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Korean American Adolescents' Depression and Religiousness/Spirituality: Are There Gender Differences?

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Abstract The purpose of this study was to examine depression and religiousness/spirituality (R/S) in Korean American adolescents with an interest in exploring gender differences. The sample consisted of 182 adolescents attending ethnic Catholic churches in the NY and NJ metropolitan area. Depressive symptoms were assessed using the Center for Epidemiologic Studies-Depression Scale, and R/S was measured by the Brief Multidimensional Measure of Religiousness/Spirituality. Results suggest no gender difference in depression, but a high rate of depression in both genders. Additionally, girls showed higher levels of Forgiveness and boys showed higher levels of Negative Religious Coping. Further, we found four R/S variables are associated with depression in each gender: Daily Spiritual Experiences, Forgiveness, Positive Religious Coping, and Negative Religious Coping for girls; and Forgiveness, Negative Religious Coping, Congregational Support, and Overall Self-Ranking for boys. Lastly, the four R/S variables together explained 20 % and 23 % of the variance in depression for boys and girls, respectively, with Forgiveness and Negative Religious Coping remaining significant for girls, and Negative Religious Coping staying significant for boys. The current findings are discussed along with limitations and directions for future research, and clinical implications.

Keywords Korean American · Adolescent · Depression · Religiousness/spirituality · Gender

The population of Asian Americans is rapidly increasing in the U.S., with the number of recent immigrants from Asian countries having surpassed that of Latin American counterparts since 2009 (Pew Research Center 2013). Statistics suggest that Asian Americans are the most educated and economically successful minority groups in the U.S. (Pew Research Center 2013). Such positive pictures of Asian Americans, however, would be incomplete without examining their mental health issues. In fact, research found that Asian Americans are at higher risk for depressive symptoms (Kuo 1984; U.S. Department of Health and Human Services 2001), suggesting that the "model minority" stereotype may mask underlying mental health issues and distress. Studies also showed that Korean American adults have a high prevalence rate of depression compared to other Asian groups as well as to the U.S. general population (Bernstein et al. 2011; Kuo 1984). Similarly, Korean American adolescents showed higher levels of general mental health symptoms than Chinese and Japanese American counterparts (Yeh 2003). As such, Korean American adolescents appear to have high mental health needs, but little research effort has been made to explore this matter.

While there is a dearth of research examining depression in Korean American adolescents, evidence suggests high levels of depressive symptoms in this population (e.g., Kang and Romo 2011; Nho 2000). In Kang and Romo's study using the CES-D to measure depressive symptoms, Korean American adolescent boys and girls had elevated mean scores of 17.4 and 18.5, respectively, which contrasts with a nationally representative adolescent sample showing the mean score of 12.2 on the same instrument (Rushton et al. 2002). Additionally, Nho found that the levels of anxious/depressed

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symptoms reported by Korean American adolescent boys and girls (T scores of 57.86 and 61.22, respectively) were close to those reported by U.S. clinically referred samples.

In understanding depressive symptoms in Korean American adolescents, researchers examined factors associated, such as acculturative stress (Nho 2000; Park 2009), years of residency in the US (Cho and Bae 2005), intergenerational conflicts (Cho and Bae 2005; Kim and Cain 2008), and social support (Nho 2000). While these factors were found to have significant effects on depression, this study was designed to extend research endeavors to the realm of religiousness and spirituality. Unfortunately, there is no agreement about the definition of these constructs in the literature. However, some researchers view them as related rather than separate, and therefore, we use the combined term, religiousness/spirituality (R/S) to represent such intertwined nature.

There are two reasons why it is important to examine R/S in relation to depression among Korean American adolescents. First, it is well known that R/S plays a central role in many Korean immigrant families (Hurh and Kim 1990; Min 1992). Research also shows that the importance of R/S is greater in the lives of Korean American adolescents than in those of other Asian American counterparts. For instance, Yeh and Inose (2002) found that Korean American adolescents utilize more religious coping strategies in dealing with stress than did their Chinese and Japanese American counterparts.

Secondly, the literature supports the protective function of R/S in preventing or reducing depression in adults and adolescents alike (Koenig et al. 2012; Smith et al. 2003; Yonker et al. 2012). Adolescent research recently began to explore which aspects of R/S are associated with depression (e.g., Dew et al. 2010; Harris et al. 2008; Pearce et al. 2003). For example, Dew et al. showed that daily spiritual experiences, forgiveness, positive religious coping, congregational support, organizational religiousness, and self-rated religiousness/spirituality were negatively related to depressive symptoms. On the other hand, negative religious coping and congregational problems were positively associated with depressive symptoms. Among these factors, research indicates that forgiveness (Dew et al. 2010) and negative religious coping (Dew et al. 2010; Terreri and Glenwick 2013) retained their significance to depression even after controlling for covariates. While more research is needed in this area, little is known about how various aspects of R/S are related to depressive symptoms in Korean American adolescents. The lack of research is disappointing given that the salutary effect of R/S is strong in a culture where R/S is more accepted and practiced, and among individuals with limited resources (Koenig et al. 2012; Pargament 1997). Therefore, this study was intended to examine the relation of R/S to depression in Korean American adolescents. In discerning R/S variables to be included, we selected R/S variables that had been used in previous adolescent studies in order to ensure the comparability of our findings.

Another interest of this study was to explore gender differences. The issue of gender differences can be examined in terms of adolescent depression, R/S, and the relation between R/S and depression. First of all, it is known that females start to show more depressive symptoms than males at the ages of 13–14 (Nolen-Hoeksema and Girgus 1994; Wade et al. 2002). Also, epidemiological studies have found that girls have a higher prevalence rate of depression than do boys (Le et al. 2007; Rushton et al. 2002). For example, in Rushton et al., the prevalence rate of girls (12.6 %) was more than two times than the prevalence rate of boys (5.9 %). The same gender pattern was found in South Korean adolescents in that girls had significantly higher levels of depressive symptoms than boys (Cho et al. 2001). However, it is unclear as to whether such gender pattern applies to Korean American adolescents as there are mixed findings. Specifically, Nho (2000) found Korean American girls showed higher levels of anxious/depressed symptoms than did Korean American boys. In contrast, several other studies (Cho and Bae 2005; Kang and Romo 2011; Park 2009) reported no significant gender difference in depressive symptoms with Korean American girls scoring slightly higher. These inconsistent results warrant further investigations.

The second aspect of gender differences lies in the research finding that females are more religious than males (Spilka et al. 2003). In national and regional surveys of adolescents, it was demonstrated that girls attend religious services more frequently, consider religion as important more often, pray alone more often, and feel closer to God than boys do (Smith and Denton 2005). Research also showed that females tend to view religion as relationship and emphasize relational connection to God (Ozorak 1996). While such gendered relation is widely accepted, it is important to note that previous research was mostly drawn from samples of individuals whose religious self-identification was unclear (Simpson et al. 2008). As a matter of fact, in a study of predominantly Caucasian Christian adults (Simpson et al.), males did not differ from females in terms of religious participation and relational spirituality. As such, the relation between religiousness and gender needs to be further explored and it is of interest to see whether and how gender differences appear in Korean American adolescents that are religious and yet underrepresented in the literature.

While there is a plethora of evidence for females' higher levels of R/S, it is inconclusive whether the relation between R/S and depression manifests equally across gender. In a meta-analytic study, Smith et al. (2003) concluded that gender does not moderate the religiousness-depression link. However, this finding may not be generalized to Asian American adolescents because the number of adolescent and/or Asian American studies included was very limited at the time. Recent adolescent studies, albeit few, indicated the differential effects of R/S on depression by gender. For example, Pérez et al. (2009) showed that spirituality had an indirect impact on depression over a 1-year period for girls but not for

boys. Additionally, Desrosiers and Miller (2007) found that daily spiritual experiences, forgiveness, and positive religious coping were associated with less depression in adolescent girls, while congregational problems was associated with more depression in adolescent boys. In both genders, congregational support was related to less depression. Lastly, in a study of Korean American Protestant adolescents, Kang and Romo (2011) demonstrated that spirituality (i.e., daily spiritual experiences, beliefs, and private religious practices) predicted less depression for girls exclusively. Given the significant results, it is warranted to further investigate gender differences in the relation between R/S and depression in Korean American adolescents.

Research Questions

Korean American adolescents are one of the most religious groups in the U.S. and seem to be vulnerable to depression. Although it is well known that R/S buffers against negative mental health outcomes, there is a paucity of research examining how the multidimensionality of R/S is related to depressive symptoms differentially by gender in this ethnic minority group. In this regard, the present study was aimed at filling the gap in the literature by addressing the following three research questions with a sample of Korean American adolescents.

(1) Do girls show higher levels of depressive symptoms than boys? What is the severity of depressive symptoms in Korean American adolescents?
(2) Are there gender differences in the multiple dimensions of R/S?
(3) What are the independent and relative contributions of the multiple dimensions of R/S to depressive symptoms? Are there gender differences in such relations?

Method

Participants and Procedures

Adolescent participants were recruited from various Korean-American Catholic churches located in the NY-NJ metropolitan area. Parents received information on this study through pastors, youth leaders, or researchers, and then returned parental consent forms (a response rate of 38 %). On the day of data collection, researchers visited each church, and explained to a group of adolescents about the purpose of the study, confidentiality, etc. Then adolescents who agreed to participate in survey were asked to sign adolescent assent forms. The researchers conducted the survey in a group setting in which participants were asked to respond to a set of self-report questionnaires in English language. It took about 30 min for adolescents to complete. All the research processes were executed in compliance with the University IRB requirements.

Among 196 cases initially collected, a total of 14 cases were excluded from the dataset. Specifically, four cases were removed for their random responses indicating they had answered without reading the items, seven cases for their limited English proficiency as they reported being enrolled in ESL classes, and three cases for providing incomplete information on the depression scale. The final sample consisted of 182 Korean American adolescents with 88 girls (48.4 %) and 94 boys (51.6 %) in grades 6 to 12. The majority of the adolescents reported being Catholics (n = 180), while two adolescents indicated having no religion. Over 60 % of the sample was born in the US, and the rest immigrated at the mean age of 8. As mentioned earlier we excluded adolescents who had not acquired proficient English language skills yet, but we combined American-born and oversee-born adolescents into a single sample for analyses for the following reasons. Korean Americans as an ethnic group have a relatively short history of immigration and tend to have ethnic religious communities where American-born and oversee-born youths are integrated rather than separated. Also, we wanted to secure enough sample sizes for statistical analyses. However, we acknowledge that if we had a larger dataset it would be interesting to analyze separately for American-born and oversee-born adolescents. In terms of the family socioeconomic status, we obtained two pieces of information, free lunch status and maternal education. Approximately 17 % receives a free lunch at school and 82 % of the mothers completed a college or graduate education (see Table 1).

Measures

Center for Epidemiologic Studies-Depression Scale (CES-D) The CES-D is a 20-item self-report measure assessing depressive symptoms (Radloff 1977). Each item is rated on a 4-point Likert scale, asking participants to indicate their perception of frequency of depressive symptoms for the past week. The psychometric properties of the CED-S are excellent with high internal consistency and adequate test-retest reliability, and the four-factor structure has been replicated in many studies (Carleton et al. 2013; Sheehan et al. 1995). In our study, the CES-D had good coefficient alpha of .86.

This scale was originally designed for use with adults but has been popularly used in adolescent research. However, it is important to note that the CES-D scores of adolescents are elevated compared to those of adults due to the fact that developmentally adolescents experience an excessive amount of mood swing and interpersonal conflicts (Radloff 1991). Given score inflation, the conventional cut-off score of 16 used in adults creates many false positive cases in adolescents and

Table 1 Demographic Characteristics of the Sample

	Total (%) (N = 182)	Girls (%) (N = 88)	Boys (%) (N = 94)
Grade			
6th	4.4	5.7	3.2
7th	18.8	15.9	21.5
8th	13.3	12.5	14.0
9th	16.6	21.6	11.8
10th	24.3	23.9	24.7
11th	13.3	14.8	11.8
12th	9.4	5.7	12.9
Free lunch			
Yes	16.5	14.3	18.6
No	83.5	85.7	81.4
Born in the US			
Yes	61.5	58.0	64.9
No	38.5	42.0	35.1
Mother's education			
Graduate School	17.3	18.1	16.7
College	64.7	69.9	60.0
High School/GED	16.8	10.8	22.2
High School Dropout	1.2	1.2	1.1

alternative classification systems have been suggested (e.g., Roberts et al. 1991). In the present study, we adopted Rushton et al.'s (2002) classification system which defines scores of 0–15 as "minimal", scores of 16–23 as "mild", and scores ≥24 as "moderate/severe" depressive symptoms.

Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) The BMMRS (Fetzer Institute and The National Institute on Aging Working Group 2003) is a 38-item measure assessing multiple dimensions of religiosity and spirituality. Respondents are asked to rate their level of agreement to each statement using a 4-, 6-, or 8-point Likert scale. Since its original publication as a health research tool, it has become one of the most popular measures in religion and spirituality research, and research has supported and validated its use with adolescents from diverse backgrounds (Harris et al. 2008; Kelley and Miller 2007).

For the purpose of the present study, we selected 8 dimensions and two individual items from the BMMRS that appear appropriate for adolescents and have been included in previous research as follows. Daily Spiritual Experiences is intended to assess an individual's experience of God in daily life (6 items; Cronbach's α = .81). Forgiveness consists of forgiving oneself, forgiving others, and feeling forgiven by God (3 items; Cronbach's α = .53). Private Religious Practices represents private religious and spiritual practices that are non-institutional and informal (5 items; Cronbach's α = .70). Positive Religious Coping measures benevolent religious/spiritual ways of dealing with stressful life events. There are three items tapping into search for spiritual connection, collaborative religious coping, and seeking spiritual support (Cronbach's α = .72). Negative Religious Coping reflects religious struggle in coping and is measured by three items including punishing God reappraisal, spiritual discontent, and self-directed religious coping (Cronbach's α = .48). Congregational Support measures the social support provided by others in an individual's congregation (2 items; Cronbach's α = .60). Congregational Problems is designed to measure the negative interaction between an individual and others in their congregation (2 items; Cronbach's α = .69). Overall Self-Ranking contains two items for self-rated religiousness and spirituality (Cronbach's α = .74). Additionally, we included two individual items to measure organizational religiousness (How often do you attend religious services?; Besides religious services, how often do you take part in other activities at a place of worship?). Each item was used separately in our analyses.

Half of the scales showed good internal consistency (≥.70) while the other half had lower internal consistency using the current sample. Previous research reported low reliabilities especially for the scales of Forgiveness and Negative Religious Coping (e.g., .68 and .58, respectively, in Harris et al. 2008). Despite their reported reliabilities, these two subscales were included due to their theoretical significance and allowing for comparisons with prior studies. We calculated a mean score of each dimension after reverse coding some items when necessary, and a high mean score indicates a high level on the dimension. For example, a higher score on Daily Spiritual Experiences means having more frequent experiences of God, while a higher score on Negative Religious Coping represents having more religious struggles.

Results

Results will be presented in three sections, each of which addresses relevant research questions. Descriptive statistics including means, standard deviations, and correlations are presented in Tables and in text when deemed appropriate.

Depression and Gender

We examined whether boys and girls differ in the level of depressive symptoms with independent samples t-tests. The results revealed no significant gender difference, although the mean score of depressive symptoms was higher for girls (M = 19.20, SD = 9.76) than for boys (M = 18.61, SD = 10.92) (see Table 2). Additionally, we examined the percent of adolescents by the levels of depressive symptoms,

Table 2 Descriptive and T-Test Statistics for the Depression and R/S Variables

Variable	Range of Possible Scores	Total M (SD)	Boys M (SD)	Girls M (SD)	*t*
Depression	0–60	18.89 (10.35)	18.61 (10.92)	19.20 (9.76)	−.38
Daily Spiritual Experiences	1–6	3.72 (.94)	3.70 (1.03)	3.75 (.84)	−.41
Forgiveness	1–4	3.09 (.54)	3.00 (.57)	3.19 (.49)	−2.40*
Private Religious Practices	1–8; 1–5	3.84 (1.42)	3.82 (1.44)	3.86 (1.41)	−.17
Positive R/S Coping	1–4	2.74 (.74)	2.69 (.82)	2.80 (.65)	−1.02
Negative R/S Coping	1–4	2.21 (.64)	2.31 (.69)	2.11 (.57)	2.10*
Congregational Support	1–4	3.07 (.76)	3.02 (.85)	3.11 (.66)	−.81
Congregational Problems	1–4	2.27 (.76)	2.36 (.73)	2.19 (.79)	1.50
Overall Self-Ranking	1–4	2.71 (.64)	2.70 (.72)	2.73 (.54)	−.32
Frequency of Attending Religious Services	1–6	4.71 (1.04)	4.65 (1.13)	4.77 (.94)	−.78
Frequency of Attending Other Activities at Church	1–6	3.60 (1.47)	3.55 (1.53)	3.65 (1.41)	−.43

*$p < .05$

defining scores 0–15 as "minimal", scores 16–23 as "mild", and scores from 24 as "moderate/severe". It was found that 22.4 % of boys and 22.7 % of girls were classified as having mild depression, and 31.9 % of boys and 33 % of girls were classified as having moderate/severe depression. When the conventional cutoff score of 16 was used, more than half of the sample (54.3 % for boys, 55.7 for girls) was considered having "probable" depression.

R/S and Gender

We also examined gender differences across the R/S subscales and items by running a series of independent samples *t*-tests. As shown in Table 2, there were two significant differences between boys and girls in Forgiveness and Negative Religious Coping ($t = -2.40$, $p < .05$ and $t = 2.10$, $p < .05$, respectively). In terms of Forgiveness, girls were more likely to forgive and feel forgiven than boys. Also, boys were more likely to use negative religious coping by feeling God's punishment/abandonment and being independent from God than girls.

The Relation between R/S and Depression by Gender

Correlations between R/S and depression were computed for boys and girls separately (Tables 3 & 4). Results showed that four R/S variables were significantly associated with depression in the expected direction for each group, with similarities and differences identified across groups. Specifically, in boys Forgiveness, Congregational Support, and Overall Self-Ranking were negatively correlated with depression, and Negative Religious Coping was positively correlated with depression. In case of girls, Daily Spiritual Experiences, Forgiveness, and Positive Religious Coping were negatively correlated with depression, and Negative Religious Coping was positively correlated with depression. Two out of the four variables, Forgiveness and Negative Religious Coping, consistently showed significant correlations with depression across gender.

Then we conducted regression analyses to determine the independent and relative effects of the four R/S variables that were found to be significantly correlated with depression for each gender. Before running the analyses, we examined if demographic variables, including grade, free lunch status, mother's education level, the place of birth (i.e., US born or not), and years of residency, are correlated with depression. Results showed no significant associations, and therefore, those demographic variables were not included as covariates in later analyses. Initially, a series of univariate regression analyses were conducted to examine the independent effects of R/S on depression. Results showed that each of the R/S variables significantly explained the variance in depressive symptoms ranging from 6 % to 13 % for girls and 6 % to 10 % for boys. In both groups, Forgiveness was the most powerful predictor, $\beta = -.36$, $p < .01$ in girls and $\beta = -.31$, $p < .01$ in boys (see Table 5).

Next, multiple regression analyses were conducted to examine the relative contributions of the R/S variables for boys and girls separately (see Table 6). Results showed that the models were significant for both groups, explaining 23 % of the variance for girls and 20 % of the variance for boys. There were changes in the significance of the R/S variables as predictors. Specifically, in the girls' model Forgiveness and Negative Religious Coping remained significant, whereas Daily Spiritual Experiences and Positive Religious Coping became non-significant. For the significant predictors, Forgiveness ($\beta = -.29$, $p < .01$) was somewhat stronger than Negative Religious Coping ($\beta = .24$, $p < .05$). For boys, only Negative Religious Coping stayed significant ($\beta = .21$,

Table 3 Correlations Between the R/S variables and Depression for Boys

Variable	1	2	3	4	5	6	7	8	9	10	11
1. Daily Spiritual Experiences	1.00										
2. Forgiveness	.43**	1.00									
3. Private Religious Practices	.49**	.05	1.00								
4. Positive Religious Coping	.72**	.36**	.47**	1.00							
5. Negative Religious Coping	.01	−.25*	−.03	−.04	1.00						
6. Congregational Support	.48**	.21*	.48**	.39**	.08	1.00					
7. Congregational Problems	.11	−.07	−.07	−.07	.21*	.19	1.00				
8. Overall Self-Ranking	.63**	.17	.46**	.59**	.02	.37**	.04	1.00			
9. Frequency of Attending Religious Services	.29**	.18	.17	.26*	−.01	.11	.10	.24*	1.00		
10. Frequency of Attending Other Activities at Church	.35**	.01	.38**	.39**	.05	.29**	.04	.40**	.24*	1.00	
11. Depression	−.16	−.31**	−.02	−.09	.24*	−.24*	.09	.27**	−.03	.09	1.00

*$p < .05$. **$p < .01$

$p < .05$) with Forgiveness, Congregational Support, and Overall Self-Ranking becoming insignificant. Taken together, Negative Religious Coping was the single R/S variable that significantly predicted depression in both groups even after taking into account the other R/S contributions.

Discussion

The purpose of this study was to explore depression and R/S with an interest in exploring gender differences in Korean American adolescents. Our study makes significant contributions to the field of psychology of religion and mental health in ethnic minorities by addressing the important yet neglected areas among Korean American adolescents. In this section, we discuss the current findings, limitations and implications for further research, and clinical implications.

Current Findings

We found no significant gender difference in depressive symptoms in Korean American adolescents. This finding differs from the majority of research conducted in the U.S. and South Korea supporting girls are prone to develop more depressive symptoms (Cho et al. 2001; Le et al. 2007; Nolen-Hoeksema and Girgus 1994; Rushton et al. 2002; Wade et al. 2002). However, this result is consistent with previous studies of Korean American adolescents showing no gender significance in depressive symptoms (Cho and Bae 2005; Kang and Romo 2011; Park 2009) and suggests that gender disparity in adolescent depression may not be manifested in this ethnic minority group. However, what is concerning is that this group showed elevated levels of depressive symptoms relative to the U.S. national adolescent sample (e.g., Rushton et al. 2002) and Asian American adolescents (e.g., Le et al. 2007). Such differences confirm prior research that Korean American

Table 4 Correlations Between the R/S variables and Depression for Girls

Variable	1	2	3	4	5	6	7	8	9	10	11
1. Daily Spiritual Experiences	1.00										
2. Forgiveness	.39**	1.00									
3. Private Religious Practices	.41**	.33*	1.00								
4. Positive Religious Coping	.58**	.35**	.38**	1.00							
5. Negative Religious Coping	−.11	−.01	.02	−.08	1.00						
6. Congregational Support	.28**	.14	.06	.19	−.04	1.00					
7. Congregational Problems	.09	.19	.37**	.25*	.24*	.10	1.00				
8. Overall Self-Ranking	.47**	.22*	.29**	.42**	.00	.29**	.04	1.00			
9. Frequency of Attending Religious Services	−.01	.10	.11	.03	−.20	−.02	.11	−.03	1.00		
10. Frequency of Attending Other Activities at Church	.22	.09	.35**	.08	.03	.09	.35**	.19	.27*	1.00	
11. Depression	−.26*	−.36**	−.13	−.32**	.26*	−.07	.03	.00	−.18	.06	1.00

*$p < .05$. **$p < .01$

Table 5 A Series of Univariate Regression Analyses for Girls ($N = 88$) and Boys ($N = 94$)

	Girls			
Predictor	R^2	*B*	*SE* B	β
Daily Spiritual Experiences	.07*	−2.95*	1.21	−.26*
Forgiveness	.13**	−7.25**	2.02	−.36**
Positive Religious Coping	.10**	−4.80**	1.53	−.32**
Negative Religious Coping	.07*	4.35*	1.78	.26*
	Boys			
Predictor	R^2	*B*	*SE* B	β
Forgiveness	.10**	−5.92**	1.90	−.31**
Negative Religious Coping	.06*	3.81*	1.59	.24*
Congregational Support	.06*	−3.12*	1.30	−.24*
Overall Rating	.07**	−4.09**	1.52	−.27**

*$p < .05$. **$p < .01$

adolescents are at higher risk for mental health problems than other Asian American counterparts (Yeh 2003) as well as U.S. representative counterparts (Nho 2000). In terms of classifications of depression, more than half of our sample scored equal to or higher than the conventional cutoff score of 16. Again, this is an alarmingly high prevalence of depressive symptoms, compared to U.S. nationally representative samples (e.g., 28.7 % in Rushton et al. 2002) and South Korean adolescents (e.g., 34.3 % of boys and 47.5 % of girls in Cho et al. 2001).

Why do Korean American adolescents demonstrate such high scores on depression? While it is unclear, we can infer from cross-cultural research that the immigrant status may aggravate the preexisting risk status for depression. For example, Jang et al. (2010) compared depressive symptoms among European Americans, Korean Americans, and Koreans, and found that Korean Americans ranked the highest, Koreans second-highest, and European Americans the lowest. Additionally, research shows that the mental health of Korean American adolescents tends to worsen with an increase in the years of U.S residency (Cho and Bae 2005). Although the correlation between the place of birth, years of residency, and depression was not significant in our sample, it seems worthy examining those factors in future cross-cultural or longitudinal studies.

Table 6 Multiple Regression Analyses for Girls and Boys

Predictor	Girls			
	R^2	*B*	*SE* B	β
	.23**			
Daily Spiritual Experiences		.01	7.64	.00
Forgiveness		−5.84	2.13	−.29**
Positive Religious Coping		−3.02	1.79	−.20
Negative Religious Coping		4.06	1.66	.24*
Predictor	Boys			
	R^2	*B*	*SE* B	β
	.20***			
Forgiveness		−3.72	1.95	−.19
Negative Religious Coping		3.29	1.56	.21*
Congregational Support		−1.91	1.34	−.15
Overall Self-Ranking		−2.84	1.55	−.19

*$p < .05$. **$p < .01$. ***$p < .001$

Despite the well-known finding that females are more religious than males, we found more similarities than differences in the R/S variables between boys and girls: no significant gender differences in all the ten variables but two (i.e., Forgiveness, Negative Religious Coping). Our results are inconsistent with prior research showing that girls are higher than boys in the aspects of organizational religiousness, private religious practices, daily spiritual experiences, and positive religious coping, while the groups were not different from each other in forgiveness (Desrosiers and Miller 2007; Smith and Denton 2005). However, the current findings of no gender difference in congregational support and congregational problems are in accordance with Desrosiers and Miller (2007)'s findings. In interpreting our findings, it is important to note that the participants were recruited from churches and most of them self-identified as Catholic. Research shows that adolescents with a religious affiliation score higher on the most BMMRS dimensions than adolescents reporting no religious affiliation or Atheist (Harris et al. 2008). Additionally, gender differences in religiousness are not significant among churchgoers (e.g., Simpson et al. 2008). In sum, the current finding along with previous research findings provide support for the possibility that the typical portrayal of females being more religious may not hold true for those with religious affiliations or churchgoers.

In terms of the two R/S variables with gender significance, girls scored higher on Forgiveness and boys had higher levels of Negative Religious Coping. These findings may reflect that females are towards relationships and harmony, whereas males are more self-directed, independent problem solvers in coping with stress (Beal 1994). Yet, it is difficult to interpret the gender differences because of limited research on Korean American adolescents and R/S. Rather, the results pose questions such as whether and to what extent the identified gender differences can be attributed to differences in religious coping and/or differences in gender socialization in Korean immigrant families. At this point, it is premature to make conclusive statements, and the current findings require replications and further explorations.

Lastly, regression analyses were run to examine the independent and relative contributions of the R/S variables to

depression for boys and girls separately. Univariate regression analyses revealed that only four R/S variables are significant predictors of depression in each gender, providing support for gender effects: Daily Spiritual Experiences, Forgiveness, Positive Religious Coping, and Negative Religious Coping for girls; and Forgiveness, Negative Religious Coping, Congregational Support, and Overall Self-Ranking for boys. It is worth noting that Forgiveness and Negative Religious Coping are significant in both groups, while the rest variables are gender-specific. Our findings partially replicate previous research. For example, Desrosiers and Miller (2007) found that daily spiritual experiences, forgiveness, positive religious coping, and congregational support were associated with less depression in girls, and congregational problems and congregational support were associated with depression in the expected direction in boys. Interestingly, their findings overlap with our findings. In both studies daily spiritual experiences, forgiveness, and positive religious coping were significant predictors of girls' depression, and congregational support was a significant predictor of boys' depression. Unfortunately, negative religious coping was excluded from the analysis in Desrosiers and Miller's study, and therefore, we cannot compare directly.

Results from multiple regression analyses showed that Forgiveness and Negative Religious Coping remained as significant predictors in girls, and only Negative Religious Coping retained its significance in boys. As noted, Negative Religious Coping was consistently significant in both gender groups. Our results are in line with research indicating that forgiveness and negative religious coping are robust variables that significantly predict depression even after covariates are controlled for (Dew et al. 2010; Terreri and Glenwick 2013). In terms of negative religious coping, research suggests that it may have a direct and intense impact on psychological distress and require clinical attention in practice (Terreri and Glenwick 2013). On the other hand, it is important to note that in religious traditions, depression associated with negative religious coping may be viewed as part of a spiritual journey or conversion as in the Dark Night of the Soul by St. John of Cross. In fact, the literature shows that religious struggles lead to spiritual growth in the long run (Ano and Vasconcelles 2005; Spilka et al. 2003). Therefore, a blend of psychological and spiritual perspectives may help to clarify the complexity of negative religious coping and its impact on depression.

Forgiveness is another important R/S factor to discuss as it was the most powerful factor for girls and an independently significant factor for boys. As one of the core teachings of the Christian faith, forgiveness is thought to decrease negative thoughts and emotions, and promote psychological well-being (Spilka et al. 2003). Our findings are consistent with the extant adolescent literature. For instance, the inverse relation between forgiveness and depression was found in community samples (e.g., Harris et al. 2008) as well as clinical samples (e.g., Dew et al. 2010). A closer look into the multi dimensions of forgiveness (i.e., forgiveness of self, forgiveness of others, and feeling forgiven by God) reveals that forgiveness of others mediates religious practices and depression in adults (Toussaint et al. 2012). While this is useful information, more empirical research is needed to clarify the mechanisms through which forgiveness influences depression. Taken together, our findings support the significance of R/S in understanding depressive symptoms in Korean American adolescents. The fact that certain R/S variables were found to be significant predictors of depression across or specific to gender provides information on the complex picture of the R/S-depression relation somewhat varying by gender.

Limitations and Directions for Future Research

Although this study examined the level and severity of depressive symptoms in Korean American adolescents, the data was gathered through convenience samples, limiting the ability to generalize findings to others in this ethnic group. Currently there is no systematic information on the prevalence of depression among Korean American adolescents and it will be important to conduct epidemiological research to accurately assess the extent to which Korean American adolescents experience depressive symptoms. Moreover, there remains a question as to what caused such elevated levels of depressive symptoms reported in our sample. It was beyond the scope of the present study to provide an answer to the question, but longitudinal research may shed light on the mechanisms, through which biopsychosocial factors influence the development of depression in the young. Additionally, future research endeavors may include adolescents from other Asian American groups to help elucidate the uniqueness of a Korean American adolescent sample.

There are some limitations to note in terms of the BMMRS. We think this measure served as a useful instrument for assessing a range of R/S dimensions in the present study. However, it appears that some subscales from the BMMRS need to be improved with respect to their psychometric properties. Particularly, the Forgiveness and Negative Religious Coping subscales have shown less favorable reliabilities across previous studies. As discussed in this study, these are meaningful constructs in the literature, and therefore, it seems important to further develop the subscales in future research.

Implications for Clinical Practice

Our findings provide support for the importance of considering aspects of R/S in working with Korean American adolescents in clinical practice, when they seek help for psychological distress and indicate religion is an important part of their lives. The literature suggests that spiritually-based interventions are superior to traditional interventions in treating depressed clients (Koenig et al. 2012). As such, practitioners

may consider integrating spirituality in depression treatments for Korean American adolescents to facilitate the therapeutic process, with special attention to religious coping methods and forgiveness.

It would be beneficial to explore religious coping methods Korean American adolescent clients employ in addition to their general coping methods. Research shows that religious coping explains unique variance in mental health outcomes above and beyond general coping (Terreri and Glenwick 2013). As suggested in our study, negative religious coping is one of the most robust R/S factors associated with depression across gender, and therefore, it will be important to carefully explore the narratives dealing with the adolescent's religious struggles. On the other hand, positive religious coping may be a meaningful R/S factor to target in intervention for Korean American girls.

Moreover, Korean American adolescent clients may be invited to treatments designed to promote forgiveness. Research shows that such treatments are more effective than alternative treatments, such as relaxation and anger management, in reducing depressive symptoms when clients experienced relational transgressions (Wade et al. 2014). In the process of introducing forgiveness treatments, clinicians may take time to clarify the meaning of forgiveness to a client. In such treatments, forgiveness is defined as intrapersonal experience, which does not mean forgetting or condoning the past hurts and does not involve reconciliation with the offender (Enright 2001). This explanation would help to address potential concerns and resistance that the adolescent client may have.

Compliance with Ethical Standards

Funding There was no grant funding used for this study.

Conflict of Interest Authors declare that they have no conflict of interest.

Research Involving Human Participants All procedures performed in the study involving human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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