

Psychiatric Disorders Among Elderly Koreans in the United States

*Joe Yamamoto, M.D.
Siyon Rhee, D.S.W.
Dong-San Chang, M.D., Ph.D.*

ABSTRACT: This study examines the lifetime prevalence of various psychiatric disorders among 100 Korean elderly in Los Angeles. The instrument used in this study is the Diagnostic Interview Schedule, Version III (DIS III, 1-10). The main finding is of relatively low prevalence of most DSM-III disorders with the exception of alcohol abuse and dependence. The rate of alcoholism is astonishingly high among elderly Korean males in Los Angeles. The findings are compared with the U.S. Epidemiological Catchment Area studies, and with other much larger community studies conducted in Korea. A comparison shows that there are no significant differences in the prevalence of mental disorders between elderly Koreans in Los Angeles and elderly Americans in St. Louis (N = 576) except for the prevalence of alcohol abuse and dependence. The lifetime prevalence of DSM-III disorders among Koreans in Korea (N = 5100) is generally higher than among elderly Koreans in Los Angeles.

INTRODUCTION

The Korean community in the United States has been growing at an incredible rate over the past two decades, mainly through the influx of new immigrants as an outcome of the Immigration Act of 1965. The

Address reprint requests to Joe Yamamoto, M.D., UCLA Neuropsychiatric Institute, 760 Westwood Plaza, Los Angeles, CA 90024-1759.

Siyon Rhee, D.S.W., is affiliated with California State University, Los Angeles, and Dong-San Chang, M.D., Ph.D., is affiliated with Chung-Ryang Ri Mental Hospital, Seoul, Korea.

Presented at the 144th Annual Meeting of the American Psychiatric Association, New Orleans, May 11-16, 1991.

This study was supported in part by the National Research Center on Asian American Mental Health (NIMH RO1 MH44331).

new act became effective in 1968 allowing as many as 20,000 to 30,000 Koreans to enter the U.S. annually (Kim, 1980). The 1990 Census data shows that there are 815,447 Koreans in the United States, which represents an increase of nearly 130 percent since 1980 (U.S. Bureau of Census, 1990). Approximately 30 percent of this population are concentrated in the Los Angeles area earning this city the name of the Korean Capital in the United States.

The elderly Asian population is the fastest growing age group among Asian Americans. The elderly comprised 6.6 percent of the total Asian population in 1980, and 10.3 percent will be age 65 and over by the end of the century (Ong, 1989). Family reunion features of current immigration policies will steadily accelerate the growth of the elderly population by the year 2000. More than 95 percent of the Korean elderly in the United States are and will continue to be foreign-born.

Despite the rapid increase in Korean population size, little empirical data are available regarding their psychological wellbeing and adjustments to the new living environment. Especially, the mental health field of elderly Korean immigrants has received almost no attention from researchers. Virtually no information is available on the prevalence of psychiatric disorders among this group. It has been widely recognized that the majority of existing studies of Asian Americans in health and mental health are found in other Asian groups such as the Japanese, Chinese and Filipinos (Lin et al., 1980; Yamamoto, 1989; Yu et al., 1982).

The purpose of this study is to present baseline data on various DSM-III psychiatric disorders among immigrant Korean elderly in Los Angeles. The findings are compared with the U.S. Epidemiological Catchment Area (ECA) studies, and with other community studies conducted in Korea.

II. BACKGROUND

Koreans tend to immigrate to this country as family units rather than as individuals in which man and wife and their children enter the U.S. together (Min, 1984). The current immigration law allows immigrants who obtain citizenship after five years of residency to invite their elderly parents for permanent residence. The majority of Korean elderly have entered the U.S. at the invitation of their adult children who came a little earlier. The new immigrants have settled in metropolitan urban areas where they develop a cohesive Korean community with a

variety of indigenous organizations including churches, temples, alumni, and senior citizens associations. The Korean Business Directory (1991) for the Los Angeles area lists more than 400 Korean Protestant churches, 140 interest groups, and 10 senior citizens' organizations. Approximately 60 percent of Korean immigrants in Los Angeles are affiliated with churches so that the church is an inseparable part of the community structure (Hurh & Kim, 1984).

A stereotypical image of Korean immigrants is that of an intact and harmonious extended family structure where the elderly play an important and respected role. It has been assumed that the family provides strong support so that elderly members do not have to rely on outside assistance. This assumption does not reflect recent changes in family relationships. There have been significant challenges to filial piety and the status and position of the elderly within their families are becoming less significant along with the fast trend of urbanization and nuclearization of living arrangements.

Many studies suggest that immigration from a non-Western culture itself is a very stressful life event in the process of adjusting to a linguistically and culturally different society (Murphy, 1977; Kim & Hurh, 1980; Nann, 1982). This is particularly true for many Korean elderly who came to join their children with no prior preparation for a major change in their lives. They are likely to experience a great deal of emotional difficulties resulting from a significant loss of social status and ties with lifelong friends and relatives. Lack of transportation and appropriate language skills and the absence of close friendship network render the Korean elderly to be confined in their home or ethnic community. Especially, those who are living with their adult children in the suburban area tend to have little access to the existing community resources.

Older Koreans often become the primary caretakers of their grandchildren at home while their adult children are at work (Won, 1989). They usually do not want to bother their busy children with their problems. In many cases, their children have neither the time nor resources to provide support services to their aged parents. As a result, a growing number of Korean elderly turn to various senior citizens' organizations for support and social activities. A major function of senior citizens' organizations in the Korean community is to provide information about entitlement benefits and assist them to complete application forms for those programs. These organizations also function as a vehicle through which to meet fellow Koreans, form social ties and participate in social activities. With this reason, a majority of Korean elderly desire to live apart from their children in the Korean commu-

nity where transportation and social interaction with other elderly Koreans are easy (Kang, 1981; Koh & Bell, 1987).

III. METHODS

The sample consists of 100 Korean members of the Korean Senior Citizens Association in Los Angeles. The subjects, 51 males and 49 females, were selected randomly from the list of 2,500 members of the Association. Data were collected by a well-trained bilingual Korean psychiatrist in one hour face-to-face structured interviews throughout 1989. The age range of the subjects varies with those 59 and under, 1 male and 1 female; 60-64, 3 males and 3 females; and 65 and over, 47 males and 40 females. The average age for Korean male subjects was 72; female subjects was 68. All 100 subjects are monolingual Korean speaking, first-generation immigrants who have resided in the U.S. for less than 15 years.

A membership report of the Association reveals that approximately 70 percent of their members are Protestants, and 10 percent are Buddhists; about 60 percent are living independently in apartments for the elderly in the Korean community and the remaining are living with their adult children.

The instrument used was the Diagnostic Interview Schedule, Version III (DIS III, 1-10). The National Institute of Mental Health (NIMH), ECA program estimates the prevalence of specific mental disorders in the general population by means of the above instrument which was constructed to make DSM-III diagnoses. The instrument was translated, back translated, and compared in terms of the meanings of the questions by a multidisciplinary bilingual team from Korea and in the United States (Lee et al., 1990a; Lee et al., 1990b). The validity of the Korean DIS III was evaluated with 35 psychiatric inpatients and 30 control subjects from the non-hospitalized general population. A comparison between the clinical diagnoses and the diagnoses generated by the Korean version showed high sensitivity with all diagnostic categories. 21 inpatients were also interviewed to evaluate the test-retest reliability. There was nearly 90 percent agreement. The possibility that the subject has some form of organic mental disorder was also assessed on the basis of his/her error score on the Folstein Mini-Mental State Examination, a portion of the DIS III.

IV. RESULTS

The main findings are of relatively low lifetime prevalence of most psychiatric disorders (using DSM-III Criteria) among the Korean elderly in Los Angeles except for the prevalence of generalized anxiety disorder, affective disorder and phobia among the females, and alcohol abuse and dependence among the males. As revealed in Table 1, 2 percent of the males had dysthymic disorder. Among the females, the prevalence of psychiatric disorders was generally higher than the males except for the rate of alcohol abuse and dependence. Among the female elderly, the highest prevalence was of the 4.1 percent of generalized anxiety and affective disorder, 4.2 percent of phobia and agora-

TABLE 1

Los Angeles Korean Elderly Lifetime DSM III Disorders

<i>DIS Diagnostic Category</i>	<i>M=51</i> (%)	<i>F=49</i> (%)	<i>T=100</i> (%)
Somatization	0.0	0.0	0.0
Generalized Anxiety	0.0	4.1	2.0
Panic Disorder	0.0	0.0	0.0
Dysthymic Disorder	2.0	2.0	2.0
Affective Disorder	2.0	4.1	3.0
Major Depression	0.0	2.1	1.0
Manic Episode	0.0	0.0	0.0
Bipolar Disorder	0.0	0.0	0.0
Schizophrenic Disorder	0.0	0.0	0.0
Paranoid Disorder	0.0	0.0	0.0
Phobia	0.0	4.2	2.0
Agoraphobia	0.0	4.2	2.0
Anorexia Nervosa	0.0	0.0	0.0
Antisocial Personality	0.0	0.0	0.0
Pathological Gambling	0.0	0.0	0.0
Obsessive-Compulsive	0.0	0.0	0.0
Substance Abuse/Dependence	—	—	—
Alcohol Abuse/Dependence	35.3	2.0	19.0

phobia. Among the affective disorders in the female sample, 2.0 percent had dysthymic disorder and 2.1 percent had major depression. The notable finding was the astonishingly high prevalence of alcohol abuse and dependence among the males. Of the 51 males, 21.6 percent had alcohol abuse and 13.7 percent had alcohol dependence (35.3 percent in total). Among the females, only 2 percent had a history of alcohol abuse. The prevalence of definite (severe) cognitive deficit among the Los Angeles Korean elderly was 3.0 percent (using the Folstein Mini-Mental State Examination) which represents a significantly higher rate when compared with other Asian American elderly groups. For example, in the Filipino study, the rate of definite cognitive deficit was 0.0 percent, and in the Chinese study, 2.0 percent (Yamamoto, 1989).

Table 2 compares the findings with the Korean elderly in Los Angeles and the elderly Americans in St. Louis, Missouri. The number of elderly subjects in St. Louis was 576. The St. Louis data were collected from a stratified random sample using a rigorous epidemiological method. The

TABLE 2

Lifetime DSM III Disorders

<i>DIS Diagnostic Category</i>	<i>Los Angeles</i>	<i>St. Louis</i>
	<i>Korean Elderly</i> N=100 (%)	N=576* (%)
Somatization	0.0	0.0
Generalized Anxiety	2.0	—
Panic Disorder	0.0	0.1
Dysthymic Disorder	2.0	1.2
Affective Disorder	3.0	—
Major Depression	1.0	0.8
Manic Episode	0.0	0.1
Bipolar Disorder	0.0	—
Schizophrenic Disorder	0.0	0.0
Paranoid Disorder	0.0	—
Phobia	2.0	3.5
Agoraphobia	2.0	1.2
Anorexia Nervosa	0.0	0.0
Antisocial Personality	0.0	0.2
Pathological Gambling	0.0	—
Obsessive-Compulsive	0.0	1.1
Substance Abuse/Dependence	—	—
Alcohol Abuse/Dependence	19.0	7.2

*Robins LN, et al., *Archives of General Psychiatry*, 41(10), 1984

comparison reveals that there are no significant differences in the prevalence of DSM-III disorders between the Korean elderly in Los Angeles and the American elderly in St. Louis. The exception is in the area of alcohol abuse and dependence where the prevalence is 19 percent among the Korean elderly, and only 7.2 percent among the elderly in St. Louis. The cross-cultural comparison of the prevalence of alcohol abuse and dependence between Los Angeles Korean elderly and St. Louis American elderly shows a statistically significant difference ($P < .001$).

The findings with the Korean elderly in Los Angeles are also compared with those of the community epidemiological studies conducted in Korea. Lee and his colleagues (1990a; 1990b) examined the lifetime

prevalence of DSM-III mental disorders among Korean adults in Korea. They interviewed 3,134 subjects from Seoul, and 1,966 subjects from the rural areas (total N = 5100) using the same DIS III, Korean version. Table 3 indicates that psychiatric disorders among Koreans in Korea are more prevalent in almost all diagnostic categories than among the Korean elderly in Los Angeles. However, it is noteworthy that the rate of generalized anxiety disorder among Los Angeles Korean female elderly is higher than among the Korean sample. The prevalence of alcohol abuse and dependence among those subjects, regardless of site differences, was also very high (Seoul, 21.7 percent; rural, 22.4 percent; elderly Koreans in Los Angeles, 19.0 percent respectively). The data shows a remarkable similarity in the prevalence of alcohol abuse and dependence between the Los Angeles Korean sample and the Korean sample.

V. DISCUSSION

The lifetime prevalence of psychiatric disorders was generally low among the Korean elderly in Los Angeles except for the high rate of generalized anxiety disorder, affective disorder and phobia among female subjects, and the very high prevalence of alcohol abuse and dependence among male subjects. Certainly, this pattern of relatively low prevalence of psychopathology or psychiatric disorders is similar to the findings of Karno and his colleagues (1987a; 1987b) among the recent immigrant Mexican Americans. It was generally found that the recent immigrant Mexican Americans had fewer psychiatric disorders than the Mexican Americans who were born in the United States and more acculturated to the host society.

We need to be cautious about generalizations from the findings of relatively low rates of DSM-III disorders among recent Korean elderly immigrants. Those who are mentally or physically impaired may not be able to participate in the activities of senior citizens organizations at the same level as the healthier elderly, and thus, are likely to be excluded from our study. If home-bound immigrant elderly Koreans enter the sampling frame, it is plausible that the overall rates of psychiatric disorders can increase.

It was also found that the lifetime prevalence of DSM-III disorders is less among the Korean elderly in Los Angeles than the Koreans in Korea. However, the higher rate of generalized anxiety disorder among Los Angeles female subjects reflects a combination of problems arising

TABLE 3

Lifetime Prevalence Rate of DIS/DSM III Disorders in Korea

	Seoul (%) (N=3,134)	Rural (%) (N=1,966)
Somatization	0.03	0.18
Generalized Anxiety	3.56	2.89
Panic Disorder***	1.11	2.60
Dysthymic Disorder	2.42	1.89
Affective Disorder	5.52	5.11
Major Depression	3.31	3.47
Manic Episode	0.40	0.44
Bipolar Depression	—	—
Schizophrenic Disorder	0.34	0.65
Paranoid Disorder	—	—
Phobia	5.89	5.97
Agoraphobia**	2.08	3.62
Anorexia Nervosa	0.03	0.00
Antisocial Personality***	2.08	0.91
Pathological Gambling	1.02	0.98
Obsessive-Compulsive	2.29	1.90
Substance Abuse/Dependence	0.88	0.49
Alcohol Abuse/Dependence	21.71	22.39

p < .01; *p < .001 (x² test).

Adapted from: Lee CK, et al., *Journal of Nervous and Mental Disease*, 178(4):249, 1990.

from difficulty in making adjustment to a new socio-cultural environment and psychosocial stress within the extended family situation. Elderly Korean women generally find it more difficult to learn English due to lower formal education than men. It is clear that those who have higher education can better adjust to changes socially, financially, and emotionally. In addition, a recent study shows that Korean elderly men are much more likely to be satisfied with their spouse and children than women are. Generally speaking, Korean female elderly tend to be more critical of their adult children than men are (Kiefer et al., 1985). Traditionally, adult children are expected to care for their aged parents at home in accordance with the Confucian ethic of filial piety. In America, many Korean female elderly become responsible for the entire household chores, and experience devalued status in their family

and diminished influence over their children. These conditions arouse strained family relationships and some anxiety among elderly Korean women (Kang, 1981).

The strikingly high rate of alcohol abuse and dependence among the elderly Korean males in Los Angeles follows the same pattern found in the major epidemiological studies in Korea. Both in Los Angeles and Korea, most drinking was done by men. These findings are also consistent with the data presented by Chi and her colleagues (1989). In their study, 280 randomly selected Koreans in Los Angeles were interviewed, and about 26 percent of male respondents were heavy drinkers while less than 1 percent of female respondents were in this drinking category. The similar drinking pattern between the Korean elderly in Los Angeles and Koreans in Korea shows that our subjects as recent immigrants had well established behavior patterns prior to immigration and retain the cultural values of their country although they live in America. Especially, their drinking styles brought to America appear to remain relatively unchanged.

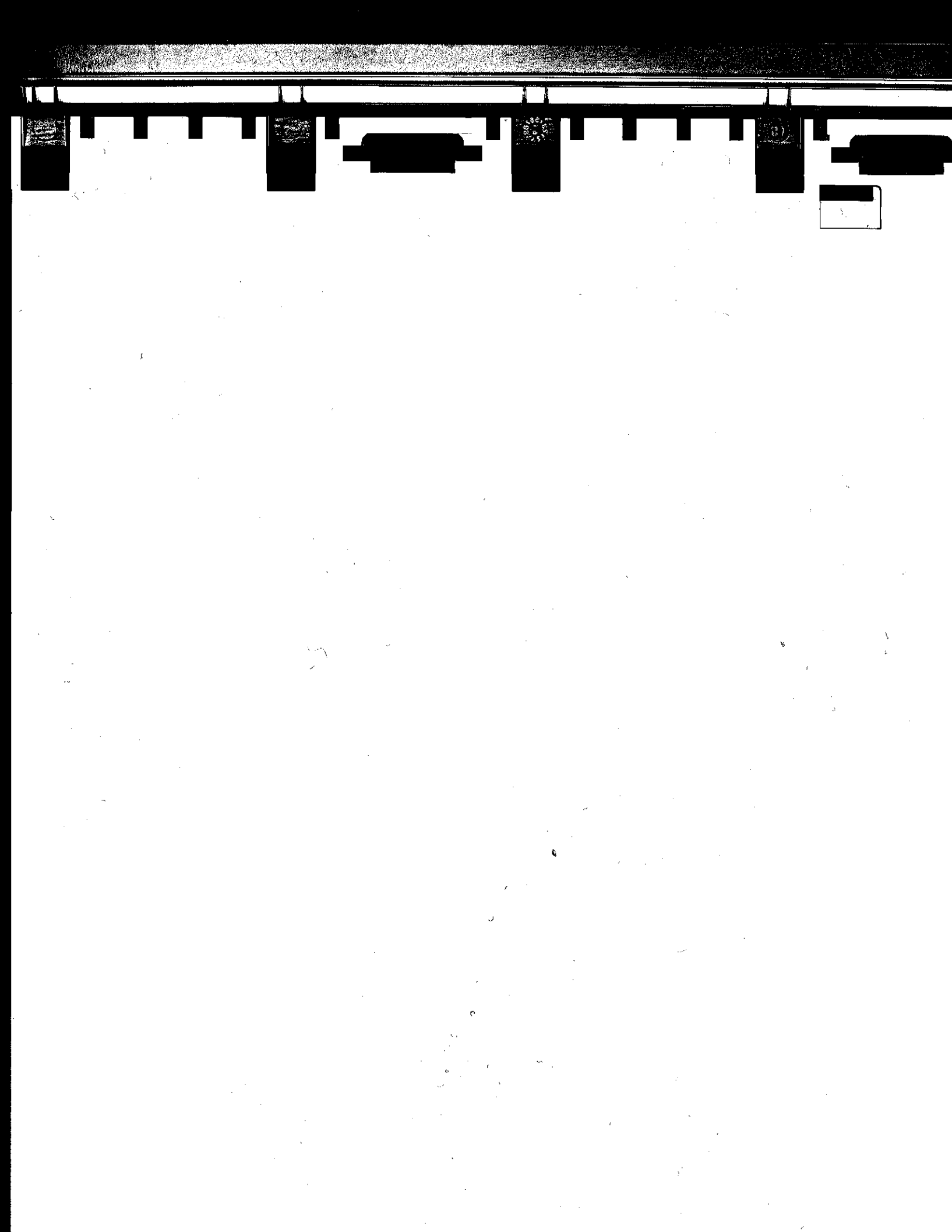
Culturally, Korean males can drink with their friends and go to bars and night clubs with little social restrictions while Korean females seldom drink. Traditional Korean culture emphasizes that Korean females are not supposed to drink. Koreans are highly tolerant and permissive toward male drinking, and do not consider alcoholism as a disease. It is interesting to note that Korean male drinking is not highly correlated with Christian religions. It was mentioned earlier that a membership statistical report of the Korean Senior Citizens Association indicates about 70 percent of their members were Protestants. Although the DIS III does not ask subjects about church attendance, it is highly probable that the majority of our sample attend weekly church services. Our study seems to be consistent with other recent research findings in which church attendance or weekly worship is relatively unimportant for Korean male drinking (Lubben et al., 1989; Chi et al., 1989).

The incidence of alcohol abuse and dependence among Korean males is significantly associated with a variety of problem behaviors. For example, Koreans comprise the greatest number of Asian Americans arrested for Driving under the Influence of Alcohol (DUI) in Los Angeles County (Special Services for Groups, 1991). Another problem involves high rates of gastro-intestinal diseases among Korean males. It is generally known that Korean immigrants have more gastro-intestinal problems than Americans (Korean American Health Survey Task Force, 1991).

The present study contributes to the knowledge of Asian elderly immigrants and their mental health status. It challenges the general assumption that the Asian elderly are a problem-free non-drinking group. It is clear that there are significant variations in the prevalence of alcohol abuse and dependence between elderly Koreans and elderly Americans in St. Louis. Cultural norms have a strong effect on alcohol consumption patterns among the immigrant Korean group. The finding suggests that local health and mental health agencies serving Korean immigrants need to develop culturally appropriate treatment methods as well as prevention programs in response to the problems arising from adjustment difficulties and heavy drinking. It would be valuable to study how the high rate of alcohol abuse is reflected in mental or physical morbidity among Korean immigrants. Finally, it will be important to examine in the future whether long-term residence in America has significant effects on the overall Korean mental health as well as other dimensions of their social behavior.

REFERENCES

- Chi, I., Lubben, J., and Kitano, H. (1989). Differences in drinking behavior among three Asian American groups. *Journal of Studies on Alcohol*, 50(1), 15-23.
- Hurh, W.M. and Kim, K.C. (1984). *Korean Immigrants in America*. Cranbury, N.J.: Associated University Press.
- Kang, T.S. (1981). Korean-American elderly: Access to resources and Adjustments to life changes. Special Studies Publications, #151, State University of N.Y. at Buffalo.
- Karno, M., Burnam, A., Hough, R.L., Escobar, J.I., and Golding, J.M. (1987a). Mental disorders among Mexican Americans and Non-Hispanic Whites in Los Angeles. In M. Gaviria and J.D. Arana (Eds.), *Health and Behavior: Research Agenda for Hispanics*, pp. 110-126. Chicago, Illinois: Simon Bolivar Hispanic-American Psychiatric Research and Training Program, the University of Illinois at Chicago.
- Karno, M., Hough, R.L., Burnam, A., Escobar, J.I., Timbers, D.M., Santana, F., and Boyd, J.H. (1987b). Lifetime prevalence of specific psychiatric disorders among Mexican Americans and non-Hispanic Whites in Los Angeles. *Archives of General Psychiatry*, 44, 695-701.
- Kiefer, C.W., Kim, S., Choi, K., Kim, L., Kim, B.L., Shon, S., and Kim, T. (1985). Adjustment problems of Korean American elderly. *The Gerontologist*, 25(5), 477-482.
- Kim, H.C. (1980). Koreans. In S. Thernstrom, A. Orlov and O. Handlin (Eds.), *Harvard Encyclopedia of American Ethnic Groups*, pp. 601-606. Cambridge: Harvard University Press.
- Kim, K.C. and Hurh, W.M. (1980). Social and occupational assimilation of Korean immigrant workers in the United States. *California Sociologist*, 3(2), 125-142.
- Koh, J. and Bell, W. (1987). Korean elders in the United States: Intergenerational relations and living arrangements. *The Gerontologist*, 27(1), 67-71.
- Korean American Health Survey Task Force (1991). Korean American health survey. A preliminary report by Korean Health Education, Information and Referral Center, Los Angeles, California.
- Korean Business Directory: 1990-1991 (1991). Los Angeles: The Korea Times.
- Lee, C.K., Kwak, Y.S., Yamamoto, J., Rhee, H., Kim, Y.S., Han, J.H., Choi, J.O., and Lee, Y.H. (1990a). Psychiatric epidemiology in Korea, Part I: Gender and age differences in Seoul. *Journal of Nervous and Mental Disease*, 178(4), 242-246.



- Lee, C.K., Kwak, Y.S., Yamamoto, J., Rhee, H., Kim, Y.S., Han, J.H., Choi, J.O., and Lee, Y.H. (1990b). Psychiatric epidemiology in Korea, Part II: Urban and rural differences. *Journal of Nervous and Mental Disease*, 178(4), 247-252.
- Lin, K.M., Kleinman, A., and Lin, T.Y. (1980). Overview of mental disorders in Chinese cultures: Review of epidemiological and clinical studies. In A. Kleinman and T.Y. Lin (Eds.), *Normal and Abnormal Behavior in Chinese Cultures*, pp. 237-272. Boston: D. Reidel Publishing.
- Lubben, J., Chi, I., and Kitano, H. (1989). The relative influence of selected social factors on Korean drinking behavior in Los Angeles. *Advances in Alcohol and Substance Abuse*, 8(1), 1-17.
- Min, P.G. (1984). An exploratory study of kin ties among Korean immigrants families in Atlanta. *Journal of Comparative Family Studies*, 15(1), 59-75.
- Murphy, H. (1977). Migration, culture, and mental health. *Psychological Medicine*, 7, 677-684.
- Nann, R. (1982). Uprooting and surviving, an overview. In R. Nann (Ed.), *Uprooting and Surviving*, pp. 1-10. Boston: D. Reidel Publishing.
- Ong, P. (1989). California's Asian population, past trends and projections for the year 2000. R892, Graduate School of Architecture and Urban Planning and Asian American Studies Center, University of California, Los Angeles, May.
- Special Service for Groups (1991). Asian Pacific alcohol peer consultation and training project: Needs assessment. Los Angeles.
- U.S. Bureau of Census (1990). 1990 Census of population: Race and Hispanic origin for the United States and regions.
- Won, M. (1989). Long-term care among Asian and Pacific Islanders: Korean Americans. Master Thesis, School of Social Welfare, UCLA.
- Yamamoto, J. (1989). Elderly Asian Americans in Los Angeles in prevalence of mental disorders. In E.K. Yeh, H. Rin, C.C. Yeh, and H.G. Hwu (Eds.), *Proceedings, International Symposium on Psychiatric Epidemiology*, pp. 142-156. Republic of China: Department of Health, the Executive Yuan.
- Yamamoto, J., Machizawa, S., Araki, F., Reece, S., Steinberg, A., Leung, J., and Cater, R. (1985). Mental health of elderly Asian Americans in Los Angeles. *American Journal of Social Psychiatry*, V(1), 37-46.
- Yu, E. and Cypress, B. (1982). Visits to physicians by Asian/Pacific Americans. *Medical Care*, 20(8), 809-820.