

ISSUES AND STRATEGIES IN COUNSELING KOREAN AMERICANS*

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Asian Americans have been perceived as the model minority and have received more positive attention from mainstream America than any other ethnic minority group. Paradoxically, this stereotypical representation of Asian Americans has resulted in an underestimation of their needs. Korean Americans, as an Asian ethnic group, share this predicament. The issues Korean Americans encounter have rarely been brought to public awareness, and they usually are not examined separately from Asian Americans as a whole.

The 1992 Los Angeles riots exposed the unique sociopolitical conditions of Korean Americans. The psychological ramifications of living under such conditions are tremendous. Yet studies concerning the mental health issues and status of Korean Americans are lacking. Only recently have counselors and psychologists begun to recognize the magnitude of mental health issues faced by this ethnic group. This chapter first provides information on the culture, sociodemographics, and immigration history of Korean Americans to form the context for understanding the mental health issues of Korean Americans. The chapter then highlights mental health issues pertinent to Korean Americans, including their mental health status and barriers to mental health service utilization, in terms of both inter- and intraethnic differences. Case examples are presented to illustrate these issues and the diversity among Korean Americans. The chapter concludes with a discussion of culturally responsive treatment, including a concept framework,

*The preparation of this chapter was supported in part by the National Research Center on Asian American Mental Health: NIMH R01 MH 44331.

specific techniques and strategies, and culturally consistent modalities.

Immigration History and Sociodemographic Profile

Since the Shufeldt Treaty in 1882, there have been three waves of Korean immigration to the United States. During the first wave, more than 7,000 Koreans migrated to Hawaii to be plantation workers. Initially, economic factors were the primary reason for immigration. However, in 1910, Korea was declared a Japanese colony, and as a result, most Koreans decided to stay in America for political reasons. More than 80% of these immigrants were male (Houchins & Houchins, 1976). Therefore, more than 1,000 females entered the United States as mail-order brides until the 1924 Immigration Law closed the door on immigration from Asian countries (Yang, 1979). The second wave of immigration took place between 1951 and 1964, during and after the Korean War when a select and limited number of the Korean population—wives of American soldiers, war orphans, and students—came to the United States. Thus this second immigrant group was more heterogeneous as compared to the first (Kitano, 1991).

These two earlier immigration waves were characterized by a very small number of Koreans who entered America individually rather than as family units. However, after the 1965 Immigration and Naturalization Act, about 30,000 Koreans immigrated to the United States, and the pattern of immigration changed dramatically. This third wave of immigrants, more educated than the two earlier groups, tended to come from urban areas and consisted mostly of families. The reasons for this immigration and subsequent immigration include better employment, educational opportunities, and a chance to be reunited with family (Kim & Condon, 1975).

The majority of the third wave of immigrants settled in metropolitan areas including Los Angeles, New York, and Chicago. Approximately one third of all Korean Americans are concentrated in the Los Angeles area. Korean Americans in these metropolitan areas have developed large communities with organizations such as churches, temples, and hospitals that serve mainly Korean

Americans. According to the 1990 census, there are approximately 800,000 Korean Americans in the United States, which represent about 11% of all Asian Americans. Due to the short immigration history, approximately 70% of Korean Americans are foreign born, a considerably higher percentage than that of Japanese and Chinese Americans (U.S. Bureau of the Census, 1991).

Cultural Values

Discussing Korean cultural values separately from philosophy and religion is difficult, if not impossible. In Korea, Confucianism (as well as Buddhist teachings and shamanism) has had a great deal of influence on people's values throughout history. The philosophy of Confucius and his disciples is still practiced and seen as common sense by Korean people. According to Confucianism, human dignity is one of the most important qualities that differentiates humans from other animals, and this sense of dignity can only be achieved through relations to other human beings.

Human relations in Korean families are exemplified through three basic hierarchy-defining relations: between sovereign and man, between father and son, and between husband and wife (Rohner & Pettengill, 1985). Within the family, roles are also strictly defined according to gender and age. The oldest male, usually the father, is respected as an authority, protector, and provider for the family. Although the father tends to be less directly involved in child rearing, he usually presides over children as a strict disciplinarian. Conversely, females take a more submissive position both inside and outside of the family. Mothers are viewed as nonauthoritative but nurturing figures; and because respect is also based on age, there is hierarchical structure among siblings (Rohner & Pettengill, 1985).

These basic human relations are practiced not only within the family but also in other parts of Korean society such as government, work place, and even in relations that are not confined to these systems. These defined human relations imply a twofold obligation: those in a superior position should grant assistance to those who are dependent upon them while the dependents must practice subordination and obedience. This relationship creates an

interdependent network among the family and other people in Korean society (Shon & Ja, 1982).

The emphasis on human relationships is often illustrated through collectivism, which places the group over the individual (Abbott, 1976; Goldstein, 1988). Collectivism in Korea is commonly supported by ideas and practices such as self-discipline of and dedication by the individual. The family stands at the center of the social unit, and the sacrifice of individuals is not uncommon in order to maintain harmonious relations within the family (Kim & Choi, 1994). Therefore, interpersonal values and other personal characteristics such as being patient and attentive to others' needs rather than to one's own are adhered to in Korean societies (Choi, Kim, & Choi, 1993). For the sake of harmonious relationships, withholding direct expression of personal opinions or feelings is considered an important virtue among Koreans. The emphasis on sensitivity to others' needs can be found in the Korean word *nunchi*, which is directly translated as *sensing the eyes* and is a common quality among Koreans. If one possesses *nunchi*, he or she is good at reading the feelings and state of mind of others by observing their nonverbal cues. The communication style of Americans is explicit, whereas communication among Koreans is more implicit. That is exemplified with the practice of *nunchi* in Korean culture.

The collectivistic dimension of Korean culture, therefore, is contradictory to the American cultural value of individuality (Yun, 1976). Individualism holds *self* as an independent entity; collectivism holds *self* as an extension of a particular group. Promotion of self over group is considered a socially acceptable quality in American culture, whereas an individual's needs are often suppressed in the name of harmony in Korean culture. Individual creativity is also encouraged as a virtue in an individualistic society; conformity is considered a virtue in a collective society.

Notable in Korean culture is the concept of *palzza*, which refers to the fate by which life unfolds. A person is born with certain *saju*, which is largely determined by astrological data that depends on birth time, date, and year. *Saju* determines what kind of *palzza* one will have. *Palzza* can also be read by the person's physical features such as the configuration of the face and the shape of the hands. A person with good *palzza* leads a comfortable life without much effort on his or her part; a person with rough *palzza* will have things go wrong even when they are guaranteed to go right.

Palzza is an interesting concept because it may help Koreans to accept hardship, personal tragedy and misfortune. Such acceptance makes it easier for many Koreans to let things go, and to go on with their lives. But the concept of *palzza* can also debilitate a person if he or she feels helpless and trapped in life. In general, however, attributing misfortune to *palzza* may be an important coping skill for many Korean Americans.

In summation, Confucianism (together with Buddhism and shamanism) underlies the traditional Korean culture. All influence how Koreans view life, interact with others, and deal with difficulties. Many of the traditional Korean values and beliefs have been retained by Korean immigrants to the United States and passed on to subsequent generations. The interaction between Korean and American values and beliefs have many ramifications, including the dynamics of mental health.

Mental Health Status of Korean Americans

The psychological toll of juggling two diametrically opposed cultures can be substantial. Korean immigrants often experience rejection or animosity for exhibiting behaviors that are rewarded in Korea but are often ignored or punished in this new environment. In addition, they may have to acquire new sets of behavioral repertoires to embrace both cultures. Like all other immigrant groups, Korean Americans live with the reality that they are subject to a great deal of stress, including cultural conflict, racism, and adjustment problems (Nah, 1993).

Studies on the mental health status of Asian Americans have found that Korean Americans fare worse than most other Asian ethnic groups and European Americans. For example, Aldwin and Greenburger (1987) found that Korean American college students are more depressed than their European American counterparts. Kuo (1984) also found that Korean Americans were more depressed than other Asian Americans and European Americans. Similarly, a study of Canadian Korean immigrants (Noh & Atkinson, 1992) found them more depressed than nonimmigrant North Americans in Canada. All these studies attributed the poor mental

health status of Korean Americans, at least partly, to the adjustment or acculturation difficulties of immigrants.

Due to the short immigration period, the majority of Korean Americans are first generation immigrants who are still struggling to build a new life (U.S. Bureau of the Census, 1991). As a result, adjustment problems may be the most frequently experienced psychological difficulty (Abe & Zane, 1990; Kuo, 1984). However, as the level of acculturation to mainstream society increases, the level of psychological adjustment in Korean Americans appears to improve. Research indicates that Korean Americans who have lived in the United States longer tend to be happier than the more recent immigrants (Hurh & Kim, 1990; Sasao & Chun, 1994).

Adjustment may be particularly difficult during the early years of resettlement (Hurh & Kim, 1990; Kuo, 1984; Weeks & Cuellar, 1983). For many new arrivals, high expectations for the land of opportunity are not met (Shon & Ja, 1982). For example, relocation to America often results in lower socioeconomic status as compared to what many immigrants had established in their homeland (Kim, 1980; Yu, 1983). In addition, the education received in Korea is often not recognized; and due to language difficulties, immigrants' abilities as professionals are frequently underestimated.

Women who were housewives in Korea often have to take on a new role as a second provider for the family in order to secure financial stability. This shift in role fosters changes in the family dynamics and often places a strain on relationships, especially between husband and wife (Light & Bonacich, 1988; Shon & Ja, 1982). The children of Korean immigrants also face many challenges growing up between two distinctively different cultures and often have difficulties finding ways to cope with such stress (Lee & Cynn, 1991).

Therefore, in addition to such common issues as cultural conflict, language barriers, lack of social support, racism, and minority status, both children and adults, as well as both sexes, encounter unique sets of issues as individuals and members of a family. Korean immigrants often experience dramatic environmental changes in their lives and must learn to cope with the reality that many of the cultural values and behavioral patterns that were useful in their native country are now irrelevant, misperceived, or ineffective (Kim, Kim, & Hurh, 1991). In addition to these challenges, Korean Americans encounter atypical issues that are founded on the

power dynamics among ethnic groups. Asian Americans, mostly Japanese, Chinese, and Koreans, are viewed as the "middleman group" (Kitano, 1974). The middleman model purports a categorization of ethnic people based on power differences, and is illustrated by a dominant-subordinate stratification in America. According to this model, Asian Americans have served as a mediating influence between African Americans and European Americans. However, as Japanese and Chinese Americans have become more stabilized as ethnic groups, and have improved their social status closer to the dominant mainstream, Korean Americans, who are overrepresented in the small businesses, continue to serve the poor and subordinate minority and have become social and geographical buffers between the dominant and the subordinate (Kitano, 1991). Korean Americans, therefore, have become scapegoats for the political and social distress in America, such as in the Los Angeles riots. Their geographical proximity to high crime areas has made many Korean Americans the target of criminal activity. These social and geographical situations exacerbate a stressful living and working environment for many Korean immigrants (Min, 1990).

Barriers to Mental Health Service Utilization

Despite the findings that clearly indicate significant mental health needs among Korean Americans, especially the immigrants, research has found that Korean Americans, like other Asian Americans, are less likely to seek help from mental health professionals in times of distress (Atkinson & Gim, 1989; Hatanaka, Watanabe, & Ono, 1975). Several factors are believed to hinder mental health service utilization by Korean Americans. One is that Korean Americans share beliefs similar to other Asian Americans regarding mental illness. They believe that sanity can be maintained as long as unpleasant thoughts are avoided through the exercise of willpower (Root, 1989). According to cultural values, psychological problems are private matters, and talking openly about these problems with strangers is considered a personal weakness or a disgraceful act (Root, 1989). In addition, mental illness is viewed as having a genetic rather than a social origin. Thus use of mental

health services is connected with personal shame and social stigma (Ahn-Toupin, 1980).

A second barrier to using mental health services is that although Korean Americans believe in having control of internal events, such as morbid thoughts, they are more likely to practice acceptance of external events, such as environmental stressors. Korean Americans also often see environmental stress as a part of human suffering and endurance of anguish as their given fate (Kang, 1990).

The cultural differences in the manifestation or presentation of psychological problems are a third barrier. Korean Americans often have difficulty in identifying problems as psychological, particularly when they are accompanied by somatic symptoms. According to Yu and Cypress (1982) and Kuo (1984), because of the physical manifestation of psychological problems, Korean Americans tend to consult medical practitioners rather than mental health professionals. For example, *hwa-byung*, which is prevalent among elderly Korean women, illustrates this phenomenon (Lin, 1983; Lin et al., 1992). *Hwa-byung*, which is directly translated as *fire illness*, is accompanied by somatic symptoms—such as headache, chest pain, heat sensation, and epigastric mass—as well as psychological symptoms—such as flushing, anxiety, irritability, insomnia, and difficulty in concentration (Lin, 1983). Although *hwa-byung* is perceived as a physical illness in Korean culture, its onset is pervasively psychological in nature, and it shares similar symptoms with depressive disorder in the Western diagnostic criteria (Lin, 1983). Therefore, it is possible that Koreans present their problems as physical rather than psychological because it is more socially acceptable to talk about being physically ill than emotionally ill.

A fourth cultural factor that may discourage the use of mental health services among Korean Americans lies in help-seeking behaviors. Korean Americans are more likely to consult with family members or close friends about their problems than to seek help from professionals (Ahn-Toupin, 1980; Atkinson & Gim, 1989). When this close circle of people is unable to help with the problems, Korean Americans often turn to the spiritual figures such as Buddhist monks, or fortune-tellers for advice. Consequently, those who finally seek help from the mental health professionals tend to be more psychologically disturbed than European Americans who seek help (Sue & Sue, 1977).

Final factors are the language barriers and unavailability of culturally responsive counselors that may also discourage Korean Americans from seeking professional help (Gim, Atkinson, & Kim, 1991). Studies have shown that a common language between counselors and clients facilitates rapport building and lowers premature termination of treatment (Dolgin, Salazar, & Cruz, 1987; Leong, 1986; Marcos & Alpert, 1976; Sue, 1988). Therefore, Korean Americans who are not fluent in English may experience great frustration in expressing their feelings and may be afraid to seek service from people who do not speak their language. Treatment outcome studies on Asian Americans also found that an ethnic match between counselor and client prevents premature termination (Flaskerud & Liu, 1990; Sue, Fujino, Hu, Takeuchi, & Zane, 1991). A major implication of these findings is that ethnically matched counselors may be more culturally responsive to the needs of Korean Americans. Thus, short of an ethnic match, cultural responsiveness of mental health services appears to be a vital component for providing effective mental health services to Korean Americans.

Case Studies

The case studies presented here illustrate important mental health issues confronting Korean American men, women, and children.

The Case Study of Mr. G, a Korean American Man

A 40-year-old Korean American laundromat owner was referred for consultation by his gastroenterologist. Mr. G, married and the father of two children, was suffering from an ulcer that was presumably caused by his excessive drinking. Mr. G had moved to the United States 5 years previously. The primary reason for relocation was to continue his education (while in Korea, he taught history at a high school). However, due to language difficulties as well as financial reasons, he gave up his dream of education, and he and his wife started a laundromat. In order to reduce the overhead, Mr. G and his wife worked more than 60 hours per week. He seldom attended Korean church and refused to be involved in Korean American organizations because he thought "those Koreans gossip too much." In his spare time, he drank alone at home. Mr. G's drinking had gradually worsened during the last 3 years.

A year ago, during an argument with his wife, he became physically violent with her. Although he had had a few similar incidents while in Korea, this was the first time that the local police were called. In addition, a few months ago, he was visited by the state social services. His children, who are in third and fifth grade, reluctantly told their school counselor about their father's physical disciplinary methods. Mr. G, confused and embarrassed, had to justify his way of parenting. Under the circumstances, the state did not take any legal action. However, Mr. G had to give a written promise to refrain from similar incidents.

Recently, Mr. G has become more resentful toward his family. Despite his dream to provide the best education and more opportunities for his children, he feels that they have become more estranged from him. He gets angry when his children speak in English to each other because he cannot understand the content of the conversation. His wife also seems changed since she started to work at a nearby sandwich shop on the weekend. She has become more active and appears to be closer to the children. During the last few disputes, she has threatened to leave him if he does not stop drinking.

Mr. G showed up about 20 minutes late for his intake session. Throughout the session, he successfully avoided eye contact with the counselor and was reluctant to answer the questions. He told the counselor that he was suspicious because he could possibly be misdiagnosed as "crazy." He added that his mind functioned very properly. Mr. G expressed great regret about his relocation to America by saying it had cost him his family. He also revealed his feeling of being trapped and frustrated. However, he assumed that his stomach problem was the result of his drinking, but he denied its relationship to his stress. Toward the end of the session, Mr. G became very agitated about "keeping secret" referring to confidentiality and asked the counselor the location of the back door.

Korean American men are often at high risk for psychological problems. As described earlier, although modernization has slowly taken place, the patriarchal social order, which emphasizes the role of males as the head of the family and as the leaders of society, is still pervasive. When Korean men immigrate to the United States, much of their traditional male role is lost, and often they find themselves without power, both inside and outside of the family. Inside the family, the men frequently come to rely on their children for assistance, especially with respect to the language barrier. Furthermore, the economic hardship of immigration often necessitates that their wives find employment, which further threatens their leadership role as family breadwinner.

Outside of the family, the newly acquired minority status exposes them to a whole new array of experiences including discrimination and oppression. Thus, once again, their pride as an authority figure is undermined. Therefore, they often feel that the superior status assigned to them at birth has been taken away, and their manhood challenged. As a result, many Korean American men are left feeling extremely frustrated and resentful of their current life circumstances. The lack of social support as well as change in status exacerbates their psychological stress. Because Korean American men are at a high risk for social isolation, their spouses and children can easily become the target of their frustration and anger. This problem is often compounded by substance abuse, mostly alcohol.

The Case Study of Ms. C, a Korean American Woman

Ms. C, a 33-year-old Korean American woman, came to the Psychological Services Center after being discharged from a local psychiatric hospital. One month ago, she attempted suicide by overdosing on pain killers. During the intake session, she revealed that she and her husband had ended their 4-year marriage prior to her suicide attempt.

Ms. C came to the United States 4 years ago when she married a first generation Korean American immigrant. They were introduced by a mutual friend in Korea when her husband-to-be was there on business. He was operating a small travel agency in Los Angeles at the time. After relocation to America, Ms. C, persuaded by her husband, started to work as a cashier at a nearby Korean market. The job was too simple and unchallenging for Ms. C who has a business degree. However, due to her unfamiliarity with the new country as well as a language barrier, she was not able to find a job commensurate with her degree.

Two years ago, her father-in-law died, and her mother-in-law moved in with Ms. C and her husband. Initially, it seemed to be a good idea to Ms. C because she felt lonely and needed someone to care for her infant daughter while she was at work. After a few months, Ms. C found herself constantly working both at her job and at home.

It became apparent that Ms. C's mother-in-law, who was expected to be a helper, was becoming more of a burden. She passed housework onto Ms. C and began to interfere with the decision making between the couple. Ms. C became increasingly frustrated as she struggled to juggle the demands of her

job, husband, baby, and mother-in-law. To make matters worse, whenever Ms. C had an argument with her mother-in-law, her husband took his mother's side and scolded Ms. C. Her husband then questioned Ms. C's moral conduct toward the elderly and blamed her parents for "poor upbringing." As the problems between the two women escalated, Ms. C became more resentful toward her husband as well as toward her marriage. Several months prior to her divorce, a frustrated Ms. C demanded that her mother-in-law should move out. The fight between Ms. C and her mother-in-law resulted in a spousal dispute.

Because Ms. C was never in the Korean American community, relative to her mother-in-law, she felt isolated from other Koreans and believed that many people sided with her mother-in-law. A few months ago, her husband initiated and proceeded with the divorce. Ms. C, unfamiliar with American law, lost custody of her daughter. Since then, Ms. C has been severely depressed and has suffered from insomnia, shortness of breath, and chest pain, but no physical cause was found during a medical examination. Recently, she became very anxious whenever she ran into other Korean Americans in the community and thus began to spend most of her time at home. Last month the news of her husband's remarriage devastated Ms. C. She felt that she had now completely lost the chance of getting her family back together. She decided to end her life rather than having to live the rest of it alone as a divorcee.

As the case illustrates, many first generation Korean American women suffer from emotional problems due to stressful life circumstances and cultural conflicts. Through modernization in Korea, women's roles have gradually been changing. Yet their roles as a wise mother and subservient wife, *hyunmoyangchuh*, are still held as a virtue and expected from them. The traditional place for women has been the home, and any kind of outside activity is strongly discouraged. The immigrant's life, however, often entails working both inside and outside the home for many Korean American women. Working outside the home, however, rarely reduces domestic responsibilities. Women are expected to fulfill their traditional responsibilities in addition to their newly acquired role as a joint contributor to family income. Furthermore, having to work for money can cause humiliation and shame for some women because it implies that their husbands are unable to fulfill the role of family breadwinner successfully (Sasao & Chun, 1994).

In addition to the roles of wife, mother, and breadwinner, many Korean American women also have the role of daughter-in-law. The intrafamilial tension and conflict between a mother-in-law and a daughter-in-law are viewed almost as a cultural tradition by many Koreans and Korean Americans. These tensions and conflicts

are almost inevitable due to the hierarchical nature of the Korean family structure in which absolute submission is demanded from women. Traditionally, mothers-in-law have functioned as supervisors over the women who marry their sons. Their job is to keep their son's wives in line so that these women properly fulfill their responsibilities in the household. Despite acculturation, such family structure still remains, although its original form has been somewhat altered in contemporary Korean American families. In particular, many Korean Americans who immigrated in the 1960s and 1970s, isolated from both American mainstream society and left out from rapid social changes in their native country, still adhere to the traditional values. Therefore, Korean American women who are married to Korean American men often find themselves in the midst of incessant conflicts with their mother-in-law. For highly acculturated Korean American women, the presence of such conflict may be more apparent in their marriage.

The Case Study of D, a Korean-American Child

A 17-year-old Korean American girl, D, who just graduated from high school with honors, was referred by her family physician after a series of panic attacks. She did not share these episodes with her family because she did not want to worry them. Her mother noticed one day that D was sweating and having difficulty breathing and took D to their family physician. During the physical examination, D reported she had been generally feeling anxious for many years and that the symptoms of anxiety worsened since her brother's death a year ago.

D was 9 years old when she moved with her family to the United States. Her father was a college professor in Korea and now operates a fast-food franchise. Her mother runs a small drug store in Korea-town. At first D had some difficulties adjusting to the new school system. D, who was a good student in Korea, had to repeat her grade due to her low English proficiency. D still remembers how kids in school often made fun of her accent.

In junior high school, as her English improved, her academic performance began to outshine those of many of her peers. However, D continued to have difficulties making friends in school. D became shy and socially withdrawn. She began to avoid being in a large crowd. Her biggest fear was being called upon to answer questions in class. When she is called upon, she begins to sweat heavily and cannot recall the information even though she remembered it just before she was called upon.

The only time D felt comfortable being in a crowd was when she taught preschoolers at her Sunday school. Thus, D hoped to become a preschool teacher in the future. However, her parents, who strongly believed academic success to be the key to success in life, felt D's career goal lacked status and strongly disapproved of D's extracurricular activities, which they felt took time away from studying. Her older brother's admission to medical school, however, shifted some of the parental expectation away from her. Relieved, D enrolled in a nearby community college.

A year ago, her older brother, who was her parents' pride, was killed in an automobile accident. It was a nightmare for the whole family, particularly for her parents. Her father had to be hospitalized because his heart condition deteriorated because of her brother's death. As a result, the family had to be very careful to avoid any subject that might upset the father. D was left to work out her grief alone and had to deal with the unspoken pressure that now she had to take the role as a first born. Her father began talking about D choosing premed as her college major.

D became confused and consulted with her school counselor, who encouraged her to pursue her own dream. The counselor's advice made logical sense to D, and yet it seemed almost impossible to contradict her parents' wish. Knowing how much her parents had sacrificed for their children, D truly did not want to disappoint them. She felt obligated to return her love to her parents by fulfilling their wish. Torn between her dream and the pressure from her parents, D became more and more withdrawn from her friends and family. At present, she feels helpless and misunderstood. She experienced her first panic attack after a hospital visit to her father. The subsequent panic attacks occurred mostly before D left home to visit her father in the hospital.

The children of Korean immigrants are the 1.5 generation, born in Korea but raised in the United States. Many in the 1.5 generation are bilingual and have been exposed to both cultures during their developmental years. They usually adapt to the new life in the United States and acquire a second language much faster than their parents. Differences in the rate of acculturation between parents and their children can result in conflict pertaining to lifestyle, attitudes, and cultural values (Lee & Cynn, 1991).

The generational and cultural conflicts often exacerbate the developmental stressors (Lee & Cynn, 1991). The Korean culture has a strong emphasis on the family. Children are often viewed as extensions of the parents themselves. At home their parents demand obedience, whereas their outside environment fosters independence. Korean parents often support their children financially throughout the school years. In return, the children are expected

to succeed academically and to obtain occupations that have high status (Kim, 1980; Lee & Cynn, 1991). The high parental expectations, however, create a situation in which the children feel pressure to succeed (Aldwin & Greenberger, 1987).

Culturally Responsive Treatment

Understanding the cultural context in which a behavior occurs is crucial in the analysis of one's behavior. Attempting to determine whether a particular behavior is psychologically healthy or unhealthy, without reference to the context, is equivalent to asking a Kalahari Bushman to evaluate the value of a Christian Dior necktie in comparison to a gallon of water. A lack of understanding of a client's cultural background may lead to misdiagnosis because a particular behavior may be seen as pathological when, in actuality, the behavior simply reflects cultural differences (Uba, 1994). The culturally sensitive assessment is important for both identifying problematic behavior and providing adequate intervention for ethnic minority clients.

Conceptual Framework for Counseling Korean American Clients

Sue and Zane (1987) examined the role of cultural knowledge and culture-specific techniques in psychotherapy of ethnic minority clients and proposed two basic processes—credibility and giving—that appear to underlie the cultural knowledge and techniques. *Credibility* refers to the "client's perception of the counselor as an effective and trustworthy helper" (p. 40). Two factors determine a counselor's credibility: The first is *ascribed status*, which refers to the position or role that a counselor is assigned by the client. Among Korean Americans, age, gender, education, training, and expertise of a counselor usually determine how much credibility is ascribed by the client. For example, a middle-aged White male counselor with a doctoral degree may have more ascribed credibility than a young Asian female counselor with a master's degree in the eyes of a Korean American client. The second factor, *achieved status*, is more directly related to a counselor's skills as

reflected in his or her actions. Culturally responsive treatments and general therapeutic skills such as ability to build rapport can significantly enhance a counselor's credibility.

Sue and Zane (1987) suggested that underutilization of treatment might be primarily due to a lack of ascribed credibility assigned to the mental health profession in general; whereas premature termination might be the result of a lack of achieved credibility of the mental health professional the client encounters. Thus enhancing achieved credibility is critical in preventing premature termination by Korean American clients.

Achieved credibility of a counselor can be enhanced through the other process that Sue and Zane refer to as *giving* (Sue & Zane, 1987). Gift giving is "the client's perception that something was received from the therapeutic encounter" (p. 40). Counselors should be able to offer clients a "gift," a direct benefit of treatment, as early as the initial session to maintain the client's interest and motivation for treatment. Thus gift giving takes place when clients perceive the direct relationship between therapeutic work and alleviation of their problems, which increases the client's trust in the counselor's ability to help.

Culturally Responsive Techniques and Strategies for Korean American Clients

Many techniques and strategies have been proposed to remedy the high premature counseling termination rate among Asian Americans (Sue & Sue, 1977; Sue & Zane, 1987; Uba, 1994). Techniques and strategies that are applicable to Korean Americans are as follows.

What takes place during the initial session often determines whether the client will give the counselor a chance to work on his or her problems. For Korean Americans, counselors need to establish enough credibility to convince these clients that therapy can help them deal with their problems. Most Korean American clients are not familiar with the counseling process. Their lack of trust in the efficacy and method of counseling may become an obstacle in building rapport. In order to reduce the client's suspicion and to increase the counselor's credibility, it is important for the coun-

selor to provide relevant information about the process and the credentials of the counselor.

Another strategy that may increase the counselor's credibility is conducting a brief yet accurate assessment. If the counselor devotes too much time to gathering background information, the client may become discouraged and mistakenly think that the rest of the counseling will have the same structure. Information that briefly focuses on the client's place of origin, family structure and values, birth order, available support systems, immigration history, communication style, and occupation and educational level prior to immigration is beneficial in making an accurate assessment in a short period of time.

Moreover, many foreign-born Asian Americans expect a quick diagnosis and some form of treatment benefit in the early stage of the therapy (Huang, 1991; Kim, 1985; Kinzie, 1989; Lin & Shen, 1991). During the initial session, this gift giving needs to take place. Gifts can be in the form of giving clients some explanations about their problems based on the information gathered during the session, even if they are tentative. Feeling understood and being able to place things in perspective can alleviate some of the client's stress and worries. In order to meet some of the client's expectations, focusing on symptom relief in the early stages may be helpful. Subsequently, all these tactics may provide the counselor with more opportunities to work on the client's underlying problems.

Culturally Consistent Counseling Modalities for Korean Americans

Traditionally, counseling/psychotherapy has been very much embedded in European American culture and thus is better designed to serve clients from that cultural background. For example, Western counseling approaches are predicated on lateral human relationships, individuation, independence, and self-disclosure. Conversely, Korean values emphasize hierarchical relationships, interdependence, self-control, and acceptance. Hence, the therapeutic needs of Korean Americans, which are combined with cultural values and the impact from immigration, may not be served effectively by the traditional approach. Given this, some mental health professionals suggest that directive, structured, and unam-

biguous therapeutic approaches may be more culturally compatible with Korean Americans than explorative, neutral approaches (Foley & Fuqua, 1988; Lee, 1988; Root, 1985). For example, Korean American clients may value an individual's willpower and ability to control morbid thoughts. If Korean American clients believe in exercising willpower as a means of psychological improvement, then a therapeutic method that coincides with their cultural expectation (such as a control-based cognitive therapy) is more likely to be effective than a culturally contradictory method (such as an insight-oriented therapy).

Family therapy can also work well in counseling Korean American clients, especially children. This is because problems are often embedded in family dynamics. Because of the hierarchical structure and the traditional value and belief system of Asian American families, the strategic-structural model of the family therapy model has been recommended for Asian American families (Kim, 1985). This model of family therapy focuses on concrete, external stressors rather than internal conflicts, teaches problem-solving techniques and active problem management, and helps the family to achieve concrete, external solutions.

Conclusion

Culturally, there is a great overlap among Asian American ethnic groups. Like other Asian Americans, Korean Americans are highly collectivistic and value individual sacrifice for the family as well as the larger society. Such a value and belief system often clashes with American individualism and becomes the source of much pain and struggle for many Korean immigrants. Korean Americans are a unique group in the sense that they are mostly comprised of recent immigrants and, as a group, are still in the process of resettling in this society. In addition, their atypical social status as middleman intensifies stressful living and working conditions. These environmental stressors have been documented, but the needs of Korean Americans have not yet been adequately addressed either by researchers or clinicians. Furthermore, even less is known about how they might be helped more effectively. This chapter has addressed some of these issues with the little that is

known about Korean Americans. More systematic research on the mental health needs of and culturally responsive treatments for Korean Americans is clearly needed to address the mental health issues of Korean Americans adequately.

References

- Abbott, K. (1976). Culture change and the persistence of the Chinese personality. In G. DeVos (Ed.), *Responses to change: Society, culture, and personality* (pp. 74-104). New York: Van Nostrand.
- Abe, J., & Zane, N. (1990). Psychological maladjustment among Asian and White American college students. *Journal of Counseling Psychology*, 37, 437-444.
- Ahn-Toupin, E. S. (1980). Counseling Asians: Psychotherapy in the context of racism and Asian American history. *American Journal of Orthopsychiatry*, 50, 76-86.
- Aldwin, C., & Greenberger, E. (1987). Cultural differences in the predictors of depression. *American Journal of Community Psychology*, 15, 789-813.
- Atkinson, D. R., & Gim, R. H. (1989). Asian American cultural identity and attitudes toward mental health services. *Journal of Counseling Psychology*, 36(2), 209-212.
- Choi, S. C., Kim, U., & Choi, S. H. (1993). Indigenous analysis of collective representations: A Korean perspective. In U. Kim & J. W. Berry (Eds.), *Indigenous psychologies: Research and experience in cultural context* (Cross-cultural research and methodology series, 17, pp. 193-210). Newbury Park, CA: Sage.
- Dolgin, D. L., Salazar, A., & Cruz, A. (1987). The Hispanic treatment program: Principles of effective psychotherapy. *Journal of Contemporary Psychotherapy*, 17(4), 285-299.
- Flaskerud, J. H., & Liu, P. Y. (1990). Influence of therapist ethnicity and language on therapy outcomes of Southeast Asian clients. *International Journal of Social Psychiatry*, 36(1), 18-29.
- Foley, J. B., & Fuqua, D. R. (1988). The effects of status configuration and counseling style on Korean perspective of counseling. *Journal of Cross-Cultural Psychology*, 19(4), 465-480.
- Gim, R. H., Atkinson, D. R., & Kim, S. J. (1991). Asian American acculturation, counselor ethnicity, and cultural sensitivity and ratings of counselors. *Journal of Counseling Psychology*, 38(1), 57-62.
- Goldstein, B. (1988). In search of survival: The education and integration of Hmong refugee girls. *Journal of Ethnic Studies*, 16, 1-27.

- Hatanaka, H. K., Watanabe, W. Y., & Ono, S. (1975). The utilization of mental health services by Asian Americans in Los Angeles. In W. H. Ishikawa & N. H. Archer (Eds.), *Delivery of services in Pan Asian communities* (pp. 33-39). San Diego, CA: San Diego State University, San Diego Pacific Asian Coalition Mental Health Training Center.
- Houchins, L., & Houchins, C.-S. (1976). The Korean experience in America, 1903-1924. In N. Hundley (Ed.), *The Asian American* (pp. 129-156). Santa Barbara, CA: Clio Press.
- Huang, K. (1991). Chinese Americans. In N. Mokuau (Ed.), *Handbook of social services for Asian and Pacific Islanders* (pp. 79-96). New York: Greenwood Press.
- Hurh, W. M., & Kim, K. C. (1990). Adaptation stages and mental health of Korean male immigrants in the United States. *International Migration Review*, 24, 456-479.
- Kang, S. H. (1990). Training and development of psychotherapy in Korea. *Psychotherapy and Psychosomatics*, 53, 46-49.
- Kim, B. C. (1980). *The Korean American child at school and at home* (Technical report to the Administration for Children, Youth, and Families). Washington, DC: U.S. Government Printing Office.
- Kim, B. C., & Condon, M. E. (1975). *A study of Asian Americans in Chicago: Their socioeconomic characteristics, problems, and services needs* (Interim report to the National Institute of Mental Health). Washington, DC: Department of Health, Education, and Welfare.
- Kim, K. C., Kim, S., & Hurh, W. M. (1991). Filial piety and intergenerational relationship in Korean immigrant families. *International Journal of Aging and Human Development*, 33(3), 233-245.
- Kim, S. (1985). Family therapy for Asian Americans: A strategic structure framework. *Psychotherapy*, 22(2), 342-348.
- Kim, U., & Choi, S. H. (1994). Individualism, collectivism, and child development: A Korean perspective. In P. M. Greenfield & R. R. Cocking (Eds.), *Cross-cultural roots of minority child development* (pp. 227-257). Hillsdale, NJ: Erlbaum.
- Kinzie, J. D. (1989). Therapeutic approaches to traumatized Cambodian refugees. *Journal of Traumatic Stress*, 2, 75-91.
- Kitano, H. L. (1974). Japanese Americans: The development of middleman minority. *Pacific Historical Review*, 43(4), 500-555.
- Kitano, H. L. (1991). *Race relation* (4th ed.). Englewood Cliffs, NJ: Prentice Hall.
- Kuo, W. (1984). Prevalence of depression among Asian Americans. *Journal of Nervous and Mental Disease*, 172(8), 449-457.
- Leong, F. T. (1986). Counseling and psychotherapy with Asian Americans: Review of the literature. *Journal of Counseling Psychology*, 33(2), 196-206.
- Lee, E. (1988). Cultural factors in working with South Asian refugee adolescents. *Journal of Adolescence*, 11, 167-179.
- Lee, J., & Cynn, V. (1991). Issues in counseling 1.5 generation Korean Americans. In C. C. Lee & B. L. Richardson (Eds.), *Multicultural issues in counseling: New approaches to diversity* (pp. 127-140). Alexandria, VA: American Association for Counseling and Development.
- Light, I., & Bonacich, E. (1988). *Immigrant entrepreneurs: Koreans in Los Angeles, 1965-1982*. Berkeley: University of California Press.
- Lin, K. M. (1983). *Hwa-byung: A Korean culture-bound syndrome? American Journal of Psychiatry*, 140(1), 105-107.
- Lin, K. M., Lau, J. K., Yamamoto, J., Zheng, Y.-P., Kim, H.-S., Choi, K.-H., & Nakasaki, G. (1992). *Hwa-byung: A community study of Korean Americans. Journal of Nervous and Mental Disease*, 180(6), 386-391.
- Lin, K. M., & Shen, W. (1991). Pharmacotherapy for Southeast Asian psychiatric patients. *Journal of Nervous and Mental Disease*, 179, 346-350.
- Marcos, L. R., & Alpert, M. (1976). Strategies and risks in psychotherapy with bilingual patients: The phenomenon of language independence. *American Journal of Psychiatry*, 133(11), 1275-1278.
- Min, P. G. (1990). Problems of Korean immigrant entrepreneurs. *International Migration Review*, 24, 436-455.
- Nah, K. H. (1993). Perceived problems and service delivery for Korean immigrants. *Social Work*, 38(3), 289-296.
- Noh, S. R., & Atkinson, W. R. (1992). Assessing psychopathology in Korean immigrants: Some preliminary results on the SCL-90. *Canadian Journal of Psychiatry*, 37, 640-645.
- Rohner, R. P., & Pettrigill, S. M. (1985). Perceived parental acceptance-rejection and parental control among Korean adolescents. *Child Development*, 56, 524-528.
- Root, M. (1989). Guidelines for facilitating therapy with Asian American clients. In D. Atkinson, G. Morten, & D. Sue (Eds.), *Counseling American minorities: A cross-cultural perspective* (pp. 116-128). Dubuque, IA: William C. Brown. (Originally published in 1985 in *Psychotherapy*, 22, 349-356)
- Sasao, T., & Chun, C. A. (1994). After the Sa-I-gu Los Angeles riots: Correlates of subjective well-being in the Korean American community. *Journal of Community Psychology*, 22(2), 136-152.
- Shon, S., & Ja, D. (1982). Asian families. In M. McGoldrick, J. Pearce, & J. Giordano (Eds.), *Ethnicity and family therapy* (pp. 208-229). New York: Guilford Press.
- Sue, D. W., & Sue, D. (1977). Barriers to effective cross-cultural counseling. *Journal of Counseling Psychology*, 24, 420-429.

- Sue, S. (1988). Psychotherapeutic services for ethnic minorities: Two decades of research findings. *American Psychologist*, 43(4), 301-308.
- Sue, S., Fujino, D. C., Hu, L.-T., Takeuchi, D. T., & Zane, N. W. S. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology*, 59(4), 533-540.
- Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy: A critique and reformulation. *American Psychologist*, 42(1), 37-45.
- Uba, L. (1994). *Asian Americans: Personality patterns, identity, and mental health* (1st ed.). New York: Guilford Press.
- U.S. Bureau of the Census. (1991). *Asian and Pacific Islander population in the United States: 1990* (Current Population Reports, Series P-20, No. 142-C-01). Washington, DC: U.S. Government Printing Office.
- Weeks, J. R., & Cuellar, J. B. (1983). Isolation of older persons: The influence of immigration and length of residence. *Research on Aging*, 5(3), 369-388.
- Yang, E.-S. (1979, March 10). *Korean community, 1903-1970: Identity to economic prosperity*. Paper presented at Korean Community Conference, sponsored by Koryo Research Institute, Los Angeles.
- Yu, E. Y. (1983). Korean communities in America: Past, present, and future. *Amerasia Journal*, 10(2), 23-51.
- Yu, E., & Cypress, B. (1982). Visits to physicians by Asian/Pacific Americans. *Medical Care*, 20(8), 809-820.
- Yun, H. (1976). The Korean personality and treatment considerations. *Social Casework*, 57(3), 173-178.

The Latino American Experience

Latino is a sociological/political term that identifies a culture shared by several ethnic groups in the United States, including Mexicans, Puerto Ricans, and Cubans as well as other ethnic groups with origins in Central and South America. Latino culture developed as a result of the fusion of Spanish culture (brought to the Americas by missionaries and soldiers) with Native indigenous cultures and African (the result of the slave trade) cultures in Mexico, South America, and the Caribbean Basin. Commonality among Latino American ethnic groups is found in the use of the Spanish language, the influence of Roman Catholic traditions, and strong kinship bonds between family members and friends. However, there is a wide variety within each Latino American group based on variables such as degree of acculturation, socioeconomic status, language preference, and generation in the United States.