

Acculturative Stress and Depressive Symptoms Among Korean Immigrant Elders Residing in Non-Korean Ethnic Enclaves

Stephanie Lyu Rhee, Ph. D.

University of Kentucky

Lexington, KY

Statement of the Research Problem

Immigration brings about sudden and tremendous changes in immigrants' family structure and function, socioeconomic role status, and social networks (Casado, Hong, & Harrington, 2010). Thus, immigration can be one of the most stressful life events to those immigrants. This could be even worse for immigrant elders when they lack internal and/or external resources to cope with and overcome a variety of barriers. Studies show that Korean immigrant elders are likely to experience greater acculturative stress due to their limited English proficiency (Diwan, 2008; Mui, Kang, Kang, & Domanski, 2007; Mui & Shibusawa, 2008) and their unmitigated attachment to traditional Korean cultural beliefs and attitudes (Barnes & Bennett, 2002; Hurh & Kim, 1984).

Research has focused on studying factors that contribute to or mitigate Korean immigrant elders' mental distress and the variables associated with their acculturative stress (Han, Kim, Lee, Pistulka, & Kim, 2007; Jang & Chiriboga, 2010; Mui et al., 2007; Noh & Avison, 1996; Shin, Han, & Kim, 2007). However, most studies on acculturative stress and mental health were conducted in metropolitan cities where a relatively large proportion of Korean Americans reside and Korean ethnic enclaves, the so-called Koreatown communities (Kang, Domanski, & Moon, 2009) exist. Little is known about how Korean immigrant elders residing in non-metropolitan cities undergo and cope with acculturative stress. Thus, the study explores the relationships of acculturative stress, coping, and depressive symptoms among Korean immigrant elders residing in areas without Korean ethnic enclaves.

Research Background and Questions

The study's conceptual framework has the following three main premises: (1) stress is determined by the relationship between the person and the environment (Lazarus and Folkman, 1984); (2) culture influences and shapes the appraisal of stress and coping efforts (Aldwin, 2007); and (3) an individual facing stressors is able to cope with stress when psychosocial resources function to meet the individual's specific needs and values elicited by stressors (Ensel & Lin, 1991). The framework was applied in the study to

understand stress associated with acculturation among Korean immigrant elders and its impact on their psychological wellbeing.

Immigrants undergo the process of acculturation. In the process of acculturation, immigrants are constantly exposed to and challenged by acute and chronic stressors, which may negatively affect their psychological wellbeing. Prior studies have found that acculturative stressors are negatively associated with mental health among immigrants: Stressful life events (Diwan, Jonnalagadda, & Balaswamy, 2004; Shin et al, 2007), limited English proficiency (Chung, 2005; Diwan, 2008; Kuo & Tsai, 1986; Mui et al., 2007; Takeuchi et al., 2007), and chronic life strains including intergenerational conflicts and/or role changes in families (Mui, 1996; 1998; Noh & Avison, 1996) and ambient strains such as poverty, lower socioeconomic status (Hovey, 2000; Mui & Shibusawa, 2008), and social discrimination (Noh & Kaspar, 2003). However, stressors do not give rise to stress unless they are appraised as stressful (Lazarus & Folkman, 1984). Thus, this study defines acculturative stress as a form of appraised stressfulness (Jang & Chiriboga, 2010).

Studies have examined the relationship between acculturative stress and depression among Asian immigrant elders (Kuo, 1984; Mui & Kang, 2006; Mui & Shibusawa, 2008), Chinese immigrant elders (Mui, 1996, 1998), Japanese American elders (Shibusawa & Mui, 2002), and Korean American elders (Han et al., 2007; Jang & Chiriboga, 2010; Kang et al., 2009; Mui, 2000; Noh & Avison, 1996; Pang, 1995). Facing physical, psychological, social, and economic risk factors associated with aging, Asian immigrant elders also undergo difficulties associated with acculturation, including shorter lengths of residence in the United States, cultural conflicts, poorer health, more acculturative stress, more financial strain, limited English proficiency, dependence on family, social isolation, and lack of social support—all risk factors to depression (Casado & Leung, 2002; Han et al., 2007; Kang et al., 2009; Mui, 2000; Mui & Kang, 2006; Shibusawa & Mui, 2002; Stokes, Thompson, Murphy, & Gallagher-Thompson, 2002).

Studies have shown prevalent depressive symptoms among Asian immigrant elders (Han et al., 2007; Mui, 1996, 2000; Mui & Kang, 2006; Mui & Shibusawa, 2008; Shibusawa & Mui, 2002; Stokes et al., 2002). Despite prevalence, Asian immigrant elders' depressive symptoms have been unrecognized and underserved by the health care providers (Casado & Leung, 2002; Mui, 2000). When Asian immigrants display characteristics of major depressive disorder, they more often report somatic symptoms and do not acknowledge their psychological distress as depression. Asian cultures do not encourage expression of mental illness since depression is viewed as “a hereditary taint of moral failure and constitutional vulnerability” (Kleinman, 1988, p. 109). Culturally Asian cultures consider self-disclosure to outsiders as stigmatized and the internal locus-of-control and privacy as strength of personal characteristics (Mui & Shibusawa, 2008; Wong, Yoo, & Stewart, 2005; Yi & Tidwell, 2005). When facing a mental health problem, they usually internalize the problem and try to inhibit talking about it. Even though some may tell their family about the problem, their family members would also keep it internal and seldom talk to a mental health professional. Asian immigrant elders tend to rely much more on traditional healers and remedies than on formal mental health services (Casado & Leung, 2002; Mui & Kang, 2006). They tend to report their somatic symptoms and not to acknowledge their psychological distress as depression. Culturally

different symptom expressions, definitions of depression, and illness responses among Asian immigrant elders should be examined to explain the relationship between acculturative stress and depression among Asian immigrant elders.

Coping resources including psychological and social support have been found effective in reducing depressive symptoms. Studies have yielded evidence that the level of acculturation and religiosity as well as self-esteem and mastery have had positive coping effects on psychological distress among Asian immigrant elders (Diwan, 2008; Diwan et al., 2004; Noh & Avison, 1996; Oh, Koeske, & Sales, 2002; Shin et al., 2007). A number of studies on Asian immigrant elders have shown that social support as a personal coping resource has been effective in alleviating acculturative stress and promoting better psychological wellbeing (Diwan et al., 2004; Han et al., 2007; Mui, 1996, 2000; Mui & Kang, 2006; Noh & Avison, 1996; Shin et al., 2007). However, changing cultural values and norms as well as family relationships among immigrants may deteriorate the quality of family support (Mui & Kang, 2006; Mui & Shibusawa, 2008; Wong et al., 2006, 2007), which is more likely to affect negatively psychological wellbeing of Asian elders who are more isolated from the mainstream society or do not reside in ethnic enclaves.

When they live in an environment in which no Korean ethnic enclave is established, Korean immigrant elders with cultural and lingual barriers may get limited access to sociocultural resources that majority elders are able to get access to. While experiencing such sociocultural demands and structural constraints, Korean immigrant elders may face and deal with an array of stressors associated with acculturation and perceive them as stressful (Kang et al., 2009). When they lack internal and external coping resources and do not have any coping strategy to mediate or buffer against their acculturative stress, their acculturative stress may increase the risks of suffering psychological distress. Therefore, the study attempts to understand and gain insight and knowledge about what stressors Korean immigrant elders living in non-Korean ethnic enclave might perceive as stressful, to what extent their personal factors are associated with stressors and depressive symptoms, and how they have used their psychological resources and social support to cope with acculturative stress.

Five research questions were examined in the study:

- 1) What variables are strongly associated with acculturative stress of Korean immigrant elders residing in areas without Korean ethnic enclaves?
- 2) What variables are strongly associated with depressive symptoms of Korean immigrant elders residing in areas without Korean ethnic enclaves?
- 3) What aspects of acculturative stress have been appraised as most stressful and associated with depressive symptoms among Korean immigrant elders who reside in areas without Korean ethnic enclaves?
- 4) What are the effects of acculturative stress on the relationship between personal factors (socioeconomic status, length of stay, living arrangement, the level of acculturation, and stressful life events) and depression?
- 5) What are the effects of coping resources and somatization on the relationship between Korean immigrant elders' acculturative stress and their depression?

Methodology

Cross-sectional, structured surveys were conducted to obtain data on non-institutionalized Korean immigrant elders aged 60 and older residing in areas without Korean ethnic enclaves in three neighboring states of Southwestern Ohio, North Central Region of Kentucky, and Southern Indiana. A majority of the convenience and snowball sample participated in self-administered mailed surveys and a remaining few were contacted by phone surveys and personal interviews.

Study variables included: Depression (Geriatric Depression Scale-Short Form by Sheikh & Yesavage, 1986), socioeconomic status (SES), length of stay in the U. S., living with others, stressful life events (Life Events Questionnaire by Brugha & Cragg, 1990), level of acculturation (Suinn-Lew Asian Self-Identity Acculturation Scale by Suinn, Richard-Figueroa, Lew, & Vigil, 1987), acculturative stress (Acculturative Stress Index by Noh & Avison, 1996), social support (Provision of Social Relations scale by Turner, Frankel, & Levin, 1983), and somatization (12-item somatization subscale of Symptom Checklist-90 by Derogatis, Lipman, & Cori, 1973).

The characteristics of sample and study variables and intercorrelations among depression and other study variables were examined. Five research questions were addressed by conducting multivariate analyses including multiple regression analyses, principal components analyses, and path analyses.

Results

Out of 382 potential respondents, 111 surveys were returned, yielding a 29% survey response rate. Twenty one percent of participants reported depressive symptoms higher than the cut-off score of 5 with the Geriatric Depression Scale-Short Form. Bivariate analyses indicated that depression had moderate levels of correlations with acculturative stress ($r = .45, p < .001$), somatization ($r = .40, p < .001$), social support ($r = -.42, p < .001$), SES ($r = -.30, p = .001$), and the level of acculturation ($r = -.27, p < .01$).

Results for the research questions are indicated below:

Question 1: Results indicated that SES, the level of acculturation, and stressful life events were significant predictors of acculturative stress in the model ($F(3, 104) = 8.32, p < .001$): SES ($\beta = -.25, p < .01$), the level of acculturation ($\beta = -.22, p < .05$), and stressful life events ($\beta = .22, p < .05$). The model accounted for 19% of the variance in acculturative stress. SES was the strongest predictor of acculturative stress, whereas both the level of acculturation and stressful life events had less impact than SES.

Question 2: Social support and somatization were added to the Q1 model and results indicated that social support, somatization, and acculturative stress were significant in predicting depression in the final model ($F(3, 104) = 19.78, p < .001$): Social support ($\beta = -.31, p < .001$), somatization ($\beta = .29, p = .001$), and acculturative stress ($\beta = .26, p < .01$). The model accounted for 36.3% of the variance in depression.

Social support was the strongest predictor of depression, somatization was second, and acculturative stress was third.

Question 3: Participants perceived language difficulty as more stressful than other dimensions of acculturative stress (intergenerational problems, social discrimination, lack of opportunity for occupational mobility, sense of marginality, and social isolation). Additional results indicated six dimensions of acculturative stress were strongly associated with depression. All six components were significant predictors of depression and accounted for 40% of the variance in depression, $F(6, 101) = 11.13, p < .001$. Language difficulty was the strongest predictor of depression ($\beta = .35, p < .001$), followed by intergenerational problems ($\beta = .33, p < .001$) and other components.

Question 4: Results indicated that acculturative stress had a significant positive direct effect on depression ($\beta = .43, p \leq .001$), the level of acculturation had direct and indirect effects on depression ($\beta = -.35, p \leq .01$), and SES had the largest indirect effects on depression ($\beta = -.22, p \leq .01$). Acculturative stress was the strongest positive predictor of depression among Korean immigrant elders. The level of acculturation was the second strongest predictor of depression. The level of acculturation and SES played a role in suppressing acculturative stress, which, in turn, reduced the levels of depression among Korean immigrant elders.

Question 5: When social support and somatization were added to the Q4 model, the direct effect of acculturative stress on depression ($\beta = .29, p \leq .001$) became similar to the direct effects of social support ($\beta = -.30, p < .01$) and somatization ($\beta = .28, p < .01$). The largest significant indirect effect of acculturative stress on depression was through social support and somatization ($\beta = .17, p \leq .001$); therefore, acculturative stress became the largest total effect on depression in this model ($\beta = .46, p < .01$). Findings indicated that acculturative stress was the most significant risk factor for depression among the participants, decreasing coping efficacy of social support and increasing somatic symptoms.

Utility for Social Work Practice

This study was designed to identify predictors of acculturative stress and depression as well as to examine the complex processes of the relationships among personal factors, acculturative stress, coping resources, and depression of Korean immigrant elders residing in areas without Korean ethnic enclaves. Results indicated that social support was the strongest predictor of depression, followed by somatization and acculturative stress. Participants' appraised limited English proficiency was the most stressful aspect of acculturative stress. Results further revealed that acculturative stress had the largest total effect on depression and partially mediated the effect of the level of acculturation on depression. Results also showed that social support had a large direct effect on depression and partially mediated the effect of acculturative stress on depression.

This study suggests that the level of acculturation, socioeconomic status and social support may influence acculturative stress and depression negatively; however, acculturative stress is the most significant risk factor for depression among the participants, decreasing coping efficacy of social support and increasing somatic

symptoms. These findings indicate the importance of assessing personal and coping resources and the harmful effect of acculturative stress on depression among Korean immigrant elders residing in areas without Korean ethnic enclaves. More attention for culturally competent practice among social workers/health care professionals is required to assess lingual and cultural barriers of immigrant minority elders and provide culturally relevant programs and services. Further implications for aging policy is to reexamine the current aging policy that places great responsibilities of elderly caregiving on the family, modify the paucity of social services for the minority elderly, especially Korean elderly immigrants residing in areas without Korean ethnic enclaves, and enhance the quality of formal care and service delivery system to meet the needs of minority elders experiencing lingual and cultural barriers.

References

- Aldwin, C. M. (2007). *Stress, coping and development: An integrative perspective*. New York: Guilford Press.
- Barnes, J. S., & Bennett, C. E. (2002). *The Asian population: 2000*. Census 2000 Brief. Retrieved October 25, 2011, from <http://www.census.gov/prod/2002pubs/c2kbr01-16.pdf>
- Brugha, T. S., & Cragg, D. (1990). The list of threatening experiences: The reliability and validity of a brief Life Events Questionnaire. *Acta Psychiatrica Scandinavica*, 82, 77-81.
- Casado, B. L., Hong, M., & Harrington, D. (2010). Measuring migratory grief and loss associated with the experience of immigration. *Research on Social Work Practice*, 20(6), 611-620. doi: 10.1177/1049731509360840
- Casado, B. L., & Leung, P. (2002). Migratory grief and depression among elderly Chinese American immigrants. *Journal of Gerontological Social Work*, 36(1/2), 5-26. doi: 10.1300/J083v36n01_02
- Chung, I. (2005). the sociocultural reality of the Asian immigrant elderly. *Journal of Gerontological Social Work*, 44(1/2), 81-93. doi: 10.1300/J083v44n01_05
- Derogatis, L. R., Lipman, R. S., & Covi, L. (1973). SCL-90: An outpatient psychiatric rating scale--preliminary report. *Psychopharmacology Bulletin*, 9(1), 13-28.
- Diwan, S. (2008). Limited English proficiency, social network characteristics, and depressive symptoms among older immigrants. *Journal of Gerontology: Social Sciences*, 63B(3), S184-S191.
- Diwan, S., Jonnalagadda, S. S., & Balaswamy, S. (2004). Resources predicting positive and negative affect during the experience of stress: A study of older Asian Indian immigrants in the United States. *The Gerontologist*, 44(5), 605-614. doi: 10.1093/geront/44.5.605
- Ensel, W. M., & Lin, N. (1991). The life stress paradigm and psychological distress. *Journal of Health and Social Behavior*, 32(4), 321-341.
- Han, H. R., Kim, M., Lee, H. B., Pistulka, G., & Kim, K. B. (2007). Correlates of depression in the Korean American elderly: Focusing on personal resources of social support. *Journal of Cross-Cultural Gerontology*, 22, 115-127. doi: 10.1007/s10823-006-9022-2
- Hovey, J. D. (2000). Acculturative stress, depression, and suicidal ideation in Mexican immigrants. *Cultural Diversity and Ethnic Minority Psychology*, 6(2), 134-151. doi: 0.1037//1099-9809,6.2.134
- Hurh, W. M., & Kim, K. C. (1984). Adhesive sociocultural adaptation of Korean immigrants in the U.S.: An alternative strategy of minority adaptation. *International Migration Review*, 18(2), 188-216. doi: 10.2307/2545947

- Jang, Y., & Chiriboga, D. A. (2010). Living in a different world: Acculturative stress among Korean American elders. *Journal of Gerontology: Psychological Sciences*, 65B(1), 14-21. doi: 10.1093/geronb/gbp019
- Kang, S. Y., Domanski, M. D., & Moon, S. S. (2009). Ethnic enclave resources and predictors of depression among Arizona's Korean immigrant elders. *Journal of Gerontological Social Work*, 52, 489-502. doi: 10.1080/01634370902983153
- Kleinman, A. (1988). *The illness narratives: Suffering, healing and the human condition*. New York: Basic books.
- Kuo, W. H. (1984). Prevalence of depression among Asian-Americans. *The Journal of Nervous and Mental Disease*, 172(8), 449-457.
- Kuo, W. H., & Tsai, Y.-M. (1986). Social networking, hardiness and immigrant's mental health. *Journal of Health and Social Behavior*, 27(2), 133-149.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer Publishing Company.
- Mui, A. C. (1996). Depression among elderly Chinese immigrants: An exploratory study. *Social Work*, 41(6), 633-645.
- Mui, A. C. (1998). Living alone and depression among older Chinese immigrants. *Journal of Gerontological Social Work*, 30(3/4), 147-166. doi: 10.1300/J083v30n03_12
- Mui, A. C. (2000). Stress, coping, and depression among elderly Korean immigrants. *Journal of Human Behavior in the Social Environment*, 3(3/4), 281-299.
- Mui, A. C., & Kang, S. Y. (2006). Acculturation stress and depression among Asian immigrant elders. *Social Work*, 51(3), 243-255.
- Mui, A. C., Kang, S. Y., Kang, D., & Domanski, M. D. (2007). English language proficiency and health-related quality of life among Chinese and Korean immigrant elders. *Health and Social Work*, 32(2), 119-127.
- Mui, A. C., & Shibusawa, T. (2008). *Asian American elders in the twenty-first century: Key indicators of well-being*. New York: Columbia University Press.
- Noh, S., & Avison, W. R. (1996). Asian immigrants and the stress process: A study of Koreans in Canada. *Journal of Health and Social Behavior*, 37(2), 192-206.
- Noh, S., & Kaspar, V. (2003). Perceived discrimination and depression: Moderating effects of coping, acculturation, and ethnic support. *American Journal of Public Health*, 93(2), 232-238.
- Oh, Y., Koeske, G. F., & Sales, E. (2002). Acculturation, stress, and depressive symptoms among Korean Immigrants in the United States. *The Journal of Social Psychology*, 142(4), 511-526.
- Pang, K. Y. (1995). A cross-cultural understanding of depression among elderly Korean immigrants. *Clinical Gerontologist*, 15(4), 3-20. doi: 10.1300/J018v15n04_02

- Sheikh, J. I., & Yesavage, J. A. (1986). Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. *Clinical Gerontologist*, 5(1-2), 165-173. doi: 10.1300/J018v05n01_09
- Shibusawa, T., & Mui, A. C. (2002). Stress, coping, and depression among Japanese American elders. *Journal of Gerontological Social Work*, 36(1-2), 63-81. doi: 10.1300/J083v36n01_05
- Shin, H. S., Han, H.-R., & Kim, M. T. (2007). Predictors of psychological well-being amongst Korean immigrants to the United States: A structured interview survey. *International Journal of Nursing Studies*, 44, 415-426. doi: 10.1016/j.jinurstu.2006.04.007
- Stokes, S. C., Thompson, L. W., Murphy, S., & Gallagher-Thompson, D. (2002). Screening for depression in immigrant Chinese-American elders. *Journal of Gerontological Social Work*, 36(1-2), 27-44. doi: 10.1300/J083v36n01_03
- Suinn, R. M., Rickard-Figueroa, K., Lew, S., & Vigil, P. (1987). The Suinn-Lew Asian self-identity acculturation scale: An initial report. *Educational and Psychological Measurement*, 47(2), 401-407. doi: 10.1177/0013164487472012
- Takeuchi, D. T., Zane, N., Hong, S., Chae, D. H., Gong, F., Gee, G. C., et al. (2007). Immigration-related factors and mental disorders among Asian Americans. *American Journal of Public Health*, 97(1), 84-90.
- Turner, R., J. B., Frankel, G., & Levin, D. (1983). Social support: conceptualization, measurement, and implications for mental health. In J. Greenley (Ed.), *Research in Community and Mental Health* (Vol. 3, pp. 67-111). Greenwich, CT: JAI Press.
- Wong, S. T., Yoo, G. J., & Stewart, A. (2005). Examining the types of social support and the actual sources of support in older Chinese and Korean immigrants. *International Journal of Aging and Human Development*, 61(2), 105-121.
- Wong, S. T., Yoo, G. J., & Stewart, A. L. (2006). The changing meaning of family support among older Chinese and Korean immigrants. *Journal of Gerontology: Social Sciences*, 61B(1), S4-S9.
- Wong, S. T., Yoo, G. J., & Stewart, A. L. (2007). An empirical evaluation of social support and psychological well-being in older Chinese and Korean immigrants. *Ethnicity and Health*, 12(1), 43-67. doi: 10.1080/13557850600824104
- Yi, S. H., & Tidwell, R. (2005). Adult Korean Americans: Their attitudes toward seeking professional counseling services. *Community Mental Health Journal*, 41(5), 571-580. doi: 10.1007/s10597-005-6362-2