Understanding and Counseling Korean Americans: Implications for Training

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Article:

Korean Americans are a growing subgroup of the U.S. population with distinct characteristics and counseling needs. These characteristics and needs are considered and implications for counselor training are explored. Asian and Pacific Islanders are the fastest growing minority group in the United States (Gould, 1988). In 1990, there were over 7.4 million Asian and Pacific Islanders living in this country. It is estimated that by the year 2000, this number will grow to more than 12,000, and by the year 2050, the increase will be to over 40 million (U.S. Department of Commerce, 1995). There are over 29 distinct subgroups that comprise this population, including persons of Chinese, Japanese, Filipino, Vietnamese, Laotian, Cambodian, Thai, Hmong, Pakistani, and Korean cultures (Moy, 1992). Within the population of Asian and Pacific Islanders, Korean Americans are one of the most rapidly increasing immigrant groups (Kim & Rew, 1994). Of the 7.4 million persons in the total Asian and Pacific Islander population in 1990, 800,000 (11%) were Korean Americans (U.S. Department of Commerce, 1995).

Although the number of Asian and Pacific Islanders is increasing, an understanding of these individuals and groups remains limited (Nah, 1993). One reason for this situation is the extreme diversity within and between subgroups of the total population. In fact, among ethnic groups, there is as much between-group variation as within-group variation among Asian Americans (Leong, 1986). The varying circumstances of Asian American populations, such as patterns of immigration, contribute to unusual mental health stressors. Leong (1986), following an extensive review of the literature on Asian Americans, concluded that very little is known about conducting therapy with Asian American clients. This is partially due to the significant underuse of mental health services by these populations (Atkinson & Matsushita, 1991). Professional counselors are not being adequately prepared to work with Asian American clients (Berg & Miller, 1992; Hardy, 1989; Hardy & Laszloffy, 1992; Solomon, 1992). If counselors are to be effective in meeting the mental health needs of Asian and Pacific Islanders, it will be necessary to develop a knowledge base of the concerns of these ethnic minorities as well as strategies for interventions. Counselor educators also need this information in order to prepare culturally aware and sensitive practitioners. The purpose of this article is to assist in developing this knowledge base. Our focus is on Korean Americans, who comprise more than 1 person in 10 among the population of Asian Americans. In order to more fully understand the counseling needs of Korean Americans, we will first consider the characteristics and concerns of the Asian American ethnic groups as a whole. Mental health services for Korean Americans will be considered, and implications for counseling practice and counselor preparation will be explored.

IDENTITY AND ACCULTURATION: KEYS TO UNDERSTANDING ASIAN AMERICANS

Leong (1986) pointed out that racial identity has been a critical variable in understanding African-Americans. In a similar manner, "ethnic identity and acculturation are quickly becoming the focal point of much research with Asian Americans" (p. 208). Ethnic identity has been defined as "a subjective sense of social boundary or a self definition" (Meleis, Lipson, & Paul, 1992, p. 99). It influences the quality of life, and as such acts as a mediator of mental health (Kim & Rew, 1994). There also seems to be a strong. relationship between acculturation and

mental health, as well as between acculturation and helpseeking behaviors (Solberg, Choi, Ritsma, & Jolly, 1994; Suinn, Khoo, & Ahuna, 1995).

Acculturation is defined as "a process that can occur when two or more cultures interact" (Suinn et al., 1995, p. 139). This process involves three major outcomes: assimilation, resistance to assimilation, and biculturalism. Assimilation occurs when an individual adopts the cultural values, attitudes, and behaviors of the (new) host culture while rejecting his or her parent culture. Resistance occurs when the individual resists the host culture and maintains the cultural values, attitudes, and behaviors of the parent culture, and biculturalism occurs when the individual is able to adopt values, attitudes, and beliefs from both cultures.

Moy (1992) proposed a matrix model for understanding the acculturation patterns and adjustment of Asian Americans. The matrix juxtaposes three patterns of acculturation: nonacculturated (i.e., resistant), acculturated (i.e., assimilated), and bicultural--with two patterns of adjustment--competent and conflicted. Nonacculturated persons who are competent maintain the Asian culture and are able to function adaptively, while those who are conflicted maintain their parent culture but are not able to function adaptively. Acculturated and competent persons maintain the Western culture and are able to function adaptively, while those who are acculturated and conflicted are not able to function in an adaptive manner. Persons who are bicultural maintain both Western and Asian cultures, and are able to function either adaptively {competent) or not able to do so (conflicted).

Patterns of acculturation change over time and across generations, and are influenced by factors such as sex, age, and length of stay in the host culture (Nah, 1993). For example, Leong (1986) noted that many Asian Americans somaticize their emotional problems, yet not all Asian Americans do so. He concluded that "an assessment of the Asian-American client's acculturation level and cultural identity would provide the most guidance" (p. 208). Atkinson, Thompson, and Grant (1993) have developed a three-dimensional model for counseling racial ethnic minorities which includes the following three factors. They are as follows: "(a) the client's level of acculturation, (b) the locus of the problem's etiology, and (c) the goals of helping" (p. 259). These factors become extremely important in the process and outcomes of therapy, as discussed later in this article.

UNDERSTANDING KOREAN-AMERICANS--THE MACRO PERSPECTIVE: CHARACTERISTICS AND CONCERNS OF ASIAN AMERICANS

The diversity within Asian American populations is often overlooked, with much literature describing these people as a monolithic group rather than addressing the myriad of within-group differences (Hardy, 1989). Each Asian group has distinct traditions, customs, and languages (Moy, 1992). However, there are also commonalities among these populations. These commonalities include the impact of sociological and historical influences, family values, communication and emotional expression, and the effects of immigration.

From a historical perspective, many Asian American cultures maintained homogeneous values through restricted immigration laws in their own countries (Benedict, 1946). A key value orientation is that of collectivism, which is a marked contrast with the Western philosophy of individualism (Moy, 1992). The socialization pattern is one of interdependence rather than independence. A second key value relates to the role of women, with male superiority being the norm both within the family and society. Park and Cho (1995) summarized the traditional pattern for Korean and other Asian cultures as follows: "The father was boss and the mother his obedient assistant. Sons had priority over daughters in receiving food, clothing, and education" (p. 126). Finally, there is a strong emphasis in Asian cultures upon collectivity and hierarchical role structures (Choi, Bempechat, & Ginsburg, 1994; Kim & Chun, 1994).

Confucianism has been the predominant tradition among Asian peoples. A central tenet of Confucianism is the family: "family cohesion and continuity are taken as the foundation for sustaining the human community and the state" (Park & Cho, 1995, p. 117). This tradition is the basis for a sense of duty and obligation to the family and group, which stands in contrast to the Western value of personal rights and privileges (Moy, 1992).

In contrast to the Western emphasis on emotional expressiveness and freedom, Asian cultures value self-control and restraint, and deference as opposed to assertiveness (Moy, 1992). Thus, Asians are less likely to express their emotions openly or to express themselves verbally (Atkinson & Matsushita, 1991). Asian Americans are taught to show respect for authority figures, and to value harmony in interpersonal relationships. Behavior outside of these norms may bring shame upon the family (rather than the individual); hence the need to avoid loss of face leads to a preference for more subtle and indirect forms of communication (Leong, 1986). Asian Americans also have a lower tolerance for ambiguity, prefer structured situations, and practical, immediate solutions to problems (Atkinson & Matsushita, 1991).

Virtually all Asian Americans have a history that includes immigration to this country. Despite the common stereotype of Asian Americans as the "model minority," consistently successful regarding the scholastic achievement of their youth and in economic achievement within the community, major differences exist in these groups on socioeconomic indicators (Gould, 1988). Furthermore, studies of the current social realities experienced by Asian and Pacific Island groups reflect concerns with economic hardships, violence, and racial discrimination. For example, Gould (1988) reported a study by the U.S. Commission for Civil Rights that revealed limited promotional opportunities for Asian and Pacific Islanders in management In spite of their excellent representation in professional positions.

Immigrants typically experience significant economic declines, with a trade of professional status in their home country for low paying, unskilled positions in the United States. Women who have never worked must enter the labor market (while still being responsible for care of the home and children), and thus experience the combined effects of racism and sexism. Not surprisingly, the most prevalent mental health issues that result include depression, low self-concept, problems with marital, parent-child, and other significant relationships, readjustment to a new culture, somatic complaints, and Isolation (Gould, 1988).

Immigrants face continuous emotional strain from entering a new economic system and culture and from changing personal ties (Kim & Rew, 1994). Immigrants must give up old roles and functions and adopt those demanded by the new society without reference points to guide their actions and to understand the behaviors of others (Nah, 1993).

UNDERSTANDING THE MICRO PERSPECTIVE: CHARACTERISTICS AND CONCERNS OF KOREAN AMERICANS

Korean Americans can be described according to all of the characteristics discussed In the previous section. In addition, Korean immigrants are faced with significant cultural discontinuity, language difficulties, employment problems, health problems, interpersonal relationship difficulties between spouses, children, and other Koreans, and alienation and loneliness (Nah, 1993).

The current trend is for Koreans to immigrate to this country as a family unit rather than individually [Yamamoto, Rhee, & Chang, 1994). Many Korean immigrants are college-educated professionals with white collar backgrounds, yet after immigration most are forced to turn to blue-collar jobs or labor-intensive small businesses. Downward occupational mobility as a result of language difficulties and the fact that professional degrees earned in Korea are not recognized in the United States create significant stress for Korean Americans (Rohner, Hahn, & Koehn, 1992). Many immigrant men are forced to work two jobs, and women are forced to work outside the home for the first time in their lives. These changes lead to loss of face, impaired self-esteem, low feelings of self-adequacy, and depression. Feelings of shame and stigma associated with downward mobility may lead to isolation from peers and friends, further exacerbating stress (Rohner et al., 1992).

Nah (1993) found that family relationship concerns accounted for the largest proportion of personal problems for Korean Americans. In Korean traditions, filial piety, the concept of respecting and caring for one's parents, plays an important role in all aspects of life (Sung, 1995; Youn & Song, 1991). Koreans view the patriarchal family as the fundamental unit of society (Park & Cho, 1995). Anything that strains the family unit can lead to psychological distress. These values are reflected in the finding that Korean university students report being

more lonely and dissatisfied with being away from home than do American students (Simmons, Klopf, & Park, 1991). When at home, Korean students experience significant pressures for academic achievement that exceed those of their American peers (Choi et al., 1994). At the same time, they are freed from home chores and the need for employment in order to devote full time to their studies (Choi et al., 1994).

Korean immigrants experience strong depressive reactions to relocation that include conflicts in values between old and new cultures, identity confusion, communication and language problems, and the experiences of prejudice and discrimination (Shin, 1994). These problems are especially serious for Korean women and result in a high level of depression among them. Kim and Rew (1994) suggested that 'ethnic identity may act as a constraint on the integration of new roles among Korean-American women because of limited bargaining power of Korean wives in the family and because of incongruent role expectations within the family" (p. 349). At the same time, Koreans rarely complain of depression or other mental health problems because mental illness is stigmatizing and therefore threatening. Instead, they present somatic complaints when they need to express emotional distress or social problems. This is so common that the somatic complaint has a name--hwa-byung. Hwa-byung provides a socially acceptable way for Korean women to discuss their life concerns (Lin et al., 1992).

Similar to Korean women, older Korean individuals of both sexes experience serious difficulties associated with immigration. More than 95% of the older Koreans residing in the United States are foreign-born. Many have entered the United States at the invitation of their adult children (Yamamoto et al., 1994). These older Koreans are faced with significant challenges due to their changing life styles and the changing position of the older persons within their families in the United States compared to the position of elderly persons in Korea. The status and position of older people within their families are becoming less significant and filial piety is being challenged as Korean immigrants face urbanization and nuclearization of living arrangements (Yamamoto et al., 1994). Korean elderly are likely to experience emotional difficulties resulting from a loss of social status and loss of relations with life-long friends and relatives. They often become the primary caretakers of their grandchildren when their adult children work. This, In addition to a lack of transportation, language difficulties and absence of close social networks confine older Koreans to their homes [Yamamoto et al., 1994).

SPECIAL CONSIDERATIONS IN COUNSELING KOREAN AMERICANS
The special characteristics and life circumstances described here result in the need for special considerations when counseling Korean Americans. For example, Shin (1994) reported that Korean immigrants may experience strong depressive reactions as a result of the immigration process. Their depression has been associated with conflicts between old and new cultures, identity confusion, communication problems, and the experience of prejudice and discrimination. To better understand Korean immigrants, it is important to consider the impact on their adjustment patterns by factors such as gender, age, and length of stay in the United States (Nah, 1993). Change in gender roles has led to marital discord for many Korean immigrants. Korean women have been found to be less committed to traditional values than Korean men (Nah, 1993). Many Korean women immigrants are forced to seek outside work for the first time. Korean women are not as status conscious nor selective as men, and therefore find jobs more quickly. Employment provides them with new economic independence and enables them to be more assertive. In contrast, Korean men tend to become insecure, threatened by language deficiency and downward social status as well as changing gender roles. Korean men are more defensive and resistant to change and adaptations (Nah, 1993). Marital discord is not unusual under these circumstances.

Relations between Korean parents and children may become strained as parents and children adapt to the new culture differently (Nah, 1993). Immigrant parents are struggling to adjust to the new environment, and therefore may have less time for their children. The children are adapting to the new culture through school and language acquisition. Children typically adjust more quickly to the new culture, leading to the widening assimilation gap between parent and child. This can cause additional stress for the immigrant family. Many Korean parents fear that their children are becoming too Americanized and overreact to the children's self-assertion and self-reliance. Korean parents and their children struggle with the parents' desire to remain in

control and the children's desire to exert their Independence. In addition, Korean children may struggle with identity issues and self-confidence, and may perceive their Korean culture as Inferior as they encounter the values of the new country. These struggles cause additional strain on parent-child relationships.

Relations between older Koreans and their adult children may become troubled as older Koreans struggle with the loss of their social status, severed ties with life-long friends and relatives, and attempts to adapt to their new situation (Yamamoto et al., 1994). Their adult children are also struggling to adjust to a new environment and stressors associated with the immigration process. In general, older Koreans are reluctant to bother their adult children with their problems. The adult children, busy with their own challenges, have neither the time nor the resources to provide support services for their aged parents. Given these circumstances, it is not surprising that strained relations between older Koreans and their adult children are common.

Employment and family stresses experienced by Korean Americans place their mental health at significant risk. At the same time, their reluctance to express emotions prevents help-seeking behaviors. The result is emotional stress and strain without mental health interventions, leading to a lower quality of life for immigrants and their families, and a decreased ability to adjust to stresses that occur in their lives.

MENTAL HEALTH SERVICES FOR KOREAN AMERICANS

The characteristics and concerns of Asian Americans, and specifically, Korean Americans, have significant implications relative to mental health services. These implications are discussed here relative to four areas: patterns of use and barriers to use of mental health services, the role of the counselor, diagnosis and assessment, and interventions.

Patterns of Use and Barriers to Use of Mental Health Services

Several studies have suggested that Asian Americans underuse mental health services and terminate early in spite of what may be a higher than normal need for such services (Atkinson & Gim, 1989; Atkinson & Matsushita, 1991; Gim, Atkinson, & Whiteley, 1990; Leong, 1986). The primary explanations proposed for these findings relate to values, acculturation, problems inherent in the mental health system, and therapist bias (Atkinson & Gim, 1989; Atkinson & Matsushita, 1991; Gim et al., 1990; Leong, 1986).

Atkinson and Gim (1989) suggested that "underutilization of mental health services seems to be best explained by the conflict between Asian American values and the psychotherapy process, whereas early termination is best explained by the inadequacies of the services provided" (p. 209). Talking to a professional about one's personal problems may be viewed as bringing disgrace to the family. Many Asian Americans believe that mental health can and should be obtained by exercising will power and avoiding bad thoughts (Atkinson & Gim, 1989; Atkinson, Whiteley, & Gim, 1990). It may be preferable to speak with an older member of the community rather than with a professional helper. Atkinson et al. (1990) found a preference among Asian American college students for talking with friends rather than seeking professional assistance to deal with psychological concerns.

The literature on acculturation and helpseeking behaviors among Asian Americans is somewhat equivocal. Atkinson and Gim (1989) found that the most acculturated students were most likely to recognize the need for psychological help, most tolerant of the stigma associated with such help, and most open to discussing their problems with a mental health professional. Atkinson et al. (1990) hypothesized that this would occur, but found that respondents who were rated highest as "Asian-identified" gave the highest ratings to counselors/psychologists as help providers, while those who were "Western-identified" gave the lowest ratings, and bicultural subjects were between the two other groups. The discrepancy in this study may be due to the differing dependent measures. The respondents in the Atkinson et al. (1990) study were asked to assume that they had a personal problem, whereas the other studies made no such assumption. Tata and Leong (1994) found that Chinese Americans who were most acculturated had a more positive attitude toward seeking counseling. Solberg et al., (1994) found that Asian Americans who were less acculturated were more likely to seek help from religious and community elders when dealing with interpersonal concerns, including family matters.

Gim et al. (1990) found that acculturation, gender, and ethnicity were all related to the types of concerns that Asian Americans were willing to discuss, as well as their willingness to see a counselor about those concerns. Financial, academic, and career concerns were indicated as most significant among the university students in their study. Furthermore, acculturation was found to be inversely related to the severity of psychological concerns, a finding the authors explained as due to the greater degree of conflict between Asian and Western values experienced by less acculturated individuals.

The mental health system may be viewed from an ecological perspective that includes five phases of service delivery (Rogler, Malgady, & Rodriquez, 1989). The first phase is psychiatric epidemiology, which refers to the types of mental health problems that emerge within a community and how they are manifested. The second phase is the help seeking process, during which culture serves as an influential factor for service use. Once contact is made, diagnosis and assessment, the third phase, is implemented. The fourth phase is comprised of interventions, and termination the last phase. Asian American clients tend to drop out at the second stage, when they experience high levels of stress and psychological dysfunction but fail to seek formal assistance (Leong, 1986).

Bias among service providers against Asian American clients, and a lack of knowledge of the unique concerns of these clients, add an additional set of barriers to service provision. The personal and cultural backgrounds of therapists and inadequacies in their training programs contribute to biased perceptions of Asian American clients (Leong, 1986).

Role of the Counselor
Atkinson and Matsushita (1991) suggested that Asian Americans may have difficulties with unstructured counseling processes and find that the pressure for "emotional catharsis conflict(s) with cultural values of respect for authority and protection of family privacy" (p. 473). Leong (1986) noted that these clients were more likely to prefer a structured counseling situation, preferred the process to be directive, paternalistic, and authoritarian, want practical and immediate solutions to their problems, and were reluctant to express their emotions or to express themselves verbally. Thus, counselors who were hierarchical and directive were more likely to be viewed as credible and helpful with these clients.

Diagnosis and Assessment
Because culture influences the expression of emotional symptoms, it is logical to assume that cultural factors influence diagnosis and assessment among Asian American clients as well (Leong, 1986). Misdiagnosis may result from clinician bias as well as institutional racism, leading to invalid assumptions (Solomon, 1992). For example, viewing an Asian American who is withdrawn or submissive as being "normal" within the Asian culture may lead a counselor to miss signs of existing depression. Nonverbal cues such as self-control, lack of verbal expression, or body posture may be culturally determined responses that cause clinicians to overlook or minimize existing mental health concerns. Furthermore, respect for authority figures may lead Asian American clients to nod in agreement even when they do not understand or agree with what is being said.

Given the Importance of acculturation as a variable in determining helpseeking behaviors, it may be useful to assess the acculturation of Asian American clients. The Suinn-Lew Asian Self-Identity Acculturation Scale (Suinn, Rikard-Figueroa, Lew, & Vigil, 1987) may be a useful instrument for this purpose. In any assessment process with Asian American clients, it is essential that both macro and micro views are considered. Thus, although level of acculturation is important, counselors need to be aware that cultural issues are not relevant or presenting issues with all clients of Asian or Korean origin.

Interventions
To be effective in working with Asian American and Korean clients, counselors will need to examine their biases, develop sensitivity and flexibility, be willing to take an initial role as active, directive, and structured, and remember that, for this population, seeking help may be interpreted as a sign of personal weakness (Moy,

1992). As a consequence, counselors may expect to face the challenge of empowering their clients while functioning from a hierarchical-expert role.

Promoting positive changes consistent with cultural norms will be a challenge (Hardy & Laszloffy, 1992; Lee, 1989). Counselors may be most effective when they are able to avoid stereotyping, view the individual client in context, and avoid the myth of sameness, or the view that all families, or all ethnic families, are the same (Hardy, 1989; Moy, 1992).

IMPLICATIONS FOR COUNSELOR EDUCATORS

The characteristics specific to Korean American clients suggest that culturally sensitive and knowledgeable counselors will be most effective in addressing the mental health needs of these populations. Counselor educators have a vital role to play in preparing counselors to be effective with these clients. From a training perspective, counselor educators will need to address issues of awareness and knowledge, multicultural assessment, service delivery systems, and counseling interventions. Methods for delivery of effective training also need to be considered. The knowledge required for effective counseling with Korean American clients includes both the macro perspective, or ability to view the client within both the Asian American and Korean cultures, and a micro perspective, considering the unique characteristics of the individual. Awareness of and knowledge of cultural values and characteristics, such as the importance of the family, the stress of acculturation, and the stigma of mental health care, are essential. In addition, knowledge of models of acculturation such as that proposed by Moy (1992) will be useful for assisting counselors to accurately assess the needs and concerns of their clients.

A multicultural perspective toward assessment is essential in working with Korean American clients. Huang (1994) provides an integrative approach to clinical assessment and intervention that involves both a standard assessment and an ethnocultural assessment within the categories of the individual, family system, school system, and peer group. The ethnocultural assessment includes information such as generational status, acculturation level, ethnicity, and self-concept of the individual, as well as the acculturation, ethnicity, and self-concept of family members. Additional information gathered in this type of assessment includes migration history and salience of ethnic identity. The use of a systematic model as an effective approach to multicultural assessment has been presented by Gregory and Lee (1986). The systems approach to assessment involves a "careful analysis of the cumulative information and intricate interactions of all subsystems" in addition to cognitive and adaptive behaviors (Gregory & Lee, 1986, p. 637). The situational context in which the behavior occurs becomes an integral part of the assessment process within the systems approach. Knowledge of the situation context of the Korean American individual is essential to the assessment process.

The mental health service delivery system falls short in providing services to Asian American clients. As a consequence, outreach services are needed. Counselors-in-training should understand how to conduct effective outreach programs within Korean American communities. Ecological models provide a basis for developing outreach programs specific to the needs of the client. For example, Rogler et al.'s (1989) model can form the basis for interventions to prevent emotional problems in the community, access care when problems exist, provide effective interventions for the client population, and determine successful outcomes of the treatment process. In this model, the individual's experiences are considered in relation to five successive phases of the help-seeking process: the emergence of a mental health problem, help seeking behavior, evaluation of mental health condition by mental health service providers, therapeutic interventions, and posttreatment adjustment. Prospective concerns and problems within each phase are examined, thus sensitizing the counselor-in-training to a variety of issues including the high number of dropouts within the five-phase framework (Rogler et al., 1989). Knowledge of the unique characteristics of Korean Americans will be vital for success in each stage of the mental health service delivery process.

Counselors will need to be aware of the importance of, and the most effective ways of building rapport with Korean American clients. Because non-directive, reflective therapeutic styles will increase their clients' anxiety, counselors must be willing to maintain the role of teacher-expert until clients become comfortable with the

counseling process (Moy, 1992). Training counselors to have role flexibility will therefore be important for developing multicultural counseling competence. Developing skills in accurate assessment and selection of appropriate interventions will also require role flexibility and the willingness of counselor trainees to examine their attitudes and possible biases relative to work with Korean American clients. Counselor educators can provide the knowledge and skills needed by first examining their own attitudes and biases relative to work with Korean American clients. Finally, differences in cultural values and life circumstances as they affect Koreans of different ages and genders will need to be individually assessed and appropriate treatment plans developed. Counselors-in-training will need to learn to distinguish between acculturation as an issue for intervention and as the basis for planning successful interventions.

Counselor educators can provide the knowledge and skills needed by counselors-in-training, and develop their awareness and sensitivity, through courses, workshops, and supervised practicum experiences. A challenge will be to provide hands-on experiences with Korean American clients, who tend to be geographically isolated and not accessible to most counselors-in-training.

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