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KOREAN AMERICANS

According to the 2000 U.S. Census, Korean Americans are one of the fastest growing immigrant groups in the United States. More than a million Korean Americans live in the United States, representing the fourth largest Asian American ethnic group. The majority of Korean Americans live in California. As the number of Korean Americans in the United States grows, our modern psychological understanding of this population needs to grow as well. To better serve Korean Americans, researchers have begun to clarify what is known about traditional Korean values and how these values might be relevant to psychological research and practice.

Like other Asian American groups, Korean Americans are often described as part of the “model minority,” having few personal or professional problems. Generally, researchers have neglected the study of Korean Americans because of a belief that the cultural values of Koreans protect them from psychological difficulties. For example, in the 1990s, research documented lower rates of mental illness, juvenile delinquency, and divorce among Korean Americans than among their Caucasian peers. It is now clear, however, that no ethnic or cultural minority group is immune to acculturation and adjustment problems. Korean Americans, like other Asian American groups, experience a variety of emotional, psychological, and social problems. It is believed that traditional Korean Americans are at risk for misdiagnosis and that their rates of mental illness are underestimated at best.

Knowing how to identify and measure the needs of Korean Americans has not come easily to the field. Language barriers and traditional prohibitions against

sharing intimate information can make research with Korean Americans challenging. For example, traditional Korean values discourage self-disclosure and emotional expression, making it unlikely that this population would feel comfortable with the process of psychotherapy or with personal questions in research. Furthermore, traditionally oriented Korean Americans often underutilize modern mental health services, reducing their contact with professionals in the field. Those who do participate in Western therapy tend to have higher premature termination rates than do Caucasian clients.

HISTORY

Korea is a modern nation with a history of more than 5,000 years. According to Korean mythology, the Korean nation was born when a god named Hwanung left heaven and transformed a bear into a woman. Hwanung married the woman, and she gave birth to a son, Tangun. Tangun established the first capital of the Korean nation in 2333 BCE and called it *Joseon*, “land of the morning calm.”

The Korean nation has a long history of war with China and Japan. In 1919, many Koreans were killed or put in prison nationwide as they protested Japanese colonial rule.

On August 15, 1945, Japan surrendered to the Allies, ending the war in the Pacific. Ten days later, Korea was divided into North and South Korea. The United States took control of surrendering Japanese soldiers south of the 38th parallel, and the Soviet Union took control of the North. The United Nations called for elections in 1947, but the North Koreans refused. A communist form of government came into

power in North Korea (known as the Democratic People's Republic of Korea). The United States turned over its authority to South Korea (the Republic of Korea) in 1948, leaving behind a small group of military advisers. North Korea invaded South Korea on June 25, 1950, starting the Korean War. This war lasted three years and inflicted terrible damage on Korea before a cease-fire ended the conflict in 1953. The 4-kilometer-wide area along the military demarcation line that divides North and South Korea became known as the DMZ, or demilitarized zone. Since the end of the Korean War, conflicts have continued to arise along the DMZ. South Korea continues its efforts to unify North and South Korea.

Immigrants from Korea to the United States represent both North and South Korean heritage. Koreans immigrated in three distinct waves beginning in 1903–1924. From 1903 to 1905, some 7,000 Koreans migrated to Hawaii to labor on the sugar plantations; approximately 1,000 of them came to the continental United States. In 1905, Korea became a protectorate of Japan and was later annexed by that nation in 1910. Japan severely restricted further emigration to the United States to stop the exodus of skilled labor and to stem the Korean independence movement. In 1924, the Johnson-Reed Immigration Act limited Koreans entering the United States to 100 per year.

The period from the end of the Korean War in 1953 through 1965 marked the second immigration wave. It was facilitated by an earlier law, the War Brides Act of 1945, which allowed spouses and adopted children of U.S. military personnel to enter the United States. Today, it is estimated that one in four Korean immigrants can trace their lineage to the arrival of a Korean war bride. The end of the Korean War also marked the beginning of American families adopting Korean children.

The third immigration wave began with the Immigration Act of 1965, which removed “national origins” as the basis for American immigration policy. Until then, Koreans were a small minority with a population of around 10,000.

The 1992 riots in Los Angeles, which became known as *sa-i-gu* by Korean Americans, transformed the Korean American community across the nation. Nearly half of the city's \$1 billion in damages was suffered by Korean Americans. Only the World War II incarceration of Japanese Americans hurt a large Asian American community so deeply. The extreme and disproportionate damage suffered by Korean

Americans suggested that *sa-i-gu* was a backlash against the model minority myth of Asian Americans in general.

CULTURAL VALUES

Perhaps no other ethnic group in the United States has retained so strong an attachment to the values and practices of their native culture as Korean Americans. Most Korean Americans can and do speak some Korean, eat mainly Korean food, and practice Korean cultural behaviors. In 1998, a study found that 90% of Korean immigrants in Chicago spoke mainly Korean at home, and 82% were affiliated with an ethnic organization.

The strong attachment to Korean values seen among Korean Americans is likely the result of several factors. First, Korea, especially South Korea, is a homogeneous country. Unlike China or Japan, where several dialects and languages are spoken, South Koreans have only one language. Second, Korean Americans tend to be affiliated with Korean churches. The church provides a place for meeting other Korean immigrants and maintaining social ties to Korean culture. Third, Korean American immigrants tend to work in Korean businesses and maintain interactions with other Koreans. Furthermore, working in small businesses increases ethnic solidarity as Korean store owners work to compete together in the mainstream marketplace. Attacks on Korean-owned businesses during the 1992 Los Angeles riots, though tragic, promoted more ethnic and cultural unity among Korean business owners and workers and provided an opportunity for the community as a whole to contemplate its future.

Many Korean Americans have been exposed to and have adopted the laws of Confucianism. The Confucian rules of conduct are clear in many of the cultural practices of Korean Americans. For example, Korean Americans tend to display a strong respect for educated people and emphasize their children's education. Social mobility is seen as possible mainly through education, and it is a focus for parents wanting to enhance their children's socialization. Most Korean immigrants with school-age children decide where to live based largely on the quality of the schools in the neighborhood. Assisting children in getting a good education often involves tutoring, private lessons, and private schools. Most traditional Korean American parents are willing to make personal sacrifices to make sure that their children are well educated. The results of their efforts seem to bear

fruit: Two or three of the annual recipients of the presidential merit scholarships, given to the two best high school seniors from each state, are Korean American.

ISSUES TO CONSIDER

Stigma toward mental illness is a common finding among samples of people of color. Like most groups, traditional Korean Americans view the presence of mental illness to be a sign of weakness on the part of the individual. The effect is often a sense of shame, not only for the person but also for the family of the afflicted individual. Because they feel they will be dishonored or “lose face” if others outside a trusted minority are told of the mental illness, traditional Korean Americans are often reluctant to seek Western mental health services until all other resources have been exhausted. As a result, Korean American clients often present severe or more advanced stages of distress than were originally identified by the individual or family member. Keeping mental health problems hidden from professionals may avoid the feeling of shame but also may contribute to difficulty with treatment once the issue is shared with others. When Western mental health treatment is sought, traditional Korean Americans tend to report problems with educational and vocational goals. The causes to which traditional Korean Americans ascribe mental illness (e.g., spirits, bad energy) tend to be different from those of Western mental health literature.

Despite their success in school and in business, the traditional Korean American population has not escaped discrimination. Many Korean Americans felt a sense of resentment toward other ethnic groups after the riots in Los Angeles brought feelings of rejection and oppression and examples of racial discrimination to the forefront. Korean Americans, though less assimilated into mainstream U.S. values than other ethnic groups, have struggled to find a place in mainstream society. In a study of children living in New York City, 30% of Korean high school students reported feeling discriminated against by American students or teachers. Cultural differences often are responsible for misunderstandings between teachers and Korean children, and there are too few Korean teachers and counselors available to meet the needs of children and the larger community. Moreover, Korean American children are not immune to psychological maladjustment.

Conflicts resulting from differing levels of acculturation within the family are a source of stress for

some Korean American families, as they are for members of many other ethnic groups. Because most immigrant parents speak Korean, whereas their U.S.-born children speak little Korean and mostly English, language barriers within the family also contribute to family conflicts. Value differences tend to increase family distress and individual psychopathology—for example, Korean parents may value hard work, education, social status, and family ties, but their children may adopt more mainstream U.S. values. Moreover, Korean parents often have to spend long hours at work, leaving little time to supervise and play at home with their children. At the same time, traditional Korean parents may put pressure on their children to be successful at school, a task the children may be less interested in when unsupervised and available to spend time with friends and enjoy other activities.

Participation in youth gangs is rising among Korean American children and threatens the unity and cultural boundaries of Korean American culture. Like Chinese youth gangs, Korean gangs tend to recruit immigrant children who have limited English skills and difficulties with academic performance. The first Korean youth gangs were identified in the 1970s, but they increased in number and severity in the 1990s. These gangs began as a form of recreation and self-defense but quickly evolved into criminal-enterprise organizations. Because language barriers, cultural differences, alienation, and discrimination are more common among immigrant children than among native-born Korean Americans, the youth gangs seem to be more of a problem within the immigrant Korean population.

GUIDELINES FOR WORKING WITH KOREAN AMERICAN FAMILIES

Despite significant within-group differences among Korean American families, researchers have identified several strategies that may enhance the cultural competence of professionals working with this population. It is important to remember that because of differences in acculturation levels, the following practices work best with Korean Americans who identify themselves as traditional or bicultural in their Korean cultural attachment.

Identifying the Support System

Research shows that Korean Americans are more likely to seek out personal friends and extended

family members than mental health professionals in times of distress; therefore, knowing the extent of the personal supports available to the family is important. It may be the case that a traditionally oriented Korean American will only seek the help of a mental health professional when other family supports are absent. Supports may also include religious or spiritual connections; it is important for professionals to determine how relevant spiritual leaders are for the Korean American individual. If the individual is a recent immigrant or first or second generation, assessment of the individual's use of native healers may be helpful in determining the range of possible solutions. Asking about the family's use of herbal remedies, acupuncture, and other native approaches may assist the professional in understanding the family's beliefs about culturally specific practices that are unique to Korean Americans. Some research also suggests that personal contacts involved in helping family and friends tend to report a strong quality of life. Being a supporter within the Korean American family may protect individuals from the feelings of sadness and displacement that can accompany immigration or acculturation stress.

Gathering Data on History of Immigration

It is important to assess each culture's immigration history to better understand the unique issues that individuals face when moving to another country. Some immigrants have a history of trauma, stress, or violence associated with departure from their home country, and their needs will differ significantly from those of people who came to the United States out of choice. Asian Americans are fairly recent immigrants to the United States compared with other ethnic groups; therefore, the Korean American population in the United States is likely to represent a significant number of first- or second-generation individuals. The majority of Koreans arrived in the United States after the 1965 Immigration and Naturalization Act. Generally speaking, first- and second-generation individuals tend to be more enculturated than those of later generations and may exhibit more traditional Korean cultural values. Professionals will be more effective when they gather information on the gender, age, reasons for leaving Korea, and length of stay in the United States of each member of the family. Like other immigrants, acculturation differences within a family can be a source of distress, especially when children are exposed to more U.S. culture and the English language, creating greater

opportunities for children to acculturate faster than their parents. When the English proficiency of children is greater than that of their parents, disruption in the family hierarchy can occur because parents may have to rely on their children to communicate with school officials and other authorities.

Establishing Professional Authority

Research suggests that traditionally oriented Korean Americans may interpret the professional's credibility based on traditionally held beliefs about authority (i.e., age, gender, education history). For example, the feedback of an older Caucasian professional with a doctoral degree may hold more weight than that of a young Asian woman with a master's degree. The professional's reputation in the community is also important because knowledge of the therapist's skills may justify returning to family therapy. Knowing the age of the professional may help traditional Korean Americans know how to address the professional; address in the Korean language is often based on the person's position with respect to another. Older Korean Americans may be addressed more formally, indicating a higher status. Professionals who wish to demonstrate cultural competence should be aware of the relative positions within the family and show deference to those in higher positions and greater informality and candidness with those who are in a lower position.

Explaining the Role of Therapy

Members of non-Western cultures may be unfamiliar with the process of psychological therapy and research, and it is the professional's role to clarify what Korean American families can expect from interventions. The benefits of therapy should be explained to the decision maker in the family (typically the oldest member), and the role of family members should be explained clearly. Traditionally oriented family members may be unclear as to why they are involved in the treatment of another person. Using the first session to explain the intervention and to point out that the results may not be immediate can aid the family in better understanding how psychological treatment differs from traditional Korean models of the treatment process. By explaining the role of the therapist and family members in treatment, traditional Korean Americans may develop rapport and appropriate expectations regarding the nature of treatment and the duration of the intervention.

Assisting in "Saving Face"

Common to most traditional Asian American cultures is the notion of shame, or feeling embarrassed in front of another person because of inappropriate conduct. Many traditional Korean Americans feel reluctant to express negative feelings about another family member in treatment and may be reluctant to return if the professional requires a direct confrontation. Professionals must strive to protect the honor and dignity of family members, and they must express support for the client and for the actions his or her family members may have taken to relieve distress.

It may be beneficial for professionals to resist labeling behaviors in terms of diagnoses. Diagnosing a disorder may communicate to the individual that he or she is inferior to others and has brought shame to him- or herself and the family. Early in the treatment process, professionals are encouraged to help family members—especially male family members—to “save face,” as a loss of honor may result in early termination. This is especially important if the traditional Korean American family has not freely chosen to contact a mental health professional and has instead been mandated to come to treatment. Just being seen entering or waiting in the office of a mental health professional may be shameful for family members.

Attention to the males in the family is especially salient. Men are often called upon to be the decision makers in the family, and they may feel shame for needing the assistance of others to solve family problems. The role of the patriarch is assumed to include strength and competence; therefore, men may be more sensitive to issues and events that create a “loss of face.” Because Western cultures focus on more egalitarian positions, understanding the patriarchal role of men in families may require some adjustment on the part of the mental health professional. Professionals are encouraged not to challenge the power hierarchy in traditional Korean American families but instead to practice flexibility and care when discussing issues that touch on traditional family roles.

Understanding Somatic Complaints

Like immigrants from other traditional Asian cultures, traditional Korean Americans may relate their emotional distress in physical or somatic complaints. When presenting in therapy, a traditional Korean American might report headaches or stomachaches when family problems are present. Culturally competent

professionals will accept these physical complaints as real and understand that the resolution of the physical symptoms is just as important to the success of the treatment as any other emotional or stress-related complaints. Referrals may be necessary to address somatic issues and to demonstrate to the client respect and careful consideration of his or her problem. Traditionally oriented Korean Americans may be more likely to develop trust in a mental health professional when their physical health complaints are attended to, allowing more comfort to discuss emotional issues at a later time. For traditional Korean Americans, openly discussing emotional distress is often interpreted as a sign of weakness; expressing distress in the form of physical pain may lessen the self-perceived stigma and shame.

Being Direct and Present Focused

Because traditional Korean Americans may be unfamiliar with the therapy process, they may be reluctant to discuss personal issues and information. Researchers agree that the best method of addressing this sensitivity is for the mental health professional to be goal directed and focused on symptom mitigation. The therapist will be more likely to be perceived by the traditional Korean American client as sensitive to his or her culture. Traditional Korean American culture does not advocate efforts directed at uncovering the underlying causes of a problem. For example, one traditional Korean American value emphasizes coping with fate rather than trying to find solutions to alter fate. Finding out why something has occurred is not as important as finding a quick solution to the problem. This approach encourages the therapist to find pragmatic solutions without trying to uncover the origin. Given that Western therapy is often a last resort for most traditional Korean families, they have often tried other methods to resolve the presenting issue. This approach also helps the therapist to shift the focus from the client's behavior to a problem that affects the entire family. As a result, the family is less likely to place blame on one family member. Methods that require a lot of introspection on the part of the traditional Korean American client are not likely to be effective. Traditional Korean families may also be unsure how to act in Western therapy and may take a passive role, relying more on the therapist. To be culturally competent, it is recommended that health professionals take an active role in conducting the therapy process. Displaying confidence and expertise with the presenting problem will

reduce the traditional Korean American family's anxiety and avoid early termination.

Assisting in Nonconfrontational Interactions

Although mental health professionals are encouraged to be direct with traditional Korean Americans, confrontation of family members is not recommended. Research has demonstrated that Korean American families are more concerned with social approval than families with Western values, and as a result, they may be more receptive to the therapist as a mediator of family disputes. Nondirect confrontation and harmonious relations are favored over confrontational approaches, which may increase the likelihood of "losing face" during treatment. Mental health professionals should avoid asking family members to address one another and should ensure that the therapeutic relationship is strong before challenging or confronting family members. Using gentle appeals and negotiation is a good way for therapists to gain a better understanding of the role of traditional cultural values within Korean American families. For example, one researcher found that when wives appealed to their husbands to participate more in housework, traditional husbands were reluctant to share gender roles because of their culture's patriarchal framework. However, when wives framed their request in terms of feeling fatigued or expressed that certain things needed to be done for the family to survive, the husbands were more cooperative. In this example, the husbands saw their new role as a way to care for family members who are tired and as evidence that a greater level of participation was needed for the family's well-being.

Reconceptualizing Mental Illness

Expressing positive attributes and pointing out what is working well can be helpful for traditional Korean American families who are managing emotional and behavioral problems. For example, family members are less likely to experience shame and to feel pessimistic when a father's strictness is reinterpreted as love and concern. As in other Asian cultures, mental illness carries a stigma, and getting help for a mental health problem can produce shame on the part of family members. Reinterpreting mental health treatment as strength and concern for each other can be advantageous in helping a family to meet mental health challenges. Family conflicts can be explained

as acculturation problems that are common to most immigrants. The distress is normalized and shame is lessened when family members feel that their issues are not unique deficiencies within their family. Furthermore, solutions offered by the therapist can be seen as new ways of behaving now that they are living in a new country.

—Yo Jackson

See also Immigrants

FURTHER READING

- Hyun, K. J. (2001). Sociocultural change and traditional values: Confucian values among Koreans and Korean Americans. *International Journal of Intercultural Relations*, 25, 203–229.
- Ishii, K. M. (1997). Intergenerational relationships among Chinese, Japanese, and Korean Americans. *Family Relations: Interdisciplinary Journal of Applied Family Studies*, 46, 23–32.
- Kim, Y. S. E. (2003). Understanding Asian American clients: Problems and possibilities for cross-cultural counseling with special reference to Korean Americans. *Journal of Ethnic and Cultural Diversity in Social Work*, 12(1), 91–114.
- Lee, E. (1997). *Working with Asian Americans: A guide for clinicians*. New York: Guilford Press.
- Lee, R. (2005). Resilience against discrimination: Ethnic identity and other-group orientation as protective factors for Korean Americans. *Journal of Counseling Psychology*, 52, 36–44.
- Lee, S. K., Sobal, J., & Frongillo, E. A. (2003a). Acculturation and health in Korean Americans. *Social Science and Medicine*, 51, 159–173.
- Lee, S. K., Sobal, J., & Frongillo, E. A. (2003b). Comparison of models of acculturation: The case for Korean Americans. *Journal of Cross-Cultural Psychology*, 34, 282–296.
- Lim, I. S. (1999). Korean immigrant women's challenge to gender inequality at home: The interplay of economic resources, gender, and family. In L. A. Peplau, S. C. DeBro, & R. C. Veniegas (Eds.), *Gender, culture, and ethnicity: Current research about women and men* (pp. 127–140). Mountain View, CA: Mayfield.
- Min, P. G. (1995). Korean Americans. In P. G. Min (Ed.), *Asian Americans: Contemporary trends and issues* (pp. 199–231). Thousand Oaks, CA: Sage.
- Shin, H., Song, H., Kim, J., & Probst, J. C. (2005). Insurance, acculturation, and health service utilization among Korean Americans. *Journal of Immigrant Health*, 7, 65–74.
- Sohn, L. (2004). The health and health status of older Korean Americans at the 100-year anniversary of Korean immigration. *Journal of Cross-Cultural Gerontology*, 19, 203–219.
- Toarmino, D., & Chun, C. A. (1997). Issues and strategies in counseling Korean Americans. In C. C. Lee (Ed.), *Multicultural issues in counseling: New approaches to diversity* (pp. 233–254). Alexandria, VA: American Counseling Association.