difficulties are situationally limited. To publicly express emotional suffering is a sign of weakness (Shin, 2010). Consequently, individuals hesitate to seek help from a mental health professional or member outside of their family (McCollaum & Lester, 1997). Physical complaints are socially accepted, but mental complaints are stigmatized (Cho & Kim, 1998; Pang, 1994). These cultural traits have been thought to influence the rate of somatization identified in East Asian individuals (Hsu & Folstein, 1997; Kleinman, 1982).

Substance Abuse in Korean Americans

In Korean culture, drinking alcohol is common, particularly during social gatherings, celebrations, and on holidays. Alcoholism and substance abuse were not viewed as social and legal problems in Korea until the last 20 years (Kwon-Ahn, 2011). Many Korean immigrants who arrived in the U. S. in the 1990s, may hold the same attitudes towards alcohol consumption and other substance use. As such, Korean Americans living in the USA may be unaware of the mental health consequences of alcoholism, cigarette smoking, and other substance use.

Social norms tend to dictate alcohol consumption (Cook, Hofstetter, Kang, Hovell, & Irvin, 2009). Based on the collectivist nature of Korean culture, when one is offered a drink, it is often considered rude not to accept it (Kwon-Ahn, 2011). Typically, the act is reciprocated until both or all those present in the same party have consumed a number of drinks. For women or deferential males, there is a different set of social norms. When they are in the presence of males or elders, they must turn away and consume their drink discreetly. Furthermore, it is disrespectful for women to smoke cigarettes in front of elders and males. For younger males, it is disrespectful to smoke in front of their elders. Gender differences may preclude women from having higher rates of alcohol and cigarette use. In the past, Korean males were reported to have higher rates of drinking than females (Lubben, Chi, & Kitano, 1989). Compared to other Asian subgroups, Korean Americans also have a higher rate of cigarette smoking. In particular, males tend to have a higher rate of cigarette use and addiction than females (Hahm, Lahiff, & Guterman, 2004).

Social norms may also influence the onset of first alcohol and cigarette use in Korean youth. There may be a greater potential for Korean American adolescents to experiment at an earlier age with alcohol, cigarettes, and illicit drugs with their same ethnic peers (Cook et al., 2009). Similar to other immigrant groups, peer influence is a significant factor associated with drinking behavior and other substance use in Korean American adolescents (Hahm et al., 2004). Studies have also examined acculturation levels as possible factors influencing early use of alcohol and cigarettes (Cook et al., 2009; Hendershot, Dillworth, Neighbors, & George, 2008; Unger, Trinidad, Weiss, & Rohrbach, 2004).

In the USA, there are few culturally appropriate counseling services to specifically treat Korean Americans with substance abuse. Several barriers exist in providing culturally appropriate substance abuse treatment to Korean Americans. One major obstacle is language barriers. Locating clinics that offer translation services, if necessary, may be more challenging. The second is in addressing cultural differences. For a culture that believes that hard work and willpower will overcome any addiction, psychoeducation for Korean Americans may be required to inform clients and their families that addiction may be related to biological, social, and/or environmental factors. For example, studies indicate that many Asian Americans and particularly Korean Americans lack the ALDH2*2 allele to metabolize alcohol resulting in difficulty breathing, redness of body and face, and skin irritation and itchiness (Hampton, 2006). Scientific studies and health information provided by physicians and leaders in the community may help to educate the Korean American community about the physiological differences of Asians as compared to others. Substance abuse counselors working with Korean Americans may need to be directive and make greater attempts to contact potential client than they typically would with non-Asian populations.

When assessing for alcohol and substance use, it is important to ask the client indirectly as a way of demonstrating respect. For example, direct or detailed questioning may appear disrespectful and elicit a defensive response. Asking the client to write down or give a written record of how much and how often they drink in a sitting may illicit greater responsiveness. If they are unwilling or are dismissive of your question, other options such as using a checklist or relating it to physical health concerns may be appropriate. It may also help at this point to remind them of confidentiality and their legal rights. Teaming up with local religious pastors or organizations may help to increase recruitment and retention of substance abusers and those with drinking problems.

Rates of Suicide and Suicidal Ideation

The rate of Koreans in America who commit suicide is increasing at an alarming rate. According to the Korean Consulate General, in 2009 the number of Korean citizens living in the USA who completed suicide has more than doubled from 7 to 15. This number does not account for Korean Americans that are citizens of the USA. The Korea Times, a Korean newspaper in the USA, reported that during 2010 at least 36 Koreans and Korea Americans in the New York region alone had taken their lives (Korean Beacon, 2010). Accurate data on the rates of mental health-related issues and suicides among first and second generation Korean Americans are difficult to ascertain. Part of this difficulty results from the data collection methods used by the Center for Disease Control (CDC). When the CDC reported on mental health statistics, all the East Asian ethnicities were lumped together as one category. Interestingly, this alarming increase in suicide rates of Koreans in the USA has mirrored the rise of suicides in South Korea. According to 2010 reports from the Organization for Economic Cooperation and Development (OECD), South Korea has the highest suicide rate among its 30 member nations, with 33.5 suicides per 10,000 people. Some experts trace the increase in the suicide rate, in part, to the nation's rapid transformation from an impoverished society to a booming industrial power (The Straits Times, September 10, 2012).

Critics of modern Korean culture report that the importance of traditional values has diminished and instead has been replaced with a sense of materialism. Money and achievement are emphasized starting from childhood. Failure to get into top colleges, perform well at school or climb the economic ladder can cause deep shame and embarrassment (BBC News Asia, Nov. 7, 2011). These recent changes continue to influence Korean immigrants in setting unreasonable expectations for achievements, furthering the rates of depression and suicidal ideations. Many community organizations are holding seminars and educational workshops on suicide risk factors and prevention. A report released by the Suicide Prevention Action Network USA and the Suicide Prevention Resource Center, concluded that Asian Americans are significantly less likely than Caucasians to mention suicidal thoughts or mental health concerns to a professional (4 % vs. 26 %) (n.d.). It is important to actively screen for suicidal risk when assessing a Korean American patient exhibiting distress.

Psychosis and Schizophrenia

There are very few published studies or epidemiological data collected on Korean Americans diagnosed with schizophrenia or psychotic disorders. Some attempts have been made to estimate prevalence rates of schizophrenia in Asian American groups by studying patients who received services in public treatment settings. The lifetime prevalence rate for schizophrenic disorders in Korean Americans is estimated to be 0.46 %. Those who sought out services exhibited a greater level of disturbance than others in the clinic population (Sue & Morishima, 1982). This finding may be related to the pattern of help-seeking behaviors found in Asian American communities. Asian patients are usually kept within the family for prolonged periods of time without proper mental health services, until the family can no longer care for the individual or the efforts are unsuccessful (Lin, Inui, Kleinman, & Womack, 1982; Lin, Tardiff, Donetz, & Goresky, 1978). Additionally, sociocultural and ethnic backgrounds unique to the Korean American experience may influence the expression, course, and treatment of schizophrenia (Hopper & Wanderling, 2000; Kirmayer, 1989; Kleinman, 1988; Lin & Kleinman, 1988; Weisman, 1997). For example, Asian families are more likely to accompany schizophrenic family members to clinic visits and are actively involved in treatment decisions (Lin, Miller, Poland, Nuccio, & Yamaguch, 1991).

Psychosocial differences were found in Korean American schizophrenic patients when compared to other minority groups (Bae & Brekke, 2002). These patients tend to live with their families, or if they live independently, their families maintain more parental contact and control. Many of the Korean American schizophrenic patients were employed at family owned businesses. Socially, these patients initiated less contact with people outside of their families. This can be interpreted as a way to go unnoticed in social interactions, to not call attention to themselves or to avoid undesirable behaviors (Abe & Zane, 1990). Furthermore, when compared to other ethnic groups, Korean American schizophrenic patients were significantly less satisfied with their social lives and had less general life satisfaction. Factors such as acculturative stress in addition to the complications of being diagnosed with a serious mental illness present additional challenges to this population.

Treatment and assessment of psychosis or schizophrenia in the Korean American population should incorporate cultural characteristics. Bae and Kung (2000) proposed that a culturally relevant family intervention model be used with Asian Americans with schizophrenia. Fostering a family bond and involving family members in a collaborative manner may be appropriate (Shon & Ja, 1982; Sue & Morishima, 1982). Additionally, when working to improve social functioning, the interventions should be culturally congruent. Social assertiveness or confrontations are likely to be rejected (Telles et al., 1995). A comprehensive psychosocial assessment should be conducted, including individual stressors and identifying factors that affect the individual's adjustment within the community.

Culture-Bound Syndromes Specific to Korean Americans

Hwa-Byung

The inability to express feelings may lead to a Korean culture-bound syndrome called "Hwa-byung" (anger illness or fire illness). Hwa-byung can be viewed as repressed negative emotions expressed through multiple physical symptoms, in response to emotional distress. It is believed to occur when women of Korean heritage suppress anger, frustration, hate, animosity, or other negative feelings toward their family or significant others. When these feelings are suppressed for a long time (even for as long as decades), a group of psychosomatic symptoms develop, including sensations of heat, pressure in the chest, nasal stuffiness, epigastric pressure, heart palpitations, headache, dry mouth, eating disturbances, insomnia, and heavy sighing. These physical symptoms are usually coupled with anxiety, hypervigilance and sadness (Min & Suh, 2010). In Western cultures, it is often misdiagnosed as depression or anxiety due to the similar symptom presentation and because they are highly correlated and at times comorbid (Park & Bernstein, 2008). Hwa-byung is diagnosed in approximately 4.0–11.9 %

of the population, mostly in middle-aged or older Korean immigrant women (Lin, 1983; Min, Namkoong, & Lee, 1990).

The unique features of Hwa-Byung that differentiate it from other mental illnesses are that patients usually acknowledge that they have Hwa-Byung. Often, these patients feel guilty for having it, have been submissive or obedient for long periods of time, have hidden their anger or negative feelings (at least 10 years), present with generalized anxiety, and yet show resilience and no suicidal ideation or attempts (Choi, 2006). The foremost method of assessing Hwa-byung is to explore the patient's social, cultural, and life history. When gathering demographic information from these patients, asking them to fill out a questionnaire before the interview is sometimes better than asking in person. During the interview, it is important to ask the patient directly if they think they have Hwa-Byung, to describe the symptoms, how it interferes with daily life, if they have sought out treatment from a doctor or alternative medicine, and if anything has helped elevate the symptoms (Choi & Yeom, 2011). Symptoms of Hwa-byung can be assessed using the Hwa-byung Scale (HB Scale) (Min et al., 2009). This assessment is offered in both English and Korean versions. It is known as a useful clinical tool to measure Hwa-Byung and has been found to have good validity and reliability (Choi, Phillips, Figueredo, Insel, & Min, 2008). Traditionally, Hwa-byung is treated holistically with psychosocial support from family, spiritual comfort, traditional Korean medicine, and biomedical treatments. Recent studies have shown that a combination of both pharmacological and nonpharmacological interventions improves symptoms of Hwa-byung (Choi & Yeom, 2011). Other interventions shown to be effective were psychotherapy, cognitive behavior therapy, social skills training, and working closely with the family. Additionally, facilitating support from the ethnic community can be a great assets and resources for the patient.

Shin-Byung

Shin-byung is a Korean culture-bound syndrome listed in the DSM-IV. Shin-byung is translated as "divine illness" or "god illness." It is characterized by anxiety and somatic complaints, followed by dissociation and possession by ancestral spirits.

According to Korean folklore, it is the initiatory process to become a shaman. In order to alleviate symptoms, the person must allow the foreign spirit, sometimes the spirit of an ancestor, to enter the body; however other shamans can dissuade the spirit from entering the body and halt the process and obligation of becoming a shaman (Yi, 2000).

There are three phases of Shin-byung: the prodromal phase, trance phase, and possession phase. The first phase, prodromal phase, is characterized by symptoms such as weakness, fatigue, dizziness, insomnia, digestion issues, depression, anxiety, fear of death, and conversion symptoms. These symptoms can last from several weeks to decades. Usually during this phase, patients will struggle to understand their symptoms, visiting various physicians. The symptoms will progress to the trance phase. This is when the patient suffers from unusual dreams, hallucinations, or illusions from spiritual beings, which suggest that they will enter the patient's body or that the patient becomes a shaman. This phase is often distressing for the patient and physicians, and so other shamans are often consulted for help. The trance phase can last from days to years. The last phase is called the possession phase. It is broken into two different subphases. The first is when the original spirit in the dreams or hallucinations coexists in the patient's body, creating multiple personalities. Soon after, full possession will occur, when the invading spirit dominates the patient's body, consciousness, and behaviors. Some accounts of full possession have included states of confusion, extreme excitement, and sometimes violence. It is believed that women living in chronically stressful family situations are vulnerable to developing Shin-byung. When perceived by a Western medical model, patients with Shin-byung are often diagnosed with schizophrenia, conversion disorder, and/or dissociative identity disorder. The treatment of Shin-byung is often a collaborative approach of therapy and the involvement of a shaman, although in modern Korean culture the help of a shaman is often the final option (Legerski, 2006).

Underutilization of MH Services

Although the Korean American population has grown, the number of Korean Americans represented in the US healthcare system remains minimal. Specific data on mental health utilization among Korean Americans has not been recorded, though a trend towards underutilization of mental health services has been found in Asian Americans in general. The Surgeon General found that only 17 % of the Asian Americans with a psychological problem sought assistance and less than 6 % did so from a mental health provider (US DHHS, 2001). When Asian Americans seek professional help, it is usually for psychotic, dangerous, or disruptive behaviors and less frequently for common personal problems or general emotional distress (Moon & Tashima, 1982; Tracey, Leong, & Glidden, 1986).

When Korean immigrants seek mental health services, it is usually on behalf of a family member suffering from a mental illness. The family member seeking help is often female. The underutilization of mental health services observed in the Korean American community may be attributed to many factors, including negative stigma, lack of knowledge regarding resources, unfamiliarly with treatment methods, pragmatic barrier to receiving treatment (such as financial resources, transportation, language, or access to insurance), as well as the failure of mental health services to provide culturally relevant interventions (Bernstein, 2007).

The negative stigma associated with mental illness among Korean immigrants has been deeply ingrained within the society for centuries (Leong & Lau, 2001). It is a common scenario that shame and denial over mental illness often encourage individuals and families to keep the illness secret. Having a family member who is different from the expected norms of society can be a source of shame for the whole family unit. In a culture where being able to control one's emotions and behaviors are respected and considered honorable, seeking professional mental help can be viewed as a sign of weakness, bringing further shame to the individual and family unit. In some cases, mental illness is perceived as a curse on the individual and family, bearing further shame and secrecy. When working with Korean American families, it is important to assure confidentiality and to address the shame and stigma. It can be helpful to reframe seeking help as a strength and a path to eventually maintain the family's dignity (Kim, 1985).

In some situations, economic limitations serve as a barrier to seeking healthcare. One out of every four elderly Korean immigrants lives below the poverty line, making access to health insurance and therefore, mental health services nearly impossible (Jang et al., 2006). When compared to other ethnic minority groups, Korean Americans rank among the lowest in having medical insurance (42 % without health insurance coverage, whether private, government-sponsored, Medicare/Medicaid). This lack of health insurance coverage is most likely related to their recent immigration history and reliance on income from small retail businesses, most of which are unable to afford private health insurance premiums (Lee, Hanner, Cho, Han, & Kim, 2008).

Another practical barrier to seeking treatment is language. Oftentimes, Korean immigrants are unaware of the services available to them. The number of Korean speaking clinicians may be limited and if none are available, dropping out of treatment due to language difficulties is probable (Donnelly, 2005). Additionally, certain culture-bound communication rules make talking about feelings to a clinician highly uncomfortable, such as avoiding eye contact and avoiding private topics (Beller, Pinker, Snapka, & Van Dusen, n.d.).

Typically, Korean American families first seek out traditional Eastern medicine, such as acupuncture or homeopathic care, to deal with everyday medical or mental health issues. Seeking mental health treatment is usually a last resort. Commonly, the assistance of family and friends, informal social networks, and community organizations such as the church are pursued first (Akutsu, Castillo, & Snowden, 2007). Mental Health professionals should inquire about the use of Eastern medicine or alternative supports and the willingness to accept Western-style practices (Jo & Dawson, 2010).

Public awareness and education efforts seem to have a positive influence on help-seeking

behaviors of Korean Americans and reduce stigma (Shin & Lukens, 2004). Korean immigrants with higher levels of acculturation to Western society have more fluency in English, and those who have accomplished higher levels of educational status have been found to be more positive about seeking professional mental health services (Yi & Tidwell, 2005).

Case Example

Anna is a 38 year old single Korean American female. She is the oldest of two; her younger brother is 4 years younger. Anna's parents immigrated to the USA from Korea prior to her birth and owned a small laundry mat until her father recently retired. She recalls her parents fighting regularly and her father coming home late. She grew up in a Korean protestant church with strong Christian values. Her mother continues to attend church regularly, though her father no longer attends. The neighborhood in which she grew up in the Midwest was predominantly Caucasian, as were her primary and intermediate school demographics. Her parents were strict while she was growing up, emphasizing academics and the importance of education. She was rarely allowed to go out with friends in high school, and never allowed to attend sleepovers.

Anna graduated college from an Ivy League institution and received her law degree at a prestigious university. She distanced herself from most Asian Americans on campus and has only dated Euro-American men. She has had a series of relationships with men in the past, however, has been single for 2 years. She currently resides in an urban city on the east coast, while her parents and younger brother remain in the Midwest. She has been in her current position as an attorney in a law firm for the past 4 years.

Anna's mother recently attempted suicide for the second time. Anna states that her mother has a history of untreated depression and has attempted suicide shortly after divorcing her father when Anna was in college. Most recently, her father has shared that he will be remarrying. Anna has never shared with anyone that her mother has attempted suicide, nor has she ever spoken with her mother about either suicide attempts. Anna feared it would be disrespectful to ask her mother about her depression and only learned the details from her aunt. Anna believed a pastor was meeting with her mother regularly, providing pastoral counseling.

Anna is complaining of having difficulty sleeping and concentrating at work. Additionally, she's been going out to drink socially almost every weekend and sometimes blacks out and doesn't remember where she was before she woke up. Anna fears that she may also be susceptible to depression in the future and is seeking help to manage her feelings around her mother's suicide attempt.

Questions to consider in assessment or treatment with Anna:

1. How does the role of birth order and gender contribute to the family dynamic?
2. In what way are Anna's Christian values important in her case conceptualization?
3. What may be Anna's past and present stressors that inform her clinical presentation?
4. How might you understand her distancing herself from other Asian Americans and preference for dating Caucasian men?
5. In what way would you address Anna's understanding of her mother's SI?

Summary/Conclusions

1. Korean Americans have had a more recent immigration history compared to other Asian ethnic groups, which can impact their familiarity with and assimilation into American culture.
2. Given that most psychologists will be working with first or second generation Korean Americans, it is important to consider the effects of acculturative stress on the individual and/or the family. Low acculturation remains a significant risk factor of depressive symptoms for Korean Americans. First generation Korean women in particular may be at greater risk for depression given the shift in gender roles as well as multiple roles

they are required to fulfill and managing conflicts that arise at home and at work.

3. Acculturative stress for second generation Korean Americans often includes conflict over family expectations, perfectionism/achievement, dating, and marriage.
4. It is important to consider the racial and ethnic identity development of Korean Americans in overall psychological well-being. For first generation Korean Americans, there often is a conflict between holding onto Korean cultural values in a western society and the strain of communicating with their more assimilated children. With respect to second generation Korean Americans, a strong racial and ethnic identity, and an awareness and acceptance of the roles of both cultures correlates with positive psychological health.
5. Korean adoptees are a unique but prevalent subpopulation in the Korean American community. Psychologists should consider the identity development, cultural socialization, and role of the adoptive parents in the identity formation of the Korean adoptee.
6. Depression is one of the most predominant mental health issues among Korean Americans. Depressive symptoms are linked to several factors including aging, changes in gender roles (particularly for females), divorce or separation from family members, lower education level, low socioeconomic status, lack of social support, discrimination, slower rate of acculturation, caring for elders, and language barriers.
7. Psychologists should take care in understanding the expression of emotion and how it impacts mood disorders like depression. In Korean culture there is no differentiation between psychological and physical functioning. Somatic complaints are often used when describing emotions and psychological distress for first generation Koreans in particular. Furthermore, there is no direct translation for "depression"; Koreans often translate the condition to being "out of balance" or harmony as a relatable experience.
8. Oftentimes less acculturated Korean Americans are reluctant to express positive emotions, as a cultural response style. As such, the absence of positive emotions should not be considered to be depressive mood symptoms, or indicative of true emotional states. Moreover, Korean Americans believe an important component is to keep harmony in the family and forbear one's burdens, accepting suffering as a way of life. Therefore depressive symptoms related to forbearing family burdens may appear to be causing distress, but the alternative; to think of and act as an individual separate from the collective family, in actuality may cause greater psychological distress.
9. Anxiety disorders and the expression of negative emotion have culture bound symptoms unique to Korea like *Hwa-byung* and *Shin-byung*. Hwa-byung is related to repressed negative emotions expressed through multiple physical symptoms, in response to emotional distress. On the other hand, Shin-byung is characterized by anxiety and somatic complaints, followed by dissociation and possession by ancestral spirits. Psychologists should be mindful of the expression of emotions and symptoms in this way, particularly for first generation Korean Americans.
10. There are stressors for Korean Americans including dynamics in the family that create pressure (perfectionism, acculturative stress, family role shifts). Psychologists should be aware of the patterns and way in which Korean Americans oftentimes respond to such pressures i.e. substance abuse, eating disorders, and in extreme cases suicide.
11. In Korean culture, drinking alcohol is common, particularly during social gatherings. For Korean Americans, these social norms often turn into abuse when alcohol becomes a coping mechanism to deal with distress and stressors.
12. For Korean Americans, mental illness is viewed as stigmatizing and brings shame to the family. The general underutilization and barriers to care observed in the Korean American community may be attributed to

many factors, including negative stigma, lack of knowledge regarding resources, unfamiliarity with treatment methods, pragmatic barrier to receiving treatment (such as financial resources, transportation, language, or access to insurance), as well as failure of mental health services to provide culturally relevant interventions.

13. The assistance of family, friends, and community organization such as church are the primary places Korean Americans turn to for social support. However, while a strong emphasis is placed on the family unit, a Korean American open to psychological assessment or treatment will not likely have shared with their family they are seeking such services.

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