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Making Meaning of the Family's Immigrant Experience, Distress, and Help-Seeking: A Critical Inquiry of Mental Health Support for Second-Generation Korean Americans

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MAKING MEANING OF THE FAMILY'S IMMIGRANT EXPERIENCE, DISTRESS, AND

HELP-SEEKING: A CRITICAL INQUIRY OF MENTAL HEALTH SUPPORT FOR

SECOND-GENERATION KOREAN AMERICANS

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ABSTRACT

The Korean American community is a predominantly immigrant population with a long history of historical and cultural trauma, including the continued losses, hardships, and violence endured through the immigration process, that continues to impact the well-being and functioning of individuals and families today. Second-generation Korean Americans play critical roles in establishing and maintaining the livelihoods and security of their immigrant families; however, they have been underrepresented and under-researched within the literature on immigration and its effects on the mental health and help-seeking patterns of this population. Although there is strong evidence for the influence of culture in the intergenerational patterns of poor mental health service utilization amongst Korean Americans, there have been no studies to date investigating what specific cultural factors are at work and how they impact the help-seeking patterns and behaviors of second-generation Korean Americans.

This qualitative study is a critical inquiry of the cultural determinants of help-seeking by examining the meaning-making process developed out of the family immigration narratives of 12 second-generation Korean Americans. Results indicate a strong connection between the family's immigrant experience and help-seeking behaviors of second-generation Korean Americans through the activation of unique sociocultural schemas. Findings suggest the presence of specific trauma patterns embedded within the Korean American immigrant experience with significant intergenerational effects. Recommendations for clinical application and future research are provided.

Keywords: help-seeking, intergenerational trauma, second-generation Korean American, mental health

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CHAPTER I

INTRODUCTION

There are currently over 21 million Asian Americans living in the United States, the majority of whom are foreign born (American FactFinder [AFF], 2017). As of the 2010 U.S. Census, Asian Americans have outpaced Latinx Americans as the fastest growing racial minority group and are projected to become the largest immigrant population in the next 50 years (López et al., 2017). This group is the most ethnically and culturally diverse racial group composed of over 20 individual ethnic groups that do not collectively share a common history, language, or cultural background (R. C. Chung & Bemak, 2007). In fact, it has only been since the late 1960s in which the pan-ethnic label "Asian American" has been applied to all individual Asian ethnic groups (Cheryan & Tsai, 2007). Among those, Korean Americans are the fifth largest Asian ethnic group at approximately 1.8 million people (Pew Research Center [PRC], 2017). It is a relatively young immigrant population in which 79% of Korean American adults over the age of 18 are foreign born (PRC, 2013), and the majority report as either first or second generation (B. S. K. Kim et al., 2001; PRC, 2017). While the immigration history of Korean Americans begins in the late-1800s, most came to the United States as a result of the Korean War and the opening of U.S. borders under the Immigration and Nationality Act of 1965.

Over the past few decades, scholars have examined the process of immigration through the lens of trauma for various populations such as immigrants from the former Soviet Union (Berger & Weiss, 2002), Latinx Americans (Cleary et al., 2018; de Arellano et al., 2018), and Asian Americans (R. C. Chung & Bemak, 2007), including Chinese Americans (Eisold, 2012), Korean Americans (Jeon et al, 2017; Liem, 2003/2004), and Vietnamese refugees (Maffini & Pham, 2016). In the United States, the migration experience of many immigrant groups is rooted

in trauma stemming from painful and violent historical events of their home country (e.g., war, genocide, or natural disasters). There is growing evidence that the effects of these historical and cultural traumas can be so profound that they can be passed down for at least two generations (Bith-Melander et al., 2017; Lev-Wiesel, 2007; Sangalang & Vang, 2017), even if descendants have little to no knowledge of the original traumatic events (Lehrner & Yehuda, 2018; Liem, 2007). The process of immigration itself can also be considered a traumatic, multi-stressor event (Perez Foster, 2001; Yakhnich, 2008) characterized by separation and loss of one's family, possessions, and cultural identity (Weiss & Berger, 2008); changes in family dynamics and socioeconomic status (R. C. Chung & Bemak 2007; Falicov, 2003); acculturative stress (M. T. Kim et al., 2005; H. Park et al., 2018); and exposure to racism, discrimination, and systemic barriers to growth and critical social services (Leong & Lau, 2001; W. M. Liu et al., 2019).

Unfortunately, immigration is often overlooked as a traumatic event due to the common perception of immigration as a voluntary action that individuals have chosen to employ (Berger & Weiss, 2002) with minimal consideration of the environmental, sociopolitical, or cultural factors that often undergird such moves. As a result, there is a tendency to concentrate on the effects of post-migration-related issues over the totality of the immigrant experience, effectively negating the historical and social drivers that frame much of it. Furthermore, this myopic focus perpetuates the assumption that immigration-related issues and their direct effects are only experienced by first-generation immigrants in which their native-born children have little to no part (B. S. K. Kim, 2007; Roysircar-Sodowsky & Maestas, 2000). This could not be further from the reality of second-generation Asian Americans who have expressed playing the role of cultural brokers for their first-generation, immigrant parents (Falicov, 2003; Foner & Dreby, 2011), bearing the emotional burdens of past trauma (Liem, 2007; Yoo & Kim, 2014), feeling

the responsibility of retaining ethnic cultural values (A. Y. Chung, 2017), and taking care of their parents (Brady & Stevens, 2019; Leu et al., 2012; Yoo & Kim, 2010). In other words, the immigrant experience may be better understood as an ongoing, dynamic family process in which cultural norms and rituals are co-constructed across generational cohorts (Brady & Stevens, 2019; Falicov, 2003).

Korean American Immigrant Experience

Korean Americans are generally viewed as an immigrant success story characterized as highly educated, socioeconomically secure, and overall healthy (A. Y. Chung, 2016; Guo et al., 2014; J. C. Lee & Kye, 2016). This perception is further reinforced by research indicating that Asian Americans have the lowest rates of perceived need for mental health services and are least likely to meet criteria for mental illness amongst all racial groups (Lipson et al., 2018). However, the immigration history of Korean Americans has been obscured by their association with other more successful and established Asian American (e.g., Chinese, Japanese, Indian, and Filipino) groups that report significantly higher educational attainment and median incomes compared to the total U.S. population (AFF, 2017). This is further contextualized by South Korea's current status as one of the wealthiest countries in the world (Robinson, 2007). In reality, Korean Americans have a long history of war and occupation (Armstrong, 2014; Yuh, 2005) that continues to impact their ability to establish secure roots in American society and influences their cultural and psychological attitudes towards traumatic events and experienced distress (S. S. H. C. Kim, 2017; Liem 2003/2004).

Research reveals a different portrait of well-being in which Korean Americans adhere closer to the profile of the total U.S. population (AFF, 2017) and have the second-highest poverty rate of the top five largest Asian American ethnic groups (Zong & Batalova, 2017).

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Korean Americans have also been found to endorse serious concerns with mental and physical health across generational cohorts (M. T. Kim et al., 2005; Oh et al., 2002; S. Park & Bernstein, 2008). Literature suggests that Korean Americans may be at increased risk for depression (E. Kim et al., 2013; Okazaki, 1997; C. B. Young et al., 2010), psychological distress (H. Park et al., 2018; Yeh, 2003), and suicide (Kuroki, 2018) than other racial-ethnic populations, including other Asian American groups (Jiang et al., 2021). Moreover, immigration-related stressors have been found to be particularly salient risk factors for mental health, especially acculturation (Baker et al., 2012; B. S. K. Kim, 2007), racism and discrimination (Alamilla et al., 2017), and changes in family functioning (Au, 2017; R. C. Chung & Bemak, 2007; Lui, 2015; Phinney et al., 2001; Shrake & Rhee, 2004; Smith & Silva, 2011). This may be due to the importance of ethnic identity development in Korean Americans, which has been suggested to be more influential in the acculturative process and positive well-being for this population than for other Asian ethnic groups (Chae & Foley, 2010; P. Cheng et al., 2013).

Help-Seeking Patterns of Second-Generation Korean Americans

Despite negative mental health outcomes, Korean American mental health service utilization continues to be low (Abe-Kim et al., 2007; Nicdao et al., 2008), and help-seeking patterns are relatively constant across generational cohorts (Han & Pong, 2015; Jang et al., 2009). Research on immigrant and racial-ethnic minority mental health suggests that Korean Americans may be at increased risk for poor mental health treatment due to their combined status as racial-ethnic minority immigrants. Studies show that immigrants consistently have the lowest rates of service utilization compared to the general population (Flavin et al., 2018), and Asian Americans have the lowest rates of help-seeking amongst all racial-ethnic groups (Banta et al., 2013; Lipson et al., 2018).

Current literature on mental health service utilization and help-seeking patterns overwhelmingly point to significant cultural (Augsberger et al., 2015; Ting & Hwang, 2009; Yeh & Wang, 2000) and systemic barriers (Okazaki et al., 2014; Sue & McKinney, 1975; M. Wu et al., 2009) to treatment. However, there is now growing research on how the perceived *normativeness*, or the belief in the normality of one's experience (Brush et al., 2018), due to cultural (Angel & Thoits, 1987; Lansford et al., 2005; Ting & Hwang, 2009) and trauma-related factors (Brush et al., 2018) may inform their perceived need for intervention, thereby influencing help-seeking behavior (M. Lee et al., 2017; Saint Arnault & Woo, 2018; Straiton et al., 2018). For Korean Americans, this may explain why help-seeking remains so low within this population despite acknowledgement of distress (Augsberger et al., 2015; Bernstein, 2007; J. K. Shin, 2002). Perceived need has been found to be the greatest predictor of help-seeking and mental health service utilization for racial-ethnic minorities and immigrants (Lipson et al., 2018; Fortuna et al., 2008), including Korean Americans (M. Lee et al., 2017). If so, then the perceived normativeness of distress within the immigrant experience may be the linchpin in underutilization of mental health services for this population.

Statement of the Problem

Although Korean Americans are one of the more widely researched Asian American ethnic groups (Kiang et al., 2016; Nagata et al., 2017), the majority of studies examining the impact of immigration on the mental health of Korean Americans concentrate on first-generation older adults (M. T. Kim et al., 2005; Y. M. Lee, 2007) and 1.5-generation (i.e., individuals who immigrated to the United States as children or adolescents) adolescents and emerging adults (B. S. K. Kim et al., 2003; Yeh et al., 2005). There is a dearth of information on the immigrant experience of second-generation Korean Americans despite evidence that it is co-constructed

with their first-generation parents (Falicov, 2003; Foner & Dreby, 2011; Yoo & Kim, 2010). Moreover, the bulk of research on second-generation Korean Americans tends to be aggregated with other generational cohorts (Alamilla et al., 2017; Murray et al., 2014; I. J. K. Park, 2007), preventing more critical exploration of generational disparities in mental health and help-seeking patterns. This is particularly concerning in light of research suggesting that even while second-generation Korean Americans endorse greater psychological distress and pathology than their first-generation counterparts (Alegría et al., 2017; Chang et al., 2013; Harker, 2001; Salas-Wright et al., 2014), mental health service utilization remains significantly low, and help-seeking patterns (including non-specialized or informal sources of support) are relatively the same across these two generational cohorts (Abe-Kim et al., 2007; Chang et al., 2013; Han & Pong, 2015).

Furthermore, current literature points to significant cultural and historical factors related to immigration that may be profoundly impacting the help-seeking patterns of Korean Americans (Liem, 2003/2004, 2007; Paat, 2013; Yoo & Kim, 2014). Unfortunately, it remains unclear how these factors are directly related to help-seeking, particularly for second-generation individuals. Part of the problem lies in the continued lack of disaggregated data on Asian Americans (Fang, 2018) not only by ethnicity but also nativity. This is partially due to the continued prevalence of positivist and postpositivist paradigms within the field of psychology that elevate quantitative over qualitative research methods (Bhati et al., 2014; Gough & Lyons, 2016), preventing more in-depth and nuanced exploration of individual people or communities. Indeed, there continues to be a paucity of research even within qualitative practice (Gough & Lyons, 2016) that places the experiences of disenfranchised and minority groups at the center for the explicit purpose of informing psychological practice. To that end, exploring the meaning-making process of the immigrant experience may help to illuminate how second-generation Korean Americans interpret

their role within the larger narrative of Korean migration to the United States, internalize Korean American culture, and consequently, how they respond to their experiences of distress. Additionally, this exploration may further our understanding of how the immigrant experience shapes the process in which second-generation Korean Americans evaluate their experiences of distress and make decisions about seeking help for their mental-health-related concerns. Addressing this gap in the literature would help to inform how best to improve access to mental health services (Levesque et al., 2013) and provide multiculturally appropriate treatment for this underserved population.

Purpose of the Study

In light of the social, cultural, historical, and present immigration-related traumatic stressors that impact the psychological functioning of Korean Americans, this study was designed to address the aforementioned gap in the literature on how the immigrant experience impacts how second-generation Korean Americans seek help for experiences of distress. Specifically, I examined how second-generation Korean Americans make meaning of the family's immigrant experience, experiences of distress, and help-seeking, and how that meaning-making process is activated within their help-seeking patterns. The aim was to critically examine the cultural conditions and structures that undergird the help-seeking process thus producing a more culturally grounded conceptualization of the help-seeking patterns of second-generation Korean Americans, both individually and collectively as a community.

In this study, the topic of immigration was approached with the assumption that it is a shared, collective experience in which second-generation Korean Americans co-construct the narrative of the family's immigration history alongside their first-generation parents and the larger Korean American community. The process of immigration spans the lifetime of the

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family, beginning with departure from the family's country of origin (Berger & Weiss, 2002), an event of which second-generation children may not have any direct knowledge or experience. It is also an interactive, dynamic exchange within the immediate family unit and greater community (Brady & Stevens, 2019; Foner, 1997; Paat, 2013). Therefore, the immigrant experience was examined as a familial, intergenerational, and collective process from which the individual makes meaning through shared values, customs, and messages.

Accordingly, I approached examination of the immigrant experience on three levels: through the individual, the family and community, and across time. Likewise, I examined the phenomenon of help-seeking amongst second-generation Korean Americans via an ecological (Bronfenbrenner, 1992) and liberatory (Martín-Baró, 1994) lens. Ecological and liberatory theories highlight the importance of the contexts in which the person is embedded. These contexts are formed not only by the individual's immediate environment in the present but also by larger sociopolitical forces and the collective history of one's own community that shapes their cultural norms and beliefs over time. In liberatory theory, *conscientización*— or changing one's consciousness towards the lived experiences of oppressed persons—is the process by which communities can begin to free themselves from systemic oppression and injustice (Martín-Baró, 1994) as well as deep-seated cultural soul wounds (Duran et al., 2008) that are passed down from generation to generation (Bezo & Maggi, 2015). In this case, the continued lack of scholarship on the poor mental health service utilization patterns amongst Asian Americans must be viewed as a form of perpetual systemic disregard for the psychosocial well-being of Asian Americans and new immigrant communities. In order for the field of psychology to develop and advance multiculturally informed care, there must be proactive and concerted efforts to attend to the cultural needs and contexts of marginalized and oppressed communities. This includes

endeavoring to understand and remedy racial-ethnic disparities in mental health service utilization by prioritizing and illuminating the lived experiences of minority groups (American Psychological Association, 2017).

Research Questions

The purpose of this study was to explore, describe, and produce an in-depth understanding of the observed help-seeking patterns of second-generation Korean Americans by examining this phenomenon within the greater context of the Korean American immigrant experience in the United States. Qualitative research methods are most suitable to achieve this goal because of the embedded ontological assumption of multiple realities as defined by individual people and groups. This assumption predicates that there are aspects of human nature and experience that are not quantifiable. As such, qualitative methods allow researchers to take an inductive approach to the exploration of social phenomena in which the idiographic experiences of specific individuals and groups are used to inform causality instead of relying on non-representative data based on the norms of other populations (Maxwell, 2013). In qualitative inquiry, research questions help to orient the purpose of the study and guide exploration of the phenomenon of interest within a particular research paradigm and conceptual framework. However, the questions remain broad, open-ended, flexible, and evolving to allow for unforeseen paths of inquiry during the data collection process based on participant responses (Carspecken, 1996; Maxwell, 2013). In this study, the research questions were:

1. How do second-generation Korean Americans make meaning of their immigrant experience, experiences of distress, and help-seeking?
2. How does the meaning-making process affect help-seeking patterns of second-generation Korean Americans?

These research questions attended to the social phenomenon of help-seeking patterns of second-generation Korean Americans framed within the context of the immigrant experience. The questions were designed to foster an in-depth exploration of the meaning-making process that occurs for individuals in moments of distress, invoking a critical research paradigm that acknowledges and addresses the power structures that constrain human agency and are activated within the expressed narrative of oppressed persons and groups (Carspecken, 1996; Wiggins, 2017). Carspecken's five-stage model of critical qualitative research methodology is discussed in greater detail in Chapter 3.

I also explored the definitions of generational status in Chapter 3 and presented an argument for including foreign-born individuals who immigrated alongside their first-generation parents prior to the age of five. Although there is no clear consensus amongst scholars regarding the definition of generational status (Alegría et al., 2017; ChenFeng et al., 2015; Kibria, 2002; B. S. K. Kim et al., 2003; Salas-Wright et al., 2014), first-generation is traditionally defined as foreign-born individuals who are the first members of their families to immigrate to the United States, while second-generation is any native-born individual with at least one first-generation parent. As such, for the purpose of the literature review, the traditional definitions of first and second generation were maintained so as to remain consistent with the majority of studies that refer to generational status by nativity.

Significance of the Study

This study contributed to the existing literature on the mental health of Korean Americans by presenting a novel approach to understanding the sociocultural processes that determine the help-seeking patterns of this population. Additionally, it provided population-specific data not just by ethnicity but also by generational cohort. Lastly, it framed the

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phenomenon of help-seeking within the larger context of the immigrant experience, the relationship of which had not been directly explored qualitatively, if at all. By applying an ecological (Bronfenbrenner, 1992) and liberatory (Martín-Baró, 1994) lens to the help-seeking patterns of second-generation Korean Americans, I aimed to present a more nuanced portrait of the cultural and psychological underpinnings of this population as defined by community members. It is my hope that the findings of this study will spur the development of culturally appropriate and specific interventions to reduce observed disparities in mental health service utilization for Korean Americans and, ultimately, increase this population's access to mental health services. Additionally, it is my greater hope that the findings of this study may be used to help foster individual and collective healing within the Korean American community at-large (Duran et al., 2008; Liem, 2003/2004, 2007; Yoo & Kim, 2014) by engaging in the process of *concientización* (Freire, 2000; Martín-Baró, 1994) and raising awareness of the critical impact of the immigrant experience on the psychosocial functioning of not only first-generation immigrants, but the community as a whole.

CHAPTER 2

LITERATURE REVIEW

As the United States continues to rapidly diversify in its racial-ethnic make-up, it is

increasingly more critical and urgent to study the intricate psychological and social processes

that influence the mental health of racial-ethnic minorities and immigrants in order to better

inform evidence-based clinical practice and increase access to psychological services for

underserved ethnic-racial communities (APA, 2017). These are especially salient issues for

Asian Americans as it is the most diverse racial group in the United States, composed of more

than 20 individual ethnic groups that do not share a common history, language, or culture (R. C.

Chung & Bemak, 2007; López et al., 2017). Within this racial conglomerate, Korean Americans

are a largely immigrant population of which nearly 80% of adults over the age of 18 are foreign

born (PRC, 2013). The fifth largest Asian ethnic group in the United States, Korean Americans

are considered to be one of the most successful immigrant groups due to their high educational

achievement rates and perceived socioeconomic status (A. Y. Chung, 2016; J. C. Lee & Kye,

2016). However, research indicates that Korean Americans are at increased risk for issues with

mental health associated with immigration-related stressors, such as acculturation (Baker et al.,

2012; B. S. K. Kim, 2007), racism and discrimination (Alamilla et al., 2017), and changes in

family functioning (Au, 2017; R. C. Chung & Bemak, 2007; Lui, 2015; Phinney et al., 2001;

Shrake & Rhee, 2004; Smith & Silva, 2011). Moreover, these problems have been found to be

more severe than that of other racial-ethnic populations, including other Asian American groups

(Kuroki, 2018; H. Park et al., 2018; Yeh, 2003; C. B. Young et al., 2010).

Yet in terms of mental health treatment, Asian Americans have been found to have the

lowest rates of professional mental health service utilization (Abe-Kim et al., 2007; Nicdao et al.,

2008) compared to other racial groups (Banta et al., 2013; Lipson et al., 2018). Mental health service utilization has also been found to be lowest amongst immigrants compared to the general population (Flavin et al., 2018). This has significant implications for the help-seeking patterns and mental health treatment of Korean Americans who carry both identities as racial-ethnic minorities and immigrants. Scholars have pointed to cultural factors (B. S. K. Kim & Omizo, 2003; Lei & Pellitteri, 2017; M. C. Wu et al., 2009) and mental health stigma (Han et al., 2017; Jeong et al., 2018) as barriers to treatment for Korean Americans. This includes the help-seeking pattern of utilizing more informal sources of support (e.g., family, friends, and spiritual or community leaders) amongst Asian Americans, including Korean Americans (Chang et al., 2014; Hines et al., 2017; Hurh & Kim, 1990; J. K. Shin, 2002). However, research also indicates important cultural and historical factors (S. S. H. C. Kim, 2017; Liem 2003/2004) that undergird the immigrant experience of Korean Americans that may play a critical role in understanding the help-seeking patterns of this population (M. Lee et al., 2017; Saint Arnault & Woo, 2018; Straiton et al., 2018).

Theoretical Framework

Although immigration has generally been considered an isolated and static process (Berger & Weiss, 2002; R. C. Chung & Bemak, 2007), current literature indicates that is clearly not the case (Brady & Stevens, 2019; A. Y. Chung, 2017; B. S. K. Kim, 2007; C. J. Yeh & Huang, 1996). The effects of immigration reverberate from generation to generation through interactive processes that translate into cultural practices unique to immigrant families (Brady & Stevens, 2019; Falicov, 2003). From an ecological and liberatory perspective, the experience of the individual cannot be understood without exploring the interconnected nature of their historical and social contexts (e.g., family, ethnic community, cultural and systemic structures)

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and the dynamic processes that occur within each system as put forth by Bronfenbrenner (1992) (Paat, 2013). According to Bronfenbrenner's ecological model, individuals exist within four concentric systems: (a) the *microsystem* of direct interpersonal relationships and institutions as determined by the individual's immediate environments (e.g., home, school, or work); (b) the *mesosystem* of interactions between two or more microsystems, such as the link between one's family and peer group; (c) the *exosystem* that also refers to the interaction between two or more systems but includes more peripheral entities that indirectly influence the individual via one's microsystem (e.g., a parent's workplace or school board of education); and (d) the *macrosystem* that invokes the broader sociocultural context, including underlying belief systems and power structures, that impacts large swaths of the human experience from prevailing standards of living to social patterns. In conjunction with these four systems, the model also accounts for the *chronosystem*, which describes the historical contexts and changes that occur across time and frame the individual's present experience.

One of the most critical assumptions of this theoretical framework is that a person's individual experience is undoubtedly influenced by interactions and events outside their immediate purview. A person does not have to be in direct contact with other people, communities, or events to experience the repercussions of their presence and actions. Furthermore, a person's lived experience is not isolated to that of the individual alone but is also reflective of collective and systemic cultural and developmental changes that have occurred across time, even generations (Bezo & Maggi, 2015; Bith-Melander et al., 2017; Bronfenbrenner, 1992; Lev-Wiesel, 2007; Martín-Baró, 1994; Sangalang & Vang, 2017). In this regard, it is not enough to simply look at the immediate cultural or social barriers to mental health treatment or help-seeking as they currently exist. There must be a broader and deeper

exploration of the historical events and larger sociocultural contexts that continue to shape and inform present-day social processes and structures that uphold these barriers (Freire, 2000; Martín-Baró, 1994). In so doing, liberatory approaches to psychology inherently call for the decolonization of psychological practices by challenging existing structures for the material emancipation (i.e., practical social application and dismantling of existing oppressive systems) of the people being served by centering and upholding the realities of their lived experiences, culture, and histories (Comas-Díaz & Rivera, 2020; Malherbe, 2020). For second-generation Korean Americans, the immigrant experience is one of the most salient points of connection between their immediate experience of distress and broader contextual factors, including a significant history of cultural trauma, racism and discrimination, and intergenerational family dynamics and interchanges. The immigrant experience, though traditionally tied to the first generation, is an intergenerational phenomenon in which migratory losses are shared across generational cohorts (Falicov, 2003; Yoo & Kim, 2014), and second-generation children are instrumental in overcoming immigration-related problems that may not significantly affect later generations, such as language barriers (E. Kim & Wolpin, 2008; Kramer et al., 2002; Weiss & Berger, 2008), intergenerational cultural conflict (Ahn et al., 2008; Lui, 2015), and socioeconomic instability (Ahmad et al., 2004; Y. Kim & Grant, 1997; Y. M. Lee, 2007; Min, 2001).

Currently, there is a large gap in the literature related to the immigrant experience of second-generation Korean Americans. Here, the immigrant experience is conceptualized within the broader historical and sociocultural contexts of the Korean American immigration story, including significant historical and cultural traumas embedded in Korean history, the racial-ethnic biases that have been perpetuated against Asian American communities in the United

States, and changes to the family unit that occur post-migration. To date, there is a dearth of research on how the immigrant experience directly impacts second-generation Korean Americans despite studies showing increased pathology within this generational cohort related to post-migration family issues (e.g., intergenerational cultural conflict, cultural brokering, and caretaking; A. Y. Chung, 2016; Yoo & Kim, 2014). More specifically, there is a pressing need for more generationally specific data on the intersection between mental health and help-seeking. Despite evidence of increased pathology within the second generation (Salas-Wright et al., 2014; Takeuchi et al., 2007), studies indicate that help-seeking patterns remain consistently low across both first- and second-generation groups, whereas later generational cohorts have been found to have increased rates of mental health service utilization (Abe-Kim et al., 2007).

Accordingly, this literature review provides an overview of the historical and social contexts that impact the immigrant experience of Korean Americans. Specifically, the positionality of second-generation Korean Americans within the immigrant experience are highlighted. Additionally, implications of these broader contexts on the mental health presentation and help-seeking patterns of second-generation Korean Americans are discussed. Finally, implications for addressing barriers to access and utilization of mental health services for this underserved population are also explored.

The Historical Context of Distress in Korean American Communities

Historical & Cultural Traumas of the Korean People

Over the course of the last century, the Korean people have been subject to significant historical and cultural traumas, namely the harrowing oppression and brutality of Japanese occupation and the Korean War. Japanese occupation of the Korean peninsula, which spanned over three decades from 1910–1945, was characterized by efforts to control all aspects of daily

life by military and police force. There were also targeted campaigns to completely assimilate Korean culture and identity by re-writing Korean history as a part of Japan, eradicating all forms of Korean cultural expression in the media and arts, stamping out the Korean language through limited education and instating Japanese as the country's official language, and even changing the Korean lineage registry system to force the adoption of Japanese names (Robinson, 2007). These efforts were systematically carried out both endemically and abroad, resulting in confusion amongst historians over the cultural origins of the Korean people that persists to this day.

Liberation of Korea from the Japanese came at the expense of continued occupation of the Korean peninsula by the Soviet and American militaries. After the end of World War II and the surrender of the Japanese to the Allied forces, the Korean peninsula became a magnet for the former Soviet Union and the United States who were both politically motivated to influence the development of a new, independent Korean government. Instead, the political jockeying of these two superpowers led to the establishment of two separate governments claiming themselves to be the legitimate government of all Korea: the democratic Republic of Korea in the southern American zone and the communist Democratic People's Republic of Korea in the northern Soviet zone. Less than 5 years after the end of Japanese rule in Korea, the Korean War erupted, rapidly conflagrating into one of the most destructive wars in modern history. However, the Korean War is often referred to as the "Forgotten War" due to its seeming loss in the collective memory of global society. The atrocities of the Korean War—mass killings, famine, and biochemical warfare—are often unknown to the average American, and to this day, the extent of the devastation is unclear (Kang & Hong, 2017). However, some estimate casualties of nearly

five million over the 3-year period, 70% of whom were civilians (Liem, 2003/2004), approximately three million, or 10% of the Korean population pre-war (Robinson, 2007).

Almost all of modern Korean immigration to the United States can be traced back to the Korean War. In the years following the armistice agreement of 1953, the Republic of South Korea, where the majority of Korean American immigrants originated (Armstrong, 2014), endured decades of extreme poverty and political instability. Perhaps more enduring has been the psychological trauma of a divided nation, or *minjok* (민족), in a perpetual state of war for over 60 years. It is estimated that about 10 million people were permanently separated from family and relatives upon establishment of the demilitarized zone at the 38th parallel (Liem, 2003/2004). In the years following the Korean War, many Koreans left the country as *refuge migrants* (Yuh, 2005) due to the economic collapse and political unrest that resulted from the Korean War, which left the peninsula in utter destruction. Yuh coined the term *refuge migrants* to account for individuals who left Korea specifically to seek refuge from the devastation left in the wake of the Korean War. Unlike refugees, these individuals migrated out of the country voluntarily; however, the socioeconomic conditions of the country after the war were so hostile that many believed the best option for survival and growth was to leave their homeland. Among those were the first wave of Korean Americans who settled in the United States after the enactment of the Immigration and Nationality Act of 1965. This does not include the mass Korean transnational adoptees who came to the U.S. as a result of the war and American colonization (Pate, 2014). Originally focused on the adoption of "Amerasian" children (i.e., children born from Korean mothers and American GI fathers; Robinson, 2007), the Korean adoptee population has grown to an estimated 120,000 to 160,000 since the early-1950s, making up approximately 5–10% of the current Korean American population (Tuan & Lee Shiao, 2011).

Effects of Historical Trauma on Korean Culture and Identity

Japan's subjugation of the Korean people and their tactics of cultural annihilation spawned an intense and distinctly Korean brand of ethnonationalism that embodies "Koreans' fierce insistence on the sanctity of Korean national identity that persists to this day" (S. S. H. C. Kim, 2017, p. 264). It was under Japanese occupation that the Korean word for "nation", *minjok* (민족), a combination of the Chinese characters for "people" and "family", and *han* (한), a sociocultural concept that speaks to an ingrained state of collective sorrow, suffering, and hope endemic to the Korean people, entered the modern lexicon of the Korean language (S. S. H. C. Kim, 2017; Robinson, 2007). Both *minjok* and *han* allude to a sense of shared genealogy and biological underpinnings of Korean national identity and psychology. *Han*, in particular, has become one of the central cultural concepts that scholars have referenced in their discussions of the mental health of Korean Americans and implications for case conceptualization and culturally appropriate approaches to treatment (C. K. Chung & Cho, 2006; I. J. Kim et al., 2006). In addition to feelings associated with grief and sadness, *han* also has strong attachments to feelings of anger, indignation, and the relentless perseverance for justice that often takes the form of long-suffering endurance of hardships and striving for achievement (I. J. Kim et al., 2006).

Perhaps *han* can be better understood as a type of *cultural soul wound*, a cultural and psychological injury collectively experienced by a historically oppressed group of people (Duran et al., 2008). For the Korean people, this soul wound has manifested in the form of relentless stamina, which has contributed to their success both in their native country and the United States. However, it has also been linked to negative presentations of mental health amongst Korean Americans. The most concrete example of this would be *hwabyung* (화병), or "anger sickness", which is a culture-bound syndrome in which individuals report a range of psychosomatic

symptoms (e.g., fatigue, panic, constriction in the chest, palpitations, indigestion, anxiety, and irritability) that are linked to feelings of anger, disappointment, sadness, and the experience of unfulfilled dreams and expectations (Pang, 1990). These symptoms have also been attributed to *han* and positively associated with diagnostic criteria for major depressive disorder (S. S. H. C. Kim, 2017; Lin et al., 1992). Interestingly, Lin et al. found that *hwabyung* may actually be more prevalent in Korean American communities than in their native Korea, suggesting there may be factors related to immigration that may be significantly contributing to the cultural presentation of negative mental health symptoms for Korean Americans.

Intergenerational Trauma and Its Effect on Experiences of Distress

Research indicates that historical or cultural traumas can be passed down up to three generations (Bezo & Maggi, 2015). Although a discussion of the definition and effects of trauma are beyond the scope of this study, the definition of trauma has been generally accepted as any event outside the range of normal life stressors that imposes significant and extraordinary threats to the mental, emotional, and physical integrity of an individual (Evans-Campbell, 2008; Levers, 2012). Trauma can be described by complexity, severity, and context. Historical trauma is a relatively new domain of trauma research that refers to the multigenerational experiences of collective complex trauma of historically oppressed groups and communities, such as Holocaust survivors, American Indian and Alaska Natives, Japanese Americans, and Armenians (Evans-Campbell, 2008). Complex trauma has been defined as "a combination of early and later-onset, sometimes invasive adverse events, usually of an ongoing, interpersonal nature" (Lanktree & Briere, 2016, p. 5). These events can include cases of sexual, physical, and/or psychological abuse; traumatic loss; household dysfunction; and *ecological vulnerability* (i.e., the degree to which an individual is susceptible to any material, socioeconomic, and/or personal well-being

loss due to their environment; Keane et al., 2019). Adverse childhood experiences (ACEs; Felitti,

et al., 1998), which refers to childhood exposure to complex trauma factors, have been widely

researched within the trauma literature to have significant lifetime consequences on the mental

and physical health of both individuals and communities (Longhi, Brown, Barila, et al., 2021).

This includes exposure to immigration related challenges and traumas, such as navigating low

socioeconomic status, limited employment opportunities, cultural and language barriers, and

changes to the family structure and individual roles (R. C. Chung & Bemak, 2007; Vaughn et al.,

2017) that have been found to contribute to increased prevalence of domestic violence and child

maltreatment in Asian immigrant families (Kim & Sung, 2000; Larsen et al., 2008). In the case

of historical trauma, it is acknowledged that traumatic events are a shared collective experience

specific to communities with a shared group identity. It is also acknowledged that these

traumatic events impact the psychological and social functioning of individuals within that

community and that these responses are consequently transmitted intergenerationally.

In a qualitative study examining the effect of the Holodomor genocide on 15 Ukrainian

families, Bezo and Maggi (2015) interviewed families composed of three generations post-

traumatic event, including the first-generation survivor, their second-generation adult child, and a

third-generation adult grandchild. A total of 45 individual interviews were conducted exploring

the intergenerational impact of the genocide. Through thematic analysis of the transcripts,

affective states and trauma-based coping strategies emerged as two superordinate themes.

Results showed that initial affective states and coping strategies of the survivors were carried

down to each generation, including the third, despite participants viewing them as "irrational" (p.

90). Most interesting is that the emotion states (e.g., fear, sadness, shame, anger, anxiety, and

low self-worth) and trauma-based coping strategies (e.g., overindulgence and stockpiling of

food, refusal to discard items, and social hostility) found in the first generation were actively present within later generations as a cultural way of living in "survival mode" (p. 90).

Studies suggest that intergenerational transmission of trauma may occur even without direct knowledge of the traumatic event. In another qualitative study examining the impact of the Korean War on Korean Americans, Liem (2007) conducted 36 semi-structured interviews with a heterogeneous group of first- and second-generation Korean Americans. Through these interviews, the theme of silence was reinforced as first-generation participants shared how they rarely, if ever, talked about their experiences during and after the Korean War. However, one second-generation participant shared how he believed that the "fear and terror" (p. 166) of the Korean War had permeated through the life of his father despite the silence. Not only did he believe in the profound effects of the war on his father, but he also voiced his observations of that legacy in the lives of his sisters and him.

For Korean Americans today, this poses the significant question of how intergenerational transmission of trauma may be impacting second-generation Korean Americans, even without their knowledge. One way in which this may occur is through the process of trauma normalization, or *normativeness* (Brush et al., 2018), which is defined as a belief system in which certain actions and behaviors become "normal" within the context of one's environment over time. In other words, individuals begin to internalize as "normal" the experiences of one's environmental context, which is heavily influenced by one's cultural and racial-ethnic background and circumstances (Angel & Thoits, 1987; Lansford et al., 2005; Ting & Hwang, 2009). Angel and Thoits proposed a model of how culture informs the cognitive processes through which individuals come to determine the nature of illness and attend to changes in mental health. Cognitive processes were presented in three stages: (a) recognition of physical

and/or emotional changes within oneself; (b) labeling and evaluating these changes as either psychological or physical in nature, and by severity (serious or not); and lastly, (c) determining one's course of action. According to the authors, cultural norms provide the framework through which individuals evaluate and interpret their experience at each stage. For instance, one could argue that Korean American notions of *hwabyung* not only imply that affective disorders are more somatic in nature but that they should be dealt with internally or by oneself (Au, 2017; Han & Pong, 2015; Lipson et al., 2018). As such, even though individuals may cognitively recognize the presence of symptoms of psychological distress, they may not label them as serious or severe enough to warrant action.

In a qualitative study exploring the relationship between normativeness and help-seeking behaviors in homeless mothers, Brush et al. (2018) analyzed 29 interviews from two different data sets. Through these interviews, themes of past trauma and normalization of certain living conditions (e.g., housing instability) emerged. In particular, participants were found to downplay the effects of their traumatic experiences as a way of normalizing their circumstances. For instance, one participant explained how her mother would leave her and her siblings for days at a time as a child due to problems with drug addiction but that it was not a form of abandonment because she was still clothed and fed. Likewise, Korean Americans also exhibit similar tendencies to minimize experiences of hardship related to their family's immigrant status. In a qualitative study interviewing 137 1.5- ($n = 85$) and second-generation ($n = 52$) Korean American adults, Yoo and Kim (2014) explored how being the child of immigrants impacts the role second-generation Korean Americans play within the family system starting from a very young age into adulthood. One participant shared how her involvement in alleviating the stresses of her parents was not only prevalent throughout her life but also expected. However, she also

minimized negative effects of the pressure she experienced to help her parents by emphasizing the greater sacrifices and turmoil her parents endured as immigrants.

In this regard, the immigrant experience of hardship and related traumas may be internalized by second-generation Korean Americans as "normal," thereby causing them to believe that their experience of distress is invalid. In a qualitative study examining ethnic disparities in attributions to mental health, Bignall et al. (2015) conducted seven focus groups (n = 34) of African American (n = 8), Asian American (n = 6), Latinx (n = 9), and White (n = 11) adult participants. Each focus group was ethnically homogenous with 3 to 11 participants each. Participants were given packets of 19 case scenarios that each focused on a specific disorder from the *DSM-IV* (American Psychiatric Association, 1994). The case scenarios were first discussed as a group in which participants were asked to provide their own personal or community-based explanations or beliefs of what caused the behaviors witnessed in each scenario. Their responses would commonly lead to further discussion and either a confirmation or further elaboration of the individual's attribution.

Using grounded theory analysis, 12 attribution themes emerged, including normalization. For these responses, participants labeled the witnessed behaviors in the case scenarios as normal. Of the top five themes for all ethnic groups, normalization emerged as the third most common response (7.9%) behind personal characteristics (20.3%) and family (11.0%). There also seemed to be a preference for endorsing the normalization attribution amongst ethnic minorities, whereas White participants rarely used this attribution at all. Lastly, there were significant differences in the use of normalization by ethnic group, with Asian American and Latinx participants favoring this attribution more than the other groups. Furthermore, Asian Americans tended to make their top five attributions (personal characteristics, family, normalization, social other, and

environmental) fairly equally across the board at 11.6% each. This study suggests that Asian Americans not only tend to normalize the presence of distress symptoms but are more likely to do so than other ethnic groups.

Trauma Normativeness and Perceived Need for Mental Health Services

Despite evidence of the many stressors, traumas, and mental health issues that Asian immigrants face, there is an extensive body of research indicating poor help-seeking and mental health service utilization amongst Asian Americans. Asian Americans consistently report the lowest rates of mental health service utilization and are the least likely of all racial groups to seek out mental health services or treatment (Abe-Kim et al., 2007; Banta et al., 2013; Flavin et al., 2018; Harris et al., 2005; Hines et al., 2017; Lipson et al., 2018; Sue & McKinney, 1975; C. Wu et al., 2018). Amongst Asian Americans, East Asians (e.g., Chinese, Japanese, and Korean Americans) have been found to have significantly lower rates of help-seeking than other Asian subethnic groups (S. Y. Lee et al., 2015).

Although one could interpret these patterns as perhaps Asian Americans are less in need of psychological services, studies show that underutilization rates persist regardless of the severity of mental health needs (Chang et al., 2013; Harris et al., 2005; C. B. Young et al., 2010). In a study using a national sample of Latinx ($n = 2,554$) and Asian Americans ($n = 2,095$) from the National Latino and Asian American Study (NLAAS), Chang et al. (2013) explored the racial and generational disparities in lifetime mental health service usage. For this study, generational status was determined by nativity with 22.42% of Asian Americans reporting as second generation (i.e., U.S. born). Descriptive analysis of demographic information, including types of professional service use, showed that Asian Americans sought help in incredibly small numbers from general practitioners (9%), psychologists (6%), counselors (7%), psychiatrists (6%), and

other mental health professionals (2%). Moreover, while 18% reported at least one lifetime diagnosis of a mental disorder, only 11% of Asian Americans perceived a need to use professional mental health services, and among those, only 75% actually received professional services. Further analysis using a series of logistic regression analyses was conducted to determine the effect of demographic variables, immigration-related variables, the presence of a lifetime diagnosis of a mental disorder, and perceived need for professional help on lifetime mental health service use. Results proved to be quite interesting. Comparison of demographic variables and service utilization by generational status did not return any significant differences, indicating that low prevalence rates remain consistent across generational cohorts. Furthermore, Asian Americans who had already been diagnosed with a mental disorder or perceived a need for treatment were more likely to seek out professional mental health services.

This corroborates the results of a recent study showing perceived need to be the greatest predictor of mental health service utilization for students of color, including Asian Americans (Lipson et al., 2018). In this study, a total sample of 43,375 university students of color representing four different racial-ethnic groups (African American, Asian American, Latinx, and Arab American) taken from the Healthy Minds Study data was examined for any racial-ethnic disparities in prevalence rates of mental health disorders and service utilization. Multiple analyses were conducted to determine racial-ethnic differences on several mental health measures, including in attitudes towards mental health problems (e.g., perceived need) and help-seeking outcomes. Results showed that Asian Americans had the lowest perceived need of mental health services (47%) and service utilization rates (67%) out of all racial-ethnic groups. Moreover, among students endorsing a mental health problem, only 23% of Asian Americans received treatment. Most strikingly, multivariate correlational models found that endorsement of

a perceived need of treatment increased the odds of receiving professional mental health services by nine times across all racial-ethnic groups. As such, more research must be conducted to understand the cognitive and social processes involved that contribute to one's perceived need for psychological services.

However, perhaps perceived need can be best explained by the experiential reality of immigrant-related hardship and challenges that second-generation Korean Americans face on a daily basis. Over time, individuals may come to normalize their experience of distress, thereby reducing their perceived need for mental health services. In one study examining the help-seeking behaviors in Asian American college students, 66 first- and second-generation students were asked to complete a questionnaire composed of four instruments measuring perceived stigma of mental health, acculturation, preferences for counselor based on ethnicity and culture, and knowledge about mental health services (Han & Pong, 2015). A descriptive analysis was conducted to determine attitudes towards help-seeking, resulting in 65.2% of students reporting willingness to seek treatment if they had any issues with mental health or a psychological problem. However, among these respondents, some indicated that they would get help only "if the situation became unbearable" (p. 6).

An additional bivariate analysis was conducted to determine any generational differences in help-seeking behaviors. Similar to other studies, no significant differences were found. This is supported by another study that showed that the initial severity of symptomology present for Korean Americans was significantly higher than White clients, suggesting that Korean Americans only perceive a need for treatment when distress symptoms become overwhelmingly acute and grievous (J. E. Kim et al., 2016). Future research exploring the relationship between the immigrant experience for second-generation Korean Americans and help-seeking patterns

may help to inform better ways to reach this underserved population in more culturally sensitive and appropriate ways.

The Sociocultural Context of Immigration and Mental Health of Korean Americans

Racism, Discrimination, and Asian Immigration to the United States

The history of Asian migration to the United States is marked by exclusionist and anti-Asian racist and discriminatory practices. Asian immigration was largely the result of federal policies designed to bring Chinese laborers to the U.S. to aid in the country's westward expansion and development in the 1800s. Although bonded labor had been deemed inhumane and eliminated as an immigration practice for White, European workers in the early 1800s, it was re-instated in order to subsidize the loss of slave labor in the aftermath of the Civil War (Zolberg, 2006). Increased immigration from Asia generated xenophobic anxieties of the *Yellow Peril* in which White Americans feared that Asian immigrants would contaminate U.S. national identity by corrupting American, Christian values through the proliferation of opium dens and prostitution, both assumptions based on racist media stereotypes and undermining the status and livelihood of White workers in the form of cheap labor (Lyman, 2000). These fears led to concerted efforts by White Americans and the federal government to exclude Asians from the United States. Examples of such efforts are: the Chinese Exclusion Act of 1882, the first immigration law to specifically ban an individual ethnic group; the Japanese and Korean Exclusion League of 1905 (The Pluralism Project, n.d.); and the Immigration Act of 1924, which completely excluded any persons of Asian descent (U.S. Department of State, n.d.).

Although most Korean immigrants arrived after the enactment of the Immigration and Nationality Act of 1965 (Chishti et al., 2015), thousands of Korean women entered the United States as military brides a decade earlier during the Korean War despite enforcement of the

Immigration Act of 1924, which otherwise would have made their entry into the United States illegal. Upon arrival, these women initiated chain migrations of sponsored relatives, which would eventually make up approximately 40–50% of all Korean immigrants after 1965 (Yuh, 2005). The Immigration and Nationality Act of 1965, which abolished the national-origins quota system, marked the beginning of a watershed immigration movement from Latin America and Asia, which has been identified as the new wave of modern immigration that continues to this day.

Model Minority, Perpetual Foreigner

Currently, the Korean American population is estimated at 1.8 million (PRC, 2017) and has been portrayed as an immigrant success story in terms of educational attainment, economic well-being, and mental health outcomes (A. Y. Chung, 2016; S. Guo et al., 2014; J. C. Lee & Kye, 2016; S. Y. Lee et al., 2015). Korean Americans demonstrate higher education attainment rates compared to both the total U.S. population and other Asian American ethnic subgroups: 55.1% of Korean Americans have a bachelor's degree or higher compared to 32% of the total U.S. population and 53.8% of all Asian Americans (AFF, 2017). Average median income also adheres closely to the general U.S. population with lower rates of poverty compared to other foreign-born populations (AFF, 2017). According to the PRC (2017), this is especially true for second-generation Korean Americans with a poverty rate of 10.5% compared to first-generation Korean Americans (14.2%), native-born Asian Americans (11.2%), and the native-born U.S. population (14.7%). Recent Korean immigrants also report higher levels of education and socioeconomic status than their predecessors (Y. Kim & Grant, 1997; Zong & Batalova, 2017). In fact, immigration has slowed down over the past decade as the economy in South Korea has

dramatically improved (Zong & Batalova, 2017), reducing incentives to migrate out of the country.

In terms of mental health, Asian Americans, East Asian in particular, have been found to have the lowest prevalence rates of mental disorders. In a study using national data from National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), S. Y. Lee et al. (2015) examined differences in the prevalence rates of mental disorders across three different Asian American subethnic groups. The total Asian American sample (n = 1,431) was classified into three subethnic groups: East Asians (n = 648), Southeast Asians (n = 485), and South Asians (n = 298). The East Asian category included Chinese (n = 306), Japanese (n = 175), Korean (n = 131), and Taiwanese Americans (n = 36). Chi-square analyses were used to compare the differences in prevalence rates of mental disorders between each subethnic group.

Results found that East Asians had the lowest prevalence rates of any *DSM-IV* psychiatric disorder out of the three groups. In another study using national data from the NLAAS, Takeuchi et al. (2007) examined differences in the lifetime and 12-month prevalence rates of depressive, anxiety, and substance abuse disorders of Asian Americans. The total Asian American sample (n = 2,095) was categorized as follows: Chinese (n = 600), Filipino (n = 508), Vietnamese (n = 520), and Other Asian (n = 467). The Other Asian category included Japanese (n = 107), Korean (n = 81), Asian Indian (n = 141), and other (n = 138). Mental disorders were categorized as any disorder, any depressive disorder, any anxiety disorder, or any psychiatric disorder. Lifetime and 12-month prevalence rates were calculated for each of the four mental disorder categories. Through a series of weighted logistic regression analyses comparing ethnicity and immigration-related factors to mental disorders, results showed that prevalence rates for any disorder were

17.30% lifetime and 9.19% 12-month. Lifetime rates were not significantly influenced by ethnicity, indicating that these rates may be representative of the majority of ethnic groups.

Yet despite their depiction as "model minorities," Korean Americans continue to be perceived as perpetual foreigners and unassimilable to U.S. culture (A. Y. Chung, 2016). It appears that the same values that espouse the moniker of *model minority* (e.g., hard-working and financially independent) are used to portray Asian Americans as personality-less academics and greedy, opportunistic businessfolk. The clearest examples of this can be seen in the Harvard admissions lawsuit in which Asian Americans were found to be consistently rated lower on personality trait factors than applicants from other racial groups (Hartocollis, 2018) and the racial discourse generated in the aftermath of the 1992 L.A. riots that targeted Korean Americans as linguistically limited shop owners who exploited Black communities for economic gain (R. M. Kim, 2012). A more recent study (Suh et al., 2018) exploring the attitudes of non-Koreans, the majority of whom were White, towards Korean Americans indicated that while some of the most strongly endorsed positive traits were "Asian Americans tend to be hardworking and diligent", and "Korean Americans are very self-disciplined in their work", the most strongly endorsed negative traits were "Koreans should think in more American ways", "Generally, Koreans look out only for themselves", and "Koreans are overly competitive" (p.101), suggesting that the hard work, diligence, and self-discipline that they are lauded for can easily be reframed as un-American, selfish, and predatory.

Most recently, there has been an unprecedented rise in anti-Asian hate and violence against Asian Americans during the COVID-19 pandemic. Data indicate that over the course of the COVID-19 pandemic from 2019–2020, there has been a rise of nearly 150% in anti-Asian hate crimes (Yam, 2021), including the Atlanta shootings in which six Asian women, four of

whom were ethnically Korean, were killed by a White man (Fausset et al., 2021). Preliminary research suggests that the rise in anti-Asian violence was connected to the racialization of the COVID-19 virus by government authorities and the media as the "Kung-flu" and "China virus" (Litam, 2020), which contributed to significant increases in racial trauma amongst Asian Americans, including increased cases of depression, anxiety, sleep difficulties, and other physical symptoms (S. Lee & Waters, 2021; Saw et al., 2021). Despite the increase in hate crimes against Asian Americans, the model minority myth continued to perpetuate systemic disparities in the research and treatment of Asian American mental health, in which data on the effects of COVID-19 on Asian Americans has remained invisible under the label of "Other" or overlooked and ignored the vast differences amongst Asian American groups by relying on aggregated data (J. L. Young & Cho, 2021). The real-time implication of this erasure was the underfunding of critical research and relief programming to address the severe socioeconomic and health needs of the Asian American community during the biggest global crisis in modern history (A. Kim et al., 2021; J. L. Young & Cho, 2021).

In isolation, the social narratives of the model minority and perpetual foreigner could be viewed as a response to the differences in the cultural values and attitudes of Asian Americans. However, in light of the racist and discriminatory practices that have been a part of the greater Asian American narrative in the United States, these social narratives are better understood as reflections of the deeply entrenched racist belief that Asian Americans are simply not American. In a study exploring how strongly the association between Whiteness and American identity was endorsed across three different racial groups (35 White, 30 African American, and 32 Asian American), Devos and Banaji (2005) tasked a sample of 97 undergraduate students with completing a series of cognitive tests that were aimed at measuring their implicit and explicit

symbolic and behavioral associations with the American identity. They were then tasked with applying those associations to individuals across all three racial groups, thereby indicating the strength of their association between each racial group and internally held beliefs regarding the definition of a "true American." Using a 3 x 3 ANOVA, the results showed Asian Americans were described across the board as the least native to the United States as compared to African Americans or White Americans. Asian Americans and African Americans were also rated less patriotic than White Americans.

Racism has been found to be significantly related to poorer mental health outcomes, including Asian Americans (Paradies et al., 2015). Generational effects on the relation between racism and discrimination and mental health outcomes have also been found (Liu & Suyemoto, 2016; Wang et al., 2012). Specifically, in a study examining the moderating effect of generational status on the relationship between racism-related stress and mental health outcomes in Asian Americans ($n = 220$), general racism and perpetual foreigner racism was found to be positively associated with depression, anxiety, and social anxiety (Liu & Suyemoto, 2016). In this study, the relationship between racism-related stress on mental health outcomes was only found to be significant for first-generation Asian Americans and was not significant for 1.5- or second-generation Asian Americans. However, Wang et al. (2012) found that identity denial of American group membership had significantly greater negative emotional effects on second-generation Asian Americans than first-generation. In this study, 149 Asian Americans (20.1% of whom were Korean) were asked to rate their level of anger in response to a series of vignettes illustrating interactions of identity denial. Results showed that second-generation Asian Americans had greater responses of anger to group identity denial interactions than the first-generation cohort.

In this context, perhaps the achievements of second-generation Korean Americans relate more to their continued status as second-class citizens and perpetual foreigners than their culturally informed values. For example, Sue and Okazaki (2009) placed educational attainment within the framework of relative functionalism for Asian Americans. Within this framework, education becomes the mechanism for socioeconomic mobility in light of systemic barriers to advancement in non-educational areas (i.e., sports, entertainment, politics, etc.). In other words, the cultural value of education may continue to be emphasized as important by Asian Americans because education is still perceived as the functional vehicle for mobility due to sociocultural limitations that are placed on them.

For Korean Americans, educational attainment was highly instrumental in the economic advancement and social mobility of families after the Korean War, intricately tying education to financial security. This pattern of pursuing education for social mobility continues today with studies showing that the primary reasons for emigration from the perspective of Korean parents are related to increasing one's educational opportunities, and consequently, their social mobility (Jeong et al., 2014; Yeh et al., 2005; Yoon et al., 2010). Jeong et al. (2014) qualitatively explored the phenomenon of transnational, or *gireogi*, families in which the mother and children emigrate to the United States for the sole purpose of advancing the education of their children, while the father remains in Korea as a financial provider. In another qualitative study on the lives of 10 first- and 1.5-generation Korean American immigrant women between the ages of 39 and 57 (Yoon et al., 2010), seven experiential domains of interest were identified. Within the domain of general life conditions, women responded to questions regarding life changes post-migration, including reasons for immigration and experiential gains and losses. When reporting on

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experiential gains, participants overwhelmingly identified the educational environment and reduced pressure on their children as a gain.

The continued emphasis on cultural values such as education amongst second-generation Korean Americans may be in reaction to continued structural oppression of racist and discriminatory social barriers that obstruct their advancement within American society, further invoking the *han* of long-suffering endurance and the unrelenting striving for success that resides within. Phenomena like perpetual foreignness and the *bamboo ceiling*, which refers to the invisible barrier to the occupational advancement of Asian Americans in the labor market (Zhou & Lee, 2017), have been identified as historically sociocultural and systemic forms of discrimination that perpetuate the gap in socioeconomic outcomes (Sakamoto et al., 2009; Tran et al., 2019; Zhou & Lee, 2017). Though a more thorough exploration of Asian American labor market trends is beyond the scope of this study, recent data suggest that despite statistically outperforming native-born Whites and Blacks in academic achievement, intergenerational educational mobility gains do not equate to occupational attainment within the labor market (Tran et al., 2019; Zhou & Lee, 2017).

In a study examining racial and interethnic group differences in the educational and occupational mobility outcomes of second-generation Asian Americans (Chinese, Filipino, Vietnamese, Korean, and Indian) using multiyear aggregated data from the Census Bureau's Annual Social and Economic Supplement of the Community Population Survey (CPS ASEC), Tran et al. (2019) found that after controlling for ethnic origin, age, gender, region, and survey year, second-generation Asian Americans did indeed demonstrate an educational advantage over native-born Whites and Blacks with higher rates of college attainment. In fact, the data suggest that second-generation Asian Americans have achieved parity or may have even surpassed

Whites within the education domain. However, after controlling for age, gender, educational attainment, region, and survey year, second-generation Asian Americans, excluding Chinese, did not demonstrate any occupational gains within the labor market. Specifically, second-generation Korean Americans were found to be just as likely to work in low-wage service sector jobs as native-born Whites and Blacks. This is consistent with data showing underrepresentation of Asian Americans in managerial or executive-level positions even in industries in which they are overrepresented as professionals (e.g., engineering and technology), further highlighting the large gap between educational achievement and occupational mobility within this population (Zhou & Lee, 2017).

Although American society attempts to uphold the message that merit-based achievement will lead to socioeconomic advancements, this is clearly not the case for Asian Americans. Despite oftentimes being overqualified based on their educational backgrounds, Asian Americans continue to be overlooked within the workforce due to prevailing stereotypes of Asian Americans as quiet, weak, uncreative, and even predatory (Hartocollis, 2018; Suh et al., 2018; Zhou & Lee, 2017). Until there are massive systemic shifts in the treatment of Asian Americans as anemic, un-American foreigners, barriers such as the model minority myth and bamboo ceiling will continue to reinforce and maintain ingrained, *han*-induced cultural trauma patterns of hard labor to the mental health neglect of second-generation Korean Americans and beyond.

Acculturation to White America, Ethnonationalism and Korean American Identity

Acculturation is generally defined as a dynamic process of cultural and psychological change that occurs when individuals come into contact with another culture (Sam & Berry, 2010). For Asian Americans, this refers to the process of adaptation to U.S. cultural norms (e.g.,

values, beliefs, and behaviors; B. S. K. Kim, 2007). More specifically, it refers to the process of adapting to the cultural norms of White America (Devos & Banaji, 2005) and how to operate within White racial spaces (Liu et al., 2019). This is especially salient for Asian Americans who have been found to both explicitly and implicitly endorse Whiteness as equivalent to the American identity over and beyond that of African Americans (Devos & Banaji, 2005). Using a 3 x 3 ANOVA, the results showed a highly significant interaction between interracial comparisons and participant racial identity. Further analysis showed that all three racial groups (White, African American, and Asian American) associated White and American more quickly than Asian and American.

This was different for the White and African American pairing for which Whites and Asian Americans exhibited the White equals American effect, but African Americans did not. In fact, African Americans showed an equal association between White and Black with being American. African Americans were also the only racial group to attribute the concept of "American" more strongly to themselves than to Asian Americans. This suggests that Asian Americans are not only considered the least American amongst all three racial groups, but they are also just as likely as Whites to attribute Whiteness to being a "true American."

However, given the tendency of Asian Americans to attribute Whiteness with being American, there appears to be a distinction between how Asian Americans define American identity and what they internalize it as (I. J. K. Park et al., 2013). In this study, Park et al. examined the role of ethnic and American identity in moderating the relationship between perceived discrimination and antisocial behaviors. Asian American college students ($n = 1{,}362$) were recruited to fill out an online survey that included items from the following scales: Scale of Ethnic Experience, American Cultural Identity Scale, Multigroup Ethnic Identity Measure, and

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Subtypes of Antisocial Behavior questionnaire. Results indicated that although ethnic identity did not have a significant moderating effect, American identity did. Participants who endorsed feeling more American had more maladaptive behaviors in the face of perceived discrimination. In other words, holding a more American identity did not serve as a protective factor but instead exacerbated antisocial behaviors. This suggests that although Asian Americans may explicitly endorse a more American identity, it may not be internalized as part of their self-concept. As a result, their ethnic identity may still be a more salient part of their understanding of themselves.

Originating from Korea's history of colonial oppression, the fairly modern concepts of *han* and *minjok* allude to a nationalism rooted in a shared Korean ethnicity and not one's place of birth. This distinctive brand of Korean ethnonationalism seems to persist within the Korean American immigrant population with recent data showing very strong intra-ethnic community connections for Korean Americans with 58% reporting that all or most of their friends are of the same ethnicity, far more than for any other Asian ethnic group (PRC, 2013). Research also suggests that ethnic identity may have more influence in the acculturative process and positive well-being for Korean Americans than for other Asian ethnic groups (Chae & Foley, 2010; P. Cheng et al., 2013).

In a study exploring the relationship between racial identity status and acculturation in 223 native-born Korean ($n = 63$) and Chinese Americans ($n = 135$), second generation and beyond, P. Cheng et al. (2013) administered a self-reported survey measuring each individual's racial identity and acculturation statuses. Multiple analyses were conducted beginning with a MANOVA that indicated a significant main effect of ethnicity on acculturation status regardless of generational status, gender, age, and socioeconomic status. A criterion profile analysis (CPA) was then conducted to extract the level and pattern components of the criterion profile that would

be used as the predictor variables for the follow-up hierarchical regression analyses of each ethnic group with acculturation scores from the Suinn-Lew Asian Self-Identity Acculturation (SL-ASIA) scale as the dependent variable. The level component was entered first in the hierarchy followed by the pattern component. Finally, a significance test was run to determine any significant differences in the regression weights of each racial identity status in the criterion pattern profiles of each analysis.

Results showed that while resistance was the only racial status that was significantly different for Chinese Americans, both resistance and awareness came up as significantly different for Korean Americans. As such, the criterion profile for Korean Americans suggested that significantly high ethnic awareness and significantly low acculturative resistance predicted higher scores on acculturation. In other words, Korean Americans maintained a strong attachment to their ethnic culture while also showing low resistance to adopting U.S. cultural norms. This was significantly different from the acculturative patterns of the Chinese American participants who displayed high conformity to the dominant culture along with significantly low resistance. While Chinese Americans gave up aspects of their ethnic culture in order to acculturate to American culture, Korean Americans retained their ethnic culture in addition to showing acculturative ease. In fact, *enculturation*, or the process in which individuals adhere to Asian culture through socialization practices and maintenance of ethnic cultural norms (B. S. K. Kim, 2007), has been suggested to help facilitate the acculturative process for second-generation immigrants by increasing the individual's identification with their ethnic culture (Costigan & Su, 2004; B. S. K. Kim & Omizo, 2005, 2006; W. M. Liu et al., 1999).

Ethnic Identity and Mental Health

Research further indicates a distinctive connection between positive psychological well-being and increased ethnic identity for second-generation Korean Americans, corresponding to similar trends with Asian American college students (Iwamoto & Liu, 2010; Yasuda & Duan, 2002). In a study investigating the relationship between ethnic identity, acculturation, and psychological well-being in 334 Asian Americans of varying generational status, Chae and Foley (2010) found significant ethnic differences in the effect of acculturative and ethnic identity patterns on the psychological functioning of three different groups: Chinese (*n* = 97), Korean (*n* = 156), and Japanese (*n* = 81). For this study, scores on the Depression–Happiness Scale, an instrument measuring positive and negative affective states, were used as a proxy for psychological functioning. Multiple regression analyses were conducted to determine if ethnic identity and acculturation significantly predicted psychological well-being. Additional analyses of within-group differences were conducted for each ethnic group to determine any disparities in predictability. Results found that for Korean Americans, ethnic identity was significantly related to positive psychological well-being. However, they also found a significant inverse relationship between acculturation and psychological well-being, which was not replicated with their Japanese and Chinese American counterparts, suggesting that greater acculturation, and perhaps related loss of ethnic identity, can lead to decreased psychological well-being for Korean Americans.

Other studies have also shown that a strong ethnic identity in immigrant Asian Americans significantly reduces depressive and anxious symptomatology over time (Leong et al., 2013; Rogers-Sirin & Gupta, 2012; Tummala-Narra, 2015). These results suggest maintaining a strong ethnic identity is critical to the mental health and well-being of Korean Americans. Perhaps this

explains why Korean Americans report greater levels of perceived discrimination than other Asian ethnic groups (Chau et al., 2018) because of the stronger ties to their ethnic identity.

Although literature on the racial-ethnic socialization patterns of Korean Americans is limited, research indicates that Korean immigrant families predominantly engage in highly intra-ethnic socialization patterns and that adaptation to dominant American culture is minimal (Y. Choi & Kim, 2010; Y. Choi et al., 2013). First-generation Korean parents strongly emphasize adherence to Korean cultural norms and values, often using aggressive disciplinary measures, including corporal punishment, to enculturate their children (E. Kim & Hong, 2007). However, Asian American parents have also been found to engage in assimilation efforts to aid their children in "becoming American" (Juang et al., 2016). As a result, Korean Americans are adept at retaining both their Korean and American cultures, adopting a both/and rather than an either/or orientation to cultural identity development (S. K. Lee, 2006). However, efforts to preserve one's ethnic identity may be perceived as resistance to acculturating to White spaces and White American culture, prompting discriminatory acts to enforce conformity to the dominant culture. Conversely, individuals who have assimilated to White American culture can find themselves at the brunt of prejudice from those within their own ethnic communities. Terms such as "FOB" (fresh off the boat) and "whitewashed" have been used as derogatory labels for individuals perceived as "too ethnic" or betraying their cultural roots by "acting White" (Pyke & Dang, 2003). In this regard, the process of acculturation for Korean Americans is not simply the ability to adapt to the dominant culture but to successfully navigate cross-culturally by avoiding acts that may be racialized as too Korean or too American all the while mitigating their experiences of perpetual foreignness (Kibria, 2000). This may be of critical importance to the mental health

of second-generation Korean Americans as experiences of discrimination have been linked to increased prevalence rates of depression for Korean American immigrants (Chau et al., 2018).

Changing Dynamics of the Korean American Immigrant Family

At this time, there is very little research directly exploring the impact of immigration on second-generation Korean Americans (Kiang et al., 2016). This is primarily due to the tendency of scholars to study the effects of immigration on those who have moved themselves instead of treating immigration as an ongoing process that includes post-migratory experiences (Berger & Weiss, 2002; Falicov, 2003). Taking a developmental approach, Berger & Weiss presented immigration as a multiphase process composed of three stages: departure, transit, and resettlement. The *departure* phase is when individuals begin the process of separation from their place of origin, including people, places, and possessions. This includes the initial deliberation that occurs before a decision has been made to migrate. For many, especially those for whom migration is not voluntary (e.g., refugees), this can be an incredibly painful and stressful part of the process. The *transit* phase is when individuals relocate to the new country of residence and is typically characterized by the stresses, anxieties, and fears of the move itself and what is to come. Lastly, the *resettlement* phase is when individuals begin the long, arduous process of adapting to their new environment. Berger and Weiss contended that this process may continue for the rest of their lives through "an ongoing sequence of stressor events" (p. 26).

The resettlement phase is when the immigrant experience becomes most salient for second-generation Korean Americans as they must endure some of the same resettlement processes alongside their first-generation parents, including acculturation (Ahn et al., 2008; E. Kim & Wolpin, 2008), racism and discrimination (W. M. Liu et al., 2019), and intergenerational conflict (R. M. Lee et al., 2005; Lui, 2015; Moon, 2008). However, second-generation Korean

Americans have the additional burdens of taking on the immigrant dream of success (Yoo &

Kim, 2010) and operating as cultural brokers and long-term caretakers of their parents (Foner &

Dreby, 2011; Yeh et al., 2005; Yoo & Kim, 2014). Although these experiences are distinctive of

the second-generation, they are all directly related to the resettlement process of the first-

generation and are an integral part of its actualization.

Downward Social Mobility and Family Roles

As previously discussed, educational attainment in Korean culture is not only related to

the inherent cultural values placed on education itself but also the promises of socioeconomic

mobility that have been socially and culturally propagated. However, educational achievements

established in Korea have not been accepted or valued in the United States, thereby stripping

Korean immigrants of their ability to establish themselves and prompting highly educated

individuals to take on lower paying jobs or even learn an entirely new trade (R. C. Chung &

Bemak, 2007). This loss of social status has prompted the proliferation of the small-business

trade (e.g., laundromats, convenience or liquor stores, and nail salons) within Korean American

communities because of its opportunities for economic gain without the need for high-skill labor

(R. M. Kim, 2012). These small businesses, though profitable, are incredibly labor intensive and

have induced dramatic changes to the Korean family system within immigrant families, namely

in family member roles.

In traditional Korean families, families assume a hierarchical and patriarchal system (I. J.

Kim et al., 2006) in which men are the financial providers of the family while the women are

expected to take care of the home (R. C. Chung & Bemak, 2007). However, downward social

mobility and family demands have required women to help contribute to the financial well-being

of the family in addition to their care-taking duties. These shifts have been found to cause

conflicts within Korean immigrant families where men feel a sense of shame for their inability to uphold their role as the breadwinner while women are overburdened by their multiple roles (Y. Kim & Grant, 1997). Within this system, children are expected to be obedient and submit to the authority of their parents. However, Korean American children in immigrant families often find themselves in the position of proxy-authority in which they are tasked with the responsibility of attending to the critical needs of the family, such as paying bills or setting up medical appointments, because of their English language fluency (Yoo & Kim, 2014). First-generation parents often rely on their children to resolve important family tasks, yet due to traditional cultural norms, do not allow them to have any decision-making power related to these tasks. As such, additional conflicts between second-generation children and their parents are prevalent and have been associated with increased negative mental health outcomes (R. M. Lee et al., 2005).

Cultural Brokering and Caretaking Responsibilities

Although the socioeconomic status of second-generation Korean Americans trends higher than the average American, it does not preclude them from the financial and social concerns related to immigration. First-generation parents continue to have higher poverty rates and lower English language proficiency (PRC, 2017; Zong & Batalova, 2017), contributing to feelings of responsibility amongst second-generation children to ensure the economic survival of their families and take up the role of cultural brokers for their parents (A. Y. Chung, 2017; Foner & Dreby, 2011; Leu et al., 2012; Yoo & Kim, 2010, 2014). In the Yoo and Kim (2014) study, the authors explored how being the child of immigrants impacts the role they play within the family system starting from a very young age into adulthood. Specifically, they explored the work of cultural brokering across the lifespan and how 1.5- and second-generation Korean Americans make meaning of their experiences in relation to their immigrant parents. Through this study, the

themes of brokering dreams, giving back, caring about culture, and caretaking emerged as part of the second-generation immigrant experience. Participants recalled significant difficulties as their parents experienced downward social mobility and financial insecurity. In response, children, particularly daughters, hoped to ease their parent's immigrant-related struggles by language and cultural brokering, academic achievement, and taking up other family responsibilities (e.g., working at the family store or taking care of physical labor at home). Some even prepared themselves to become financial providers for their parents as they grew older. One participant shared about the obligation she felt to give money to her mother without any expectation of being repaid. Even though she had worked all throughout high school and college to save up money for herself, she also fully anticipated that the money she earned would be given to her mother at some point in time.

However, some of the motivation for second-generation Korean Americans to help their parents stemmed from feelings of gratitude and a strong sense of responsibility towards their parents. In another qualitative study on one hundred twenty-four 1.5- ($n = 74$) and second-generation ($n = 47$) Korean American adults, Yoo and Kim (2010) explored participants' attitudes and beliefs on filial piety and supporting their parents. Through grounded theory analysis, three themes emerged regarding the motivations for support. The first theme was repayment for parental care and support when they were children. The second was future concerns regarding the language and financial barriers that their aging parents would face. The last theme was pressure experienced by daughters to plan and care for the future needs of their parents. Overall, participants shared about having a sense of giving back to their parents as a way of honoring the sacrifices they made as immigrants to ensure the success of their children.

Giving back was not only in the form of financial support but also educational achievement and career success. Even now, native-born Korean Americans are more likely than other ethnic groups to view educational attainment as a mark of success and fulfillment of family obligation (B. S. K. Kim et al., 2001). In a follow-up to B. S. K. Kim et al.'s (1999) Asian Values Scale (AVS) development study, B. S. K. Kim et al. (2001) examined the between-group differences of four Asian American ethnic groups (Chinese, Filipino, Japanese, and Korean) in their adherence to the six cultural values dimensions of the AVS. Of the 570 college students, 20.4% ($n = 116$) were Korean American, and 37.9% ($n = 216$) were second-generation. Using a structured means analysis comparing latent mean scores between all four groups on all six values dimensions, the study found that Japanese Americans and Korean Americans had significantly higher latent mean scores on the *Family Recognition Through Achievement* dimension than Chinese Americans, suggesting that these two subethnic groups placed greater importance on academic achievement and avoidance of career or education-related failures to save face on behalf of the family. An additional structured means analysis was conducted to see if generational status had any effect on between-group differences. Results did not show any significant differences between the two models, indicating that generational status did not have a meaningful impact on cultural values adherence. As such, these results may be generalized to the values orientation patterns of second-generation Korean Americans.

Intergenerational Conflict

Intergenerational and family conflict have been found to be significantly related to internalizing problems (e.g., depression, anxiety, general psychological distress) and adaptive functioning (e.g., satisfaction with life and self-esteem) in Asian Americans (M. Guo et al., 2015; Lui, 2015). Conflict has been primarily related to acculturative and developmental differences

across generational cohorts (E. Kim & Wolpin, 2008), with acculturative conflicts associated more strongly with negative outcomes (Lee & Koeske, 2010). In a study examining acculturative differences between first- and second-generation Korean Americans (n = 106 Korean American families), E. Kim and Wolpin (2008) found that both parents and their children endorsed the importance of maintaining their ethnic culture in addition to adapting to American cultural values and norms. Additionally, acculturation was more strongly associated with the maintenance of Korean ethnic culture than gaining American cultural values and norms for the entire sample, meaning maintaining a strong ethnic culture was significantly important for both the first- and second-generation cohorts. However, parents were found to endorse acculturation to American cultural values and norms more strongly than their children. As such, perhaps intergenerational conflict is more related to the acculturative mismatch across generational cohorts than the acculturative process itself. In a meta-analysis of intergenerational conflict in Asian and Latinx families, Lui (2015) found that acculturative mismatch between children and their parents significantly predicted family conflict and negative academic outcomes. For second-generation Korean Americans, acculturative mismatch may be further exacerbated by the role conflicts stemming from changes within the family system as described above (Yoo & Kim, 2014). In this regard, intergenerational conflict is an incredibly complex process that involves multiple aspects of the immigrant experience. Further research needs to be conducted to explore the interactive processes that are occurring as they relate to the development of intergenerational conflict within immigrant families.

Mental Health and Help-Seeking Patterns of Second-Generation Korean Americans

Current Data on Mental Health Trends

In light of the myriad of stressors that second-generation Korean Americans are confronted by on a daily basis, it is no surprise that this population has been found to endorse a range of negative mental health outcomes. Research indicates increased prevalence rates for mental health disorders within second-generation cohorts. In a study by Takeuchi et al. (2007), researchers were interested in not only the differences in prevalence rates of mental disorders between each subethnic category, they were also interested in other immigration-related variables, including nativity status and generational status. Lifetime rates were not significantly influenced by ethnicity; however, they were significantly affected by nativity and generational status. Lifetime and 12-month prevalence rates were highest amongst U.S.-born individuals for any disorder. Additionally, they were also found to be higher amongst second- and third-generation individuals for any psychiatric disorder than first-generation.

These generational differences were replicated in another study by Salas-Wright et al. (2014) using NESARC data examining differences in prevalence rates of mood, anxiety, and personality disorders between first- ($n = 5,363$) and second-generation ($n = 4,826$) immigrants and native-born Americans ($n = 24,461$). Logistic regression analyses were conducted to first determine differences in lifetime prevalence rates of each disorder between immigrant (first- and second-generation) and non-immigrant (native-born) groups. Results showed lifetime prevalence rates for all disorders increased with each generation such that native-born Americans reported the highest rates. Next, comparisons of second-generation and native-born Americans found significantly lower rates of select mood and anxiety disorders in second-generation immigrants. These effects were stronger amongst racial-minority immigrants than non-minorities. More

specifically, the association between second-generation immigrants and mood/anxiety disorders was found to be significant for racial-ethnic minorities but not for non-minorities.

This research further reveals the complexities of the Asian American experience, particularly highlighting the heterogeneity across and within each group. Currently, the literature suggests that Korean Americans may be at increased risk for psychopathology and mental health problems than other racial-ethnic groups. Studies have found that Korean Americans may have greater rates and more severe presentations of depression (E. Kim et al., 2013; H. J. Kim et al., 2015; Okazaki, 1997; C. B. Young et al., 2010), psychological distress (H. Park et al., 2018; Yeh, 2003), and suicide (Kuroki, 2018) than White Americans and other Asian American ethnic groups. In one study, C. B. Young et al. (2010) sought to explore differences in severity of depressive symptoms in Asian American ($n = 1,251$) and White ($n = 586$) undergraduate students. The Asian American group was composed of four smaller subethnic categories: Chinese ($n = 605$), Korean ($n = 259$), Vietnamese ($n = 189$), and other ($n = 198$). Participants were asked to fill out an online questionnaire that included a demographic questionnaire and the Patient Health Questionnaire (PHQ-9), which is a 9-item instrument that assesses for major depressive disorder based on the *DSM-IV* criteria. Using a 2-factor ANOVA with ethnicity and gender as the independent variables, depression scores for Asian American students were found to be significantly greater in severity than for White students. Post-hoc analyses further exploring differences between subethnic groups found that Korean American students endorsed significantly greater depression than all comparison ethnic groups. Additional chi-square analyses were conducted to determine any differences in significance when considering acculturation (growing up in the United States versus abroad). For Korean Americans, over 20% reported as first generation. Results indicated no significant differences when acculturation was

accounted for, suggesting that rates of depression severity are consistent across generational groups.

H. Park et al. (2018) conducted a cross-sectional study using data from the California Health Interview Survey (CHIS) examining racial-ethnic disparities in psychological distress. This survey is unique in that it is the largest state health survey in the country with interviews conducted biennially in multiple ethnic languages, including Korean. For this study, a subsample of 29,142 participants was divided into six subethnic groups: non-Hispanic White ($n = 25,645$), Chinese ($n = 1,156$), Filipino ($n = 471$), Vietnamese ($n = 864$), Korean ($n = 704$), and Japanese ($n = 302$). In this study, acculturation was defined by nativity (U.S.- versus foreign-born), and psychological distress was measured by a Kessler 6 (K6) scale with scores of 6 or higher out of 24 indicating mental distress. First, a series of bivariate and multivariate analyses were conducted to determine racial-ethnic differences in psychological distress. This was followed by a multiple logistic regression analysis to see which sociodemographic factors would significantly predict psychological distress for each subethnic group. Results showed that Korean Americans endorsed the highest levels of psychological distress of all six subethnic groups. Specifically, Korean Americans with the lowest level of acculturation (i.e., foreign-born with limited English) were most at risk for psychological distress. This contradicts other studies that have found greater levels of distress in second-generation cohorts (Alegría et al., 2017; Bas-Sarmiento et al., 2017; Harker, 2001). More studies need to be conducted in order to clarify competing results.

Cultural Barriers to Mental Health Service Utilization

Despite these results, perceived need for mental health services continues to remain low within second-generation Korean American populations. To explain the low endorsement rates of perceived need amongst Asian Americans, the current literature suggests the critical impact of

cultural factors in determining the help-seeking patterns of Asian Americans (B. S. K. Kim &

Omizo, 2003). First, Asian Americans have been found to prefer more covert self-help methods,

internal coping strategies, or informal social support systems to address mental health needs over

professional mental health services (Chen et al., 2015; Han & Pong, 2015; John & Williams,

2013). For Korean Americans, internal coping strategies have been identified as suppressing

feelings, believing that mental illness can be overcome with enough willpower, an overemphasis

on self-control, and handling problems on one's own (Bernstein, 2007; Han & Pong, 2015; J. K.

Shin, 2002). One explanation for such highly self-oriented strategies may be the influence of the

commonly held belief that mental illness develops from a person's weak character or poor genes

(Abdullah & Brown, 2011). As previously discussed, the tendency for long-suffering and

endurance in the face of extreme hardships has also been associated with other behaviors found

within this population, such as the pursuit of social and financial security through academic and

occupational achievement (I. J. Kim et al., 2006; S. S. H. C. Kim, 2017). Perhaps the preference

for internal strategies is another way for Korean Americans to safeguard and maintain their sense

of dignity and pride in the face of anticipated discrimination not only as individuals but also as a

collective group (A. Y. Chung, 2016).

However, a simpler explanation is that many of these strategies are deeply entrenched

within Confucian values that inform behavioral patterns of high family interdependence.

Interdependence is characterized by notions of filial piety, saving face from collective shame,

conformity to cultural and social norms, and deference to authority for decision-making and

problem solving (Abdullah & Brown, 2011; B. S. K. Kim et al., 2001). Within this social

structure, individuals are encouraged to suppress their emotions and exhibit self-control. For

Korean Americans, emotional suppression and control seems to have translated into taking care

of one's problems independently in order to curtail interpersonal disharmony (Au, 2017). The maintenance of interpersonal harmony is particularly salient for second-generation Korean Americans who oftentimes adopt proxy authority within their family systems due to their role as cultural brokers for their parents (Yoo & Kim, 2014). Consequently, children may feel increased pressure to endure and push through their distress instead of seeking help as a result of their unconventional role within the family system. Furthermore, individuals may interpret their ability to handle and overcome experiences of distress as part of their care-taking responsibilities by preventing the accumulation of additional stress for their parents based on their personal mental health needs and saving face (A. Y. Chung, 2016).

Mental Health Stigma

Cultural factors have also been suggested to contribute to the proliferation of mental health stigma for Asian Americans (Abdullah & Brown, 2011; N. Choi & Miller, 2014; Han et al., 2017; I. J. Kim et al., 2006). Although the definition of stigma can be somewhat variable based on what the concept is being applied to (Link & Phelan, 2001), mental health stigma has generally been defined as the social judgment, devaluation, and/or discrimination of a person due to their perceived or actual association with mental illness (Abdullah & Brown, 2011). There are two types of stigma (i.e., public stigma and self-stigma) that differ based on the mechanism through which the individual experiences said stigma. If public stigma is the aggregate of stereotypical and prejudicial beliefs that exist within the general public regarding mental illness, self-stigma is then the internalization of those same beliefs for oneself. Koreans may better understand public stigma as the cultural concept of *chemyeon* (체면), or "face", which refers to the practice of saving face in public for the purpose of safeguarding one's reputation and social standing (Han et al., 2017).

During the past two decades, scholars have conceptualized the development of stigma in terms of one's cultural values and beliefs rather than by race or ethnicity (Abdullah & Brown, 2011; Link & Phelan, 2001; Han et al., 2017; Ting & Hwang, 2009). In a model proposed by Abdullah & Brown, mental health stigma is most significantly influenced by cultural norms at its inception because these norms provide the lens through which individuals determine the normative bounds of mental health. These norms are then further reinforced by the collective history and values of a group of people, which then serve as the foundation of prevailing beliefs, stereotypes, and stigmatizing attitudes of mental illness. Once stigmatizing stereotypes and attitudes are endorsed, then individuals begin to accept and operate according to one's personally or publicly held stigma. Research indicates that Korean Americans hold very strong beliefs about mental illness and individuals with mental illness. In a qualitative study on mental-health stigma beliefs of Korean American immigrants ($N = 18$; Han et al., 2017), participants were interviewed within focus groups and asked to share their thoughts on how the Korean immigrant community, as opposed to their own personal opinions, viewed mental illness using a semi-structured format. Through thematic transcript analysis, results suggested that Korean immigrants believe mental illness to be dangerous, abnormal, and associated with criminality and a personal lack of self-control. These beliefs further lead to patterns of social distancing from individuals perceived as mentally ill through avoidance and ostracization.

Mental health stigma has also been studied for its role in curtailing more explicit forms of help-seeking behaviors within Asian American groups (H. L. Cheng et al., 2013; N. Choi & Miller, 2014; Han & Pong, 2015). In a study examining the mediation effect of stigma on the relationship between cultural values and willingness to seek counseling in Asian American Pacific Islander (AAPI) college students ($N = 278$), results indicated that endorsement of Asian

cultural values was associated with lower willingness to seek counseling via public stigma and stigma by close others (N. Choi & Miller, 2014). Furthermore, both public stigma and stigma by close others was positively associated with self-stigma, which, in turn, was negatively associated with attitudes towards seeking professional help. Attitudes towards seeking professional help was then found to be positively associated with willingness to seek counseling. Most interesting was that these significant results were consistent across all generational cohorts, which included first- (18.7%), 1.5- (23.7%), second- (52.2%), and later generations (2.5%). According to this mediation model, communal forms of stigma may be what is perpetuating the low rates of professional help-seeking amongst second-generation Asian Americans in addition to adherence to Asian cultural values.

Perhaps that is why scholars have found that although stigma can impede help-seeking behaviors, community-based psychoeducation can dramatically reduce mental health stigma for Asian Americans and improve attitudes towards help-seeking for mental illness (H. L. Cheng et al., 2018; Han et al., 2017; S. K. Shin, 2004; Wong et al., 2018), including depression (Jeong et al., 2018). Shin (2004) found that for Korean American parents of children with mental illness (N = 48), a group psychoeducation program helped significantly reduce mental health stigma, improve family response to crises, and increase coping skills. Another study exploring intergroup racial differences in mental health stigma and response to state-wide destigmatization interventions between Whites (n = 2,069), Latinx (n = 1,039), and Asian Americans (n = 327), Wong et al. (2018) found that post-intervention, Asian Americans showed the greatest positive change not only in attitudes towards mental illness but also intentions to seek treatment compared to Whites. These results suggest that mental health service utilization can be improved amongst Asian Americans with increased education on mental illness through culturally

informed delivery methods. As such, more population-specific research must be conducted in order to understand how best to deliver psychoeducational services to Korean Americans.

Conclusion

Although Korean Americans are among some of the more well-researched Asian communities in the United States (Kiang et al., 2016; Nagata et al., 2017), there is still very limited information on the overall mental health trends of Korean Americans (Kiang et al., 2016). Studies of Korean American mental health outcomes have focused on specific sub-populations (e.g., geriatric, women, college students, or adolescents), with smaller data sets and lower statistical power (Fang, 2018). As such, knowledge of second-generation mental health and subsequent help-seeking patterns is minimal. Nonetheless, examination of the larger social and historical contexts that frame the Korean American experience help provide a greater framework from which to understand mental health trends and help-seeking patterns within this population. Specifically, knowledge of the historical and cultural traumas of the Korean people and their long-term effects across generational cohorts will be critical in gaining deeper insight into the social mechanisms that undergird the ways in which second-generation Korean Americans understand and address experiences of distress. Accordingly, the aim of this study is to explore how second-generation Korean Americans make meaning of their experiences as children of immigrants, and through a critical lens, draw links to the broader historical, social, and cultural contexts that frame their approach to mental healthcare.

CHAPTER 3

METHOD

The purpose of this qualitative study was to examine the help-seeking patterns of second-generation Korean Americans through the ways in which individuals make meaning of their family's immigrant experience and personal experiences of distress. Specifically, I sought to uncover the tacit sociocultural mechanisms and identity claims that are referenced during the meaning-making process in response to the sociohistorical and cultural traumas embedded within these experiences and how they relate to observed help-seeking patterns. In so doing, my goal was to provide an integrated sociocultural and historical framework for understanding the help-seeking patterns of second-generation Korean Americans and developing community-informed solutions to known disparities in treatment for this population.

Research Design

Consistent with the theoretical framework and goals of this study, I conducted a critical inquiry examining the help-seeking patterns of second-generation Korean Americans within the context of sociohistorical and cultural traumas that undergird the Korean American immigrant experience and personal experiences of distress. By adopting a critical qualitative research approach, I was able to attend purposefully to the social, cultural, and historical drivers that inform the help-seeking patterns of second-generation Korean Americans and validate the cultural and social truths that make up their lived realities. (Carspecken, 1996; Ponterotto, 2005). As such, a critical qualitative research methodology was adopted to produce a culturally and historically informed understanding of help-seeking as defined by the people and community themselves— the participants—and to critique existing structures and practices within the field

of mental health that fail to address the real challenges and disparities that continue to marginalize the lived realities of Korean American immigrant families.

Participants

Twelve second-generation Korean American adults, ages 19–36, were recruited to participate in this study. Eleven out of 12 participants were all currently living on the main continental U.S., with the majority located in the Northeast ($n = 5$) and the West ($n = 4$). Two participants were located in the Southwest and Midwest, respectively. The participant who did not currently live in the U.S. was located in Southeast Asia. More detailed explanations of participant demographic information, including definitions of generational status, are provided below and summarized in Table 1.

Due to the insular and hard-to-reach nature of the target population (i.e., second-generation Korean American adults), purposive sampling and snowball sampling were used to recruit participants who fit the research criteria and provided as much variation as possible within the sample. Purposive sampling, defined as the deliberate, non-random selection of participants who have been identified by the researcher via a predetermined set of criteria (Patton, 1990), was used to ensure that participants could provide detailed and rich information relevant to the goals of the study. Following a critical framework, participants were also regarded as experts of the phenomenon of interest (i.e., their lived experiences; Ponterotto, 2005), and therefore, asked to provide referrals for recruitment to maintain sample integrity. Snowball sampling, also known as "chain sampling," is the practice of asking study participants to refer additional participants for recruitment. It is often used as a way to access hard-to-reach populations (Naderifar et al., 2017). As such, snowball sampling was also used to not only create

inroads into Korean American communities across the country that are typically difficult to access but also to further engage participants as active contributors to the study.

Generational Status

For the purposes of this study, second-generation was defined as individuals who were (a) born in the U.S. or (b) arrived in the U.S. before 5 years of age with parent(s) who were born in Korea. Foreign-born individuals were not required to have been born in Korea. Participants in this study reported both domestic ($n = 10$) and foreign ($n = 2$) nativity. The two foreign-born participants both emigrated from South Korea at the age of 4.

Currently, there is no clear consensus in the literature on the definition of generational status (Alegría et al., 2017; ChenFeng et al., 2015; Kibria, 2002; B. S. K. Kim et al., 2003; Salas-Wright et al., 2014). Traditional definitions of generational status are largely based on nativity with first-generation as foreign-born and second-generation as native-born individuals. The assumption in using nativity to define generational status is that native-born, second-generation individuals have only been exposed to one cultural environment (i.e., U.S. culture). However, racial-ethnic minorities develop within multiple cultural contexts through the acculturative and enculturative processes that occur at home regardless of immigration status (B. S. K. Kim, 2007). To account for this, developmental considerations have prompted scholars to reevaluate generational status according to one's age on arrival at the time of immigration, leading to the development of an in-between cohort of 1.5-generation (B. S. K. Kim et al., 2003). Unfortunately, the parameters of 1.5-generation are also flimsy, at best, and appear to shift according to the goals of the study at hand rather than any substantive conceptualization or framework of what generational status is. The age range of 1.5-generation has previously been defined as foreign-born individuals who arrived in the United States with their parents before the

age of 10 (C. M. Liu & Suyemoto, 2016); before the age of 12 (Yoo & Kim, 2010); or as generically as a child or adolescent (N. Choi & Miller, 2014; B. S. K. Kim et al., 2003).

In this regard, I defined generational status within a developmental framework based on psychosocial models of identity development, including Erikson's psychosocial stages of development (Zhang 2015) and Quintana's (1998) model of racial identity development in children, and Bronfenbrenner's (1992) ecological systems theory. Within this framework, identity development was viewed as a function of interactions with one's environment and major life events. According to these models, children begin to demonstrate a sharp increase in control over their own environment and awareness of racial-ethnic differences around 5 years of age (Quintana, 1998; Zhang 2015). This also coincides with the average age that children begin formal schooling in the United States, one of the first major life events of a child. As such, children who have arrived in the United States prior to the age of five are unlikely to have been significantly influenced by broader systemic or cultural contexts prior to entering school, arguably the most developmentally significant social context outside of one's own family system. For racial-ethnic minorities, school is oftentimes also the context in which they first encounter oppressive power structures and become aware of their "otherness" (Kibria, 2000; Quintana, 1998).

Therefore, the definition of second generation included individuals who arrived in the U.S. prior to the age of five because any differences in the psychosocial or cultural identity formation between them and native-born children of immigrants would be minimally significant, if at all. First generation was defined as individuals who were born in South Korea and arrived in the U.S. after 21 years of age in accordance with Erickson's psychosocial developmental stage of

young adulthood. Lastly, 1.5 generation was defined as foreign-born individuals who arrived in the U.S. after 5 years of age and before 21 years of age.

Demographic Information

Age

Participants in this study reported an age range of 19–36 years of age. The age criteria for this study were adults aged 18+ without any top range age restrictions. The rationale to keep the top age range open was to allow for examination of truth claims related to help-seeking that are informed by intergenerational immigration processes that occur across the lifespan (Ahn et al., 2008; Berger & Weiss, 2002; Falicov, 2003; E. Kim & Wolpin, 2008; R. M. Lee et al., 2005; W. M. Liu et al., 2019; Lui, 2015; Moon, 2008). Since I was interested in the meaning-making process itself, and not necessarily isolated experiences at any particular age or stage of the immigration process, I believed it to be important to remain open to how intergenerational immigration processes occur across time and how that impacts the meaning-making process for help-seeking within this population. Furthermore, adoption of an ecological lens allowed for the incorporation of individual changes related to any historical or cultural changes to the meaning-making process that may have occurred over time. As such, a large age range was determined to be helpful in capturing the intergenerational processes between first- and second-generation Korean Americans throughout the history of Korean immigration to the United States. Any similarities or differences observed between participants in how they make meaning of their immigrant experience and help-seeking patterns as a result of their age would be important data to document and explore for future research.

Gender

Participants were asked to self-identify their gender identity. The majority of the participants reported their gender identity as female ($n = 8$), with one specifying as cisgender. The other participants identified as follows: male ($n = 2$); non-binary ($n = 1$); and trans male ($n = 1$).

Geographic Location

Majority of participants reported being located in New York ($n = 4$) or California ($n = 4$). One participant was located in New Jersey, one in Michigan, and one in Arizona. This was reflective of the most recent 2010 U.S. Census data that found that the largest Korean population in the country was in California, followed by New York.

Relationship Status

Majority of participants reported as single ($n = 8$). Out of the participants who reported as single, one reported she was recently engaged to be married. Four participants reported being married.

Income Status

The income status of participants ranged from at or below poverty ($>$20K$, $n = 1$) to highest ($200K+$, $n = 2$), with the majority of participants reporting their income status as middle ($45,000–$139,999$, $n = 5$). The remaining participants were as follows: low ($20,000–$44,999$, $n = 3$) and high ($150,000–$199,999$, $n = 1$). Income status ranges and descriptors were informed by the U.S. Census income brackets.

Education Status

Participants were asked to report their highest level of education. The majority of participants reported graduating from college ($n = 7$). Out of those who reported being a college

graduate, one reported that he was currently enrolled in graduate school for a master's degree in counseling. Three participants reported having a graduate or professional degree. Two reported having a high school diploma and currently being enrolled in college.

Employment Status

Majority of the participants reported being employed ($n = 9$). This included one participant who reported being in graduate school for his master's. Two participants reported being unemployed. Out of those that reported being unemployed, one was a full-time college student, and the other was completing a post-baccalaureate degree in pre-medical science. One participant reported that she was a paid EMT volunteer while completing her bachelor's degree in college.

Religious Identification

Participants were asked to disclose if their family practiced a religion while they were growing up. They were then asked to indicate if they still practiced the same religion. They were also asked if they practiced any other religion or spiritual practice if they were not affiliated with the same religion as their family of origin. All 12 participants reported growing up in a Christian household. Christianity included both Catholic and Protestant traditions. Interestingly, participants' current affiliation with Christianity diverged with half ($n = 6$) of the participants continuing to practice the same religion, while the other half ($n = 6$) reported that they were no longer affiliated with Christianity. Out of the six participants who no longer practiced Christianity, four reported no affiliation with any religion or spiritual practice, one identified as being spiritual, and one reported practicing Buddhism.

Household Generational Statuses

Participants were asked to report the generational statuses of all family members in their current household. All 12 reported themselves as second generation. Five participants only accounted for themselves. Out of these individuals, three were married to non-Korean Americans. Four participants reported living with their parents identified as first generation ($n = 3$) and 1.5 generation ($n = 1$). Two participants reported living with their first-generation parents and 1.5-generation siblings. One participant reported herself and her third-generation child.

Procedure

Participants were recruited via purposive sampling and snowball sampling after initial outreach through community-based organizations (e.g., community centers, churches), Internet postings (e.g., Facebook and Instagram), professional organization distribution lists, and personal contacts. Potential participants expressing interest in participating in the study were screened to ensure they met inclusion criteria by completing a pre-screening survey (Appendix B). Korean adoptees and individuals with parents originally from North Korea were excluded. Exclusion criteria were generated to eliminate any impact of the large historical and cultural differences that both groups (e.g., Korean adoptees and North Koreans) would have from individuals with parents who were raised in South Korea. Once eligible participants were identified, they were asked to complete a demographic questionnaire and schedule an interview. Both the pre-screening survey and demographic questionnaire were administered online via Qualtrics. After completion of the demographic questionnaire,

Table 1

Participant Demographic Information

Participant	Gender	Age	Relationship status	Geographic location	Education status	Income status	Employment status	Religious identification
Sora	Cis female	20	Single	New Jersey	High school graduate	Low	Paid volunteer	N/A
Sonia	Cis female	34	Married	New York	Graduate/ professional degree	Highest	Employed	N/A
Lisa	Cis female	31	Single	New York	College graduate	Low	Employed	Christian
Ellen	Non-binary	22	Single	Arizona	College graduate	Below or near poverty	Employed	Spiritual
Tom	Cis male	26	Single	California	College graduate	Middle	Employed	N/A
John	Cis male	33	Married	New York	College graduate	Highest	Employed	Christian
Annie	Cis female	30	Married	Indonesia	Graduate/ professional degree	Middle	Employed	Christian
Boyoung	Cis female	36	Single	Michigan	Bachelor's degree	Middle	Employed	Christian

Participant	Gender	Age	Relationship status	Geographic location	Education status	Income status	Employment status	Religious identification
Esther	Cis female	19	Single	New York	College student	Middle	Unemployed	Christian
Boram	Trans male	27	Single	California	College graduate	Low	Unemployed	Christian
Julie	Cis female	25	Single	California	College graduate	Middle	Employed	N/A
Grace	Cis female	35	Married	California	Graduate/ professional degree	High	Employed	Buddhist

Note. Participants' names are pseudonyms.

participants were interviewed remotely online via Doxy.me, a secure, HIPAA-compliant, video-conferencing platform.

Individual interviews with each participant were conducted following a semi-structured interview guide (Appendix A). The guide was specifically developed to illuminate the intergenerational interactions within the immigrant experience, personal accounts of distress, and individual narratives of help-seeking. The semi-structured form also allowed for flexibility in following unexpected or unforeseen paths of inquiry of further interest or significance. Interviews were between 60 and 120 minutes long and were audio and video recorded upon consent for transcription and analysis. Once the transcriptions were completed, a copy was sent to the participant for member-checking to ensure accuracy of the transcript and provide an opportunity for additional comments or reflections on the content of their interview. Member-checking, which refers to the process of testing the accuracy of raw data or analytic results through active participant feedback (Lincoln & Guba, 2013), has long been used as a validity measure in qualitative research, including critical qualitative research (CQR; Hardcastle, et al., 2006), and has been found to increase the internal (i.e., accuracy), external (i.e., transferability), and transformational validity (i.e., decolonizing and emancipatory effects of research) of a study through the inclusion and privileging of participant knowledge (Brear, 2019). Member-checking was performed via e-mail, and participants were given one month to respond with any revisions or additional comments. All 12 participants responded to the request for feedback on their transcripts. In their responses, 10 participants did not provide any corrections or additional comments. Two participants provided additional comments, which were incorporated into their individual transcripts and included in the next stage of analysis. Upon completion of the preliminary data analysis, participants were contacted again for member-checking and to provide

feedback on initial findings. Participants were sent brief descriptions of the analysis and instructions for how to provide feedback on preliminary results. Participants were given one month to respond. During that time, I attempted to contact the participants again via e-mail to encourage re-engagement. A non-response was interpreted as the participant's acceptance of the results as is. Out of the 12 participants, six participants responded with feedback. In their responses, five participants provided feedback stating that they agreed with the analysis as presented and did not submit any additional comments. One participant provided a singular correction to the reconstructive horizon analysis (RHA) results of her help-seeking narrative; however, it did not change the results of the overall analysis as the theme was already significant across multiple other narratives. In this case, the participant stated that she did not have any difficulties with trusting others with her problems. Compared to the narratives of the other participants, this response to help-seeking was more of an outlier in that most of the other participants stated that they did not trust others with their problems or only disclosed information to people that they trusted.

During the interviews, careful attention was paid to researcher–participant interactions to identify any potential for researcher bias and recorded through journal notes. Journal notes were an effective way of engaging in researcher reflexivity by providing a space to record personal thoughts and feelings experienced throughout the interview. In addition to accounting for researcher bias, journal notes were also helpful as another validity check by cataloging explanations for analytic decisions made throughout the process (Creswell & Miller, 2000). This included recording thick descriptions of the behavioral and interactive components of the interview, such as the interviewee's movements, facial expressions, gestures, and vocal tone to support analytic decisions made.

Qualitative Analysis

In following the critical theoretical framework of this study, I approached the data with the understanding that help-seeking during moments of distress was a meaningful act that spoke to the sociocultural and historical factors that make up the Korean American immigrant experience. From an ecological and liberatory perspective, this translated to using prior knowledge of the Korean American community's sociocultural and historical contexts and the participants' accounts of their own personal experiences to guide data collection (i.e., the interview) and analysis (i.e., interpretation). Interview questions were prepared to elicit personal narratives of the participants' experiences growing up in an immigrant household, episodes of distress, and help-seeking that specifically focused on the historical context of their experiences and their cultural reflections, attitudes, and beliefs. For example, I asked questions about the extent of their knowledge regarding their family's immigration history, what they remembered about their family dynamics throughout their childhood and into adulthood, and personal reflections on their identity as a second-generation Korean American at present. Within each experiential domain, I paid close attention to participants' references to critical sociocultural issues related to micro-, macro-, and chronosystemic factors, such as immigration-related trauma (e.g., acculturation, downward social mobility, and systemic racism); family dynamics (e.g., intergenerational conflict and family member roles); Korean cultural norms and values (e.g., *chemyeon*, filial piety, and *han*); and their effects across time. Sequential exploration of these topics not only allowed for historical examination of critical family immigration issues but also encouraged participants to actively engage in the process of *conscientización* and the recovery of historical memory through deeper reflection of their personal experiences within the greater contexts of their family's immigration history and the great hardships shared intergenerationally

between themselves and their parents (Rivera, 2020). Using the aforementioned topics as a guide, I then generated related themes and engaged in an iterative process in which interpretations of the complex meanings (i.e., cultural and identity truth claims) that participants attached to their past personal experiences were used to focus the themes across all three experiential domains to illuminate an integrated meaning-making process.

In order to achieve this, I adopted Carspecken's (1996) model of critical qualitative research (CQR; Georgiou & Carspecken, 2002) for the analysis of dialogical data. Although Carspecken's methodology has most often been presented as a standard in critical ethnographic research (Cook, 2005), it in fact shares little theoretical founding within the ethnographic tradition (Holmes & Smyth, 2011). In fact, Carspecken himself referred to his own methodology as "critical qualitative research" (Georgiou & Carspecken, 2002) due to its eclectic theoretical roots within critical social theory, phenomenology, and pragmatism. He asserted that the label of "critical ethnography" was a "misnomer" (p. 688) and that the ethnographic methods contained within the model should not predominate over other qualitative approaches. As a result, Carspecken (1996) presented his methodology as a flexible model of critical inquiry that could be applicable to many different qualitative research designs, including non-ethnographic studies, such as studies relying on interview-only data.

True to other forms of critical inquiry, CQR also focuses on examining the cultural mechanisms and power relations that inform how individuals make meaning of their experiences (Carspecken, 1996). Specifically, the meaning-making process is analyzed via truth claims attached to meaningful actions that are located within the interactions of human communication. In other words, truth claims are found within the dialogical and the consensual meanings derived from the language used in communicating one's experience. In so doing, CQR is a method of

validating a community's claims to truth through the in-depth and detailed analysis of participants' individual narratives contextualized within the cultural norms and beliefs collectively shared and agreed upon by others within the same identified community and broader systems of power. This is consistent with the epistemological foundations of liberation psychology, which asserts that all knowledge is produced through the political and social interaction of people (Freire, 2000). In other words, individual experiences of discrimination and marginalization cannot be separated from that of the larger collective community and hegemonic oppression (Rivera, 2020).

Although Carspecken's model of CQR is generally known to be a 5-stage process, CQR is not meant to be used in a strict, linear manner, in which there are clear enumerated steps. Instead, each stage is to be understood in terms of their goal and function. In practice, this also means that the researcher may move freely between each stage in a cyclical manner throughout the analytic process in response to new findings until it has been determined that all points of interest have been satisfied. For this study, I adopted the two stages of the model dedicated to the analysis of dialogical data: generation of dialogical data and reconstructive analysis. In keeping with the flexible nature of this methodology, I moved back and forth between portions of each stage until I was able to generate a comprehensive thematic analysis and reconstruction of each individual's narrative of the family's immigrant experience, experiences of distress, and help-seeking. I then used the findings from each interview to conduct another round of thematic analysis to identify significant themes consistent across all 12 participants. In the following section, I describe each stage in greater detail (See Figure 1 for an overview of the analytic process).

Dialogical Data Generation

The first stage of CQR model is the generation of dialogical data (Carspecken, 1996). The goal of this stage is twofold. First, community members are able to participate in the research and contribute their voice to the data through semi-structured interviews, thus developing an insider perspective of the phenomenon of interest. Second, the researcher is able to actively interact with participants through the interview process and the resulting data. This is further accomplished through member-checking and researcher reflexivity, which not only serves to validate the data but also to explicate decisions made throughout the data collection and analytic process.

In this study, transcripts of the recorded interview were generated immediately upon completion of the interview. Included in the transcriptions were thick descriptions of the participant's behavioral and emotional reactions during the interview, which were referenced during the reconstructive analytic process. I also kept a journal in which I recorded my own observations, thought processes, and reflections on emerging themes to engage in researcher reflexivity. Reflections on emerging themes also helped to inform and guide subsequent interviews.

Reconstructive Analysis

Reconstructive analysis is the primary data analytic phase of the CQR model (Carspecken, 1996). During this stage, the researcher uses an eclectic combination of techniques in a cyclical manner to identify the meaning embedded within observed and narrated actions. This is achieved by drawing out the latent cultural and systemic factors that inform those actions. The three techniques used in this stage are hierarchical coding, meaning field reconstruction, and reconstructive horizon analysis (RHA). As previously explained, I did not use these techniques

in a strict, sequential manner. Instead, I used each technique multiple times throughout the analytic process in order to continuously refine the data in light of new findings after each interview. The combined use of these three techniques produced a thematic framework for understanding the phenomenon of interest (i.e., the meaning-making process integrated across participants' experiences of help-seeking, distress, and growing up in an immigrant household). Instead of providing a sequential explanation of the analytic process, I provide a detailed explanation of each technique with descriptions of how I used them throughout the study.

Hierarchical Coding

Similar to common critical social research analytic techniques, hierarchical coding begins with a line-by-line analysis of the transcript to produce low-level codes (Carspecken, 1996; Creswell & Poth, 2018). Low-level coding is the analysis of short fragments of the dialogical data (i.e., transcript) to which a code is assigned at a low-inference level, describing behavioral and interactive observations as is or as close to the action as possible using phrases such as "as if" and "as though." Low-level codes are then further analyzed and grouped into higher level codes, thus the term hierarchical coding, which are used to produce larger categorical themes. However, before the researcher engages in higher level coding, the most densely coded sections of the transcript are selected to perform initial meaning reconstructions using meaning fields and RHAs in order to draw out the latent cultural material being referenced by participants within their narratives. Findings produced from initial meaning field reconstruction and RHA are then used to organize the low-level codes into higher level codes that are used to generate larger thematic categories related to the research areas of interest (e.g., the immigrant experience, experiences of distress, and help-seeking patterns).

In this study, I used the low-level codes to identify the most densely coded segments in each participant's transcript related to each experiential domain. I paid particularly close attention to coded segments that highlighted or referenced participants' historical narratives of their family's immigration history and experience. After the initial meaning reconstructions and RHAs were performed, I organized the low-level codes into higher level codes that specifically reflected critical sociocultural factors already known to be a part of the Korean immigrant experience and the implicit cultural and identity claims identified through the RHAs. This was conducted multiple times throughout the analytic process as each transcript produced new information that helped to further refine the final categorical themes.

Meaning Field Reconstruction

Meaning fields are the range of all possible meanings that may be attributed to an interaction by the acting individual and outside observers (Carspecken, 1996). Individuals reference meaning fields all the time during social interactions when they seek to interpret the meaning of another person's actions. For example, a person may think of the many reasons for why a stranger is staring at them. However, these reasons may change depending on the context of the interaction and the identities of the individuals involved. In this regard, the meaning field for a woman being stared at may differ if the other person is another woman versus a man. Now consider how the meaning field would change if the woman was on a train versus a business meeting. Though we may be cognizant of the various meanings that can be derived from certain actions, they are often tacit and unconsciously derived. The task of the researcher is to make explicit the meaning fields that are being referenced by participants.

In this study, I examined the segments identified during low-level coding to produce a full range of all possible meanings that the participants invoked when answering my questions

and relaying their narratives related to each experiential domain. I used my knowledge of the participants' cultural contexts in order to ensure that the articulated meaning fields were indeed true to those of the participants themselves. The meaning field reconstructions were then used as part of the RHA process to identify the range of truth claims, specifically focusing on the cultural and identity claims, referenced by the participants.

Reconstructive Horizon Analysis

Grounded in phenomenological thought, horizon analysis applies the concept of figure and ground relations to the process of understanding meaningful acts (Carspecken, 1996). The horizon refers to the background structures from which the meaning of an action is implicitly contrasted against in order to bring it out into the foreground of our understanding. In this case, the background is the totality of one's experiences, which include various claims to cultural norms and identity that are communicated through the meaningful act. Accordingly, the reconstruction of the pragmatic horizon of claims requires analysis of the meaning units, or truth claims, of the participants' verbal communication. According to Carspecken, there are four categorical truth claims that a person can make: the objective, the subjective, normative–evaluative, and identity. The objective constitutes observable and identifiable modes of behavior, which can be easily validated as objectively factual statements. The subjective, on the other hand, lends itself to personal claims of the feelings and intentions of a person that can only be verified by the one who made the statement. Lastly, the normative–evaluative refers to claims of the social legitimacy or appropriateness of the action. Identity claims fall under both the normative–evaluative and the subjective references of meaning due to their dependence on both sociocultural norms and personal opinion of oneself.

RHA was applied to selected segments of the transcript identified by lower level coding as particularly relevant to understanding the research topic. Reconstructive analysis allowed for the exploration of the latent meanings of the participants' stories (i.e., truth claims) they were making about their experiences based on the initial meaning field reconstructions of their narratives (Carspecken, 1996). Participants' claims about their identity and subjective experience were explored to understand their implicit theory of self embedded within all three experiential domains. In addition, claims that made references to social norms were examined to shed light on the sociocultural structures that influenced the participants' experiences of immigration, distress, and help-seeking. Once all 12 interviews were completed, I identified the most significant and common cultural and identify claims present across all 12 transcripts. These findings were then used to help guide higher level coding and the generation of categorical themes to produce an integrated model of meaning-making across all three experiential domains.

Figure 1

Data Analysis Procedure
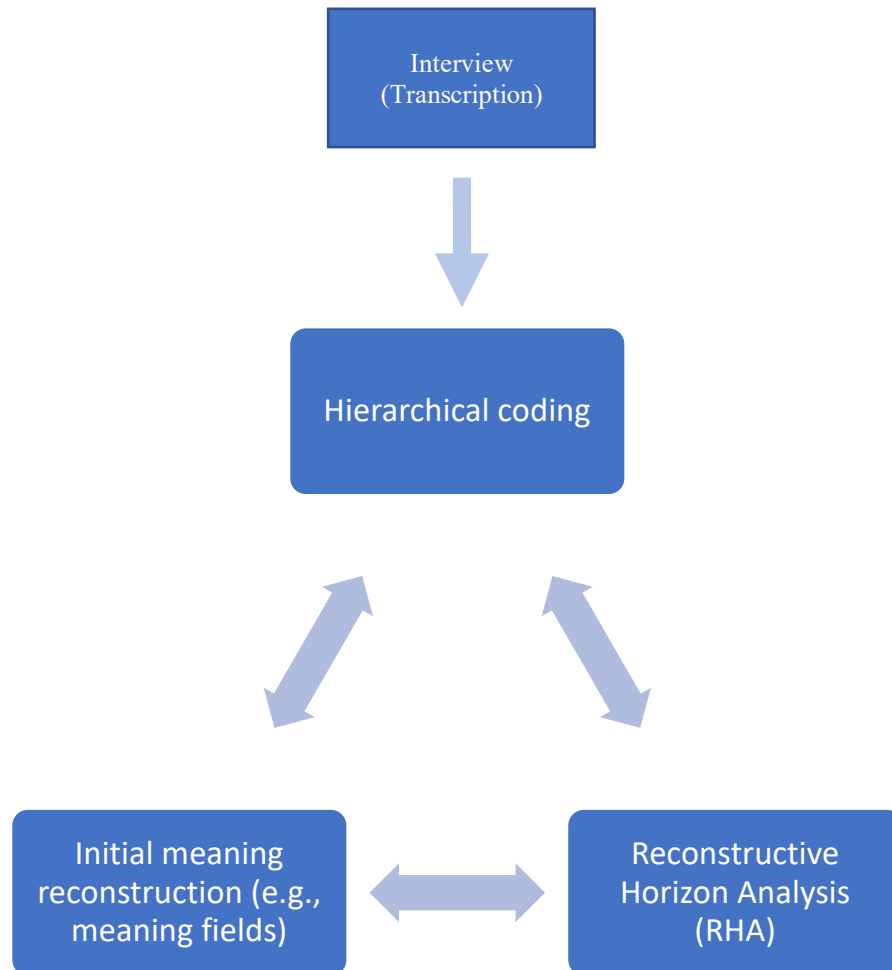
Validity and Credibility

One of the main points of concern for qualitative research is how to build a credible and trustworthy study based on the subjective experiences of its participants. However, validity is dependent upon the researcher's ontological position regarding the nature of reality (Morrow, 2005). The realist position asserts that there is one true reality that can be observable and measurable (Ponterotto, 2005). Under this premise, data are treated as a part of an objective reality that must be proven. The criticalist position, on the other hand, contends that reality is constructed by the social and historical contexts of the individual and that social power structures of oppression distort one's knowledge of reality and their experience (Ponterotto, 2005). The definition of validity must then be redefined for this very reason when working within a criticalist paradigm in which subjectivity is not only acknowledged but placed at the center of inquiry. Validity, therefore, shifts from being a measure of confirmability to credibility and dependability (Morrow, 2005). Credibility is determined by the thorough and active evaluation of the data collection and interpretation process. This can be achieved by employing a number of validity checks throughout the duration of the study, such as the use of peer debriefers, researcher reflexivity, member-checking, and the provision of thick descriptions of the data. Dependability refers to the ability to reproduce the study. As such, it is important to keep a meticulous audit trail of the research design and methodology, timeline of activities and processes of data collection and analysis, and treatment of the results. Audit trails can then be examined by external reviewers for any lapses in the integrity of the study from its design to its findings.

In this study, several steps were taken to ensure the trustworthiness of the analytic results, thereby increasing the validity of the study. First, member data checking took place during initial

meaning reconstruction to ensure that the low-level codes and attached meaning fields were true to the actual subjective experience of each participant. Secondly, peer debriefers were employed to check for any irregularities in coding or potential biases within the initial coding and reconstructive analytic process, particularly in regard to the development of higher level codes. Peer debriefers were recruited from the same doctoral program as the lead researcher. All three were cisgender, heterosexual women. Two were White, and one was a Chinese international student. All three peer debriefers were trained in the CQR (Georgiou & Carspecken, 2002) method of analysis and served to ensure that the coding was performed accordingly. Meetings were held once a week or bi-weekly throughout the analytic stage, during which the peer debriefers would provide critical feedback and ask questions to increase researcher reflexivity and clarification of analytic decisions. Due to the COVID-19 pandemic, all meetings were held virtually via videoconferencing using Microsoft Teams. Lastly, researcher reflexivity was actively engaged throughout the analytic process with thorough and regular journal notes to document and reflect on how my own personal experiences impacted the study. In addition to my personal reflections and process notes, thick descriptions of the data were produced to allow for future accountability if questions arose regarding the analytic choices made.

Researcher Reflexivity

Within the critical research paradigm, the assumptions and values of the researcher are an integral part of the collection and interpretation of data (Ponterotto, 2005). For criticalists, data analysis is itself a critique of the status quo and how power relations impact the construction of meaning for oppressed groups. Therefore, the positionality of the researcher must be accounted for in order to clarify personal ideologies and/or perspectives that impact the interpretation of the

data. Through reflexivity, researchers acknowledge their active role in the study while also allowing for the evaluation of the trustworthiness of their findings.

I am a middle-class, second-generation Korean American woman who was born and raised in the United States. I live in a multigenerational and multicultural household with my first-generation parents, transracial Korean adoptee husband, and third-generation daughter. I have personally experienced and continue to navigate the repercussions of immigration-related problems that stem from systemic and cultural factors and place unique demands on children of immigrants. While reflecting on the challenges of managing a multigenerational and multicultural household, I became aware of my own lack of knowledge regarding the immigration history of my family, and I felt a deep sense of loss related to this large gap in my personal narrative. There was an urgency to reclaim my history in the face of caring for my aging parents, and I began to ask questions. In so doing, I became privy to the legacy of historical and cultural traumas of the Korean people that has profoundly impacted my own understanding of the cultural norms and attitudes of the Korean American community in the face of incredible hardship. My father was born under Japanese occupation, and his mother was forced to register him under a Japanese name. My mother was born at the end of the Korean War and recalls the extreme poverty and social wounds that resulted from the devastating loss of land, family, and communities. Through their stories, I realized that I am only one generation removed from the most traumatic events of modern Korean history, which allowed me to better contextualize myself within the history of Korean migration to the U.S. as reflected by my own family's history of immigration.

My motivation to pursue a doctoral degree in counseling psychology was largely inspired by my observations of the prevalence of mental health issues amongst Korean American

immigrant families and the lack of resources available to appropriately address their needs. Research suggests that having a shared identity is particularly important for Korean Americans in establishing trust (Bernstein, 2007), and as a second-generation Korean American myself, I believe my identity was critical in gaining access to a community that is particularly insular and private. However, the similarity in identity may have also prevented me from pursuing important areas of inquiry due to implicit or unconscious assumptions made from my own experiences. This may have been compounded by my participation as an active collaborator with the participants in addition to the large overlap and mutuality across our experiences. For example, I found myself making many connections between the stories of the participants and that of my own, which helped me to understand much of what the participants were describing. I was particularly drawn to the participants' narratives of their racial identity development, feeling like outsiders, and having difficulty reconciling their Korean-ness with their strong desire to belong in White America. I also resonated strongly with participants' narratives of their family's socioeconomic hardships and conflicting attitudes around taking care of the family versus wanting to make independent, personal choices and decisions. As I was conducting the interviews, I noticed how strongly I connected with these narratives, and I quickly realized that the strength of my connection could very well obstruct my ability to explore the differences between our lived experiences as well as other types of experiences outside my own. As a result, I made a conscious effort to ask many clarifying questions to highlight the participants' own thoughts, feelings, and reflections so that they were not obscured by my own feelings of similarity and recognition of their experiences, or conversely, feelings of difference and unfamiliarity. I also made sure to engage in member-checking throughout the transcription and data analysis process to ensure that my interpretations of the data were as close as possible to

that of the participants. As such, the validity checks to the data collection and interpretation

process embedded in the methodology of this study were vital to ensuring that the results

reflected the experiences of the participants and not solely my own.

CHAPTER 4

RESULTS

Analysis of all 12 interviews, one for each participant, resulted in an integrated model of the sociocultural schemas and meaning-making process informing their help-seeking patterns (See Figure 2). The model illustrates how participants recalled specific sociocultural schemas developed through their family's immigrant experience within their experiences of distress and help-seeking. The meanings derived from these schemas were then grouped into a set of themes for all three domains of interest (e.g, the Korean American immigrant experience, experiences of distress, and experiences of help-seeking).

Thematic Analysis

Immigrant Experience

Thematic analysis of the participants' narratives of their family's immigrant experience produced six themes: (a) Active Brokerage of Cultural Identity; (b) Intergenerational Relational Distance; (c) Experiencing Complex Trauma; (d) Negotiation of Self-Sufficiency and Proxy Authority as a Child; (e) Honoring Parents' Legacy of Sacrifice and Hard Work; and (f) Safeguarding the Family's Socioeconomic Security Through Personal Achievement and Success. Themes were grouped into two superordinate themes: (a) Navigating Issues of Acculturative and Complex Trauma and (b) Observing Their Role Within the Korean American Immigrant Family Structure. The first superordinate theme included the first three subthemes (i.e., Active Brokerage of Cultural Identity, Intergenerational Relational Distance, and Experiencing Complex Trauma), which were connected through the participants' exploration of navigating their cultural identities and experiences of complex trauma. The second superordinate theme included the last three themes (i.e., Negotiation of Self-Sufficiency and Proxy Authority as a

Figure 2

Integrated Model of Meaning-Making for Second-Generation Korean Americans

Immigrant Experience	Experiences of Distress	Help-Seeking
Navigating Issues of Acculturative & Complex Trauma • Active Brokerage of Cultural Identity • Intergenerational Relational Distance • Experiencing Complex Trauma **Observing the Child's Role within the Korean American Immigrant Family Structure** • Negotiation of Self-Sufficiency and Proxy Authority as a Child • Honoring Parents' Sacrifices and Hardship • Safeguarding the Family's Socioeconomic Security Through Personal Achievement	**High Levels of Stress** • Interpersonal Issues • Mood and Anxiety-Related Issues • Isolation and Loneliness **Internal Response to Distress** • Invalidation of Distress • Assumed Responsibility for Identified Problems	**Cultural Barriers to Help-Seeking** • Adherence to Cultural Boundaries of Disclosure • Need for Familiarity and Acceptance • Help-Seeking as a Characterological Issue • Therapy as the Last Resort **Poor Buy-In** • Self-Stigma • Overtolerance to Experiences of Distress • Systemic Barriers

Sociocultural Schemas

Normative Claims	Identity Claims
• Filial Piety • Striving for Success Through Hard Work • Self-Sacrifice	• "I'm self-sufficient and in full control of my life."/"I'm a burden." • "I'm part of an integrated whole."

Child, Honoring Parents' Legacy of Sacrifice and Hard Work, and Safeguarding the Family's Socioeconomic Security Through Personal Achievement and Success), which were connected through the participants' exploration of their role as children of first-generation parents in a Korean American immigrant family.

Navigating Issues of Acculturative and Complex Trauma

One of the most prominent aspects of the participants' experiences growing up as second-generation Korean Americans was learning how to navigate and overcome issues of acculturative and complex trauma across various social contexts. Participants' experiences were grouped into three subthemes: (a) active brokerage of cultural identity, (b) intergenerational relational distance, and (c) experiencing complex trauma.

Active Brokerage of Cultural Identity. Participants described active brokerage of their cultural identities across different social contexts due to issues of acculturation, bicultural conflict, and racial trauma. Activation of one's cultural identity was described as situational, in which participants would operate within a Korean or American cultural frame depending on their environment and the people with whom they were primarily interacting. Decisions made to activate one cultural identity over the other were strongly based on perceived negative repercussions should they act too much of one culture (Korean or American), or conversely, not enough. For the majority of the participants, the pressure to conform to a White American identity was predominant over the need to maintain their ethnic culture. For some participants, conforming to a White American identity was needed to attain socioeconomic progress and success. Grace, a 35-year-old, cisgender woman from California, reflected on the pressure she felt to reject her Korean identity to "act more White" in order to succeed in America. She stated:

[As] a second generation, I would also say part of the experience is a lot of rejection of

Korean culture for me because I grew up in places like L.A. and the Bay Area, where

there are a fair amount of Korean people. And so, I would see the Korean kids who

decided to hang out with other Korean kids and speak in Korean and listen to Korean pop

music and all that. And I went through a stage like that, and then I realized, actually, if I

want to be really successful, I need to be hanging out with kids that are more

Americanized. Basically, act more White. And so, when I came home and my parents

were telling stories about Korea or instilling Korean values, I would just reject them

because I was like, "Well, you guys don't know what you're talking about."

In addition to concerns about their socioeconomic status, participants also expressed their desire

for social acceptance and inclusion. This was especially prominent for participants living in

predominantly White neighborhoods. Esther, a 19-year-old cisgender woman from New York,

described how she made the conscious decision as a teenager to change her behaviors and

interests in order to match her White peers. She stated:

I don't know what I did fourth or fifth grade, but definitely during middle school, that's

when I started becoming more interested in Korean shows, like Korean variety shows and

Korean movies, Korean language, Korean culture. So, sixth to eighth grade, that's when I

was very much invested in like Korean everything. But then around high school, I tried to

make more friends cuz I'm home alone anyway, so I might as well just go out with my

friends and play with them. So, I tried to reach out to a lot more people. I tried to...

Again, I live in a predominantly White neighborhood, so I had to watch whatever they

were watching to kind of fit in. So, during that time, I watched a lot more American

shows, like English shows. I listened to more American music. I tried to learn more about

American celebrities and everything like that. So yeah, I think during that time, I tried to

stay away from Korean culture as much as possible in order to focus on American stuff.

Tom, a 26-year-old, cisgender man from California, also reflected on his experience feeling

different from White American society and unable to feel completely comfortable in his identity

as a Korean American. He stated:

> One thing I sort of wish I had was maybe like a, a matter-of-fact attitude about who I am
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> in the environment I'm in. Cuz when you see Koreans in Korea, they don't have to ever
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> explain their heritage to other people. They're just like, I'm Korean and everyone else is
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> Korean, so nothing's really alien to me here. But for me, even though we live in Southern
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> California, it's so diverse – I'm sure a lot of other people feel this way. It's like you can
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> sort of relate, but it's a very meta sort of relating. Like, we're alien to each other but we're
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> all having separate, totally different experiences so you can take some consolation in that
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> we're all sort of suffering together. But there's none of that matter-of-factness. Like, you
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> can't entirely be yourself sometimes. So yeah, I think maybe I feel like that was
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> something that was robbed of me. To be able to be a kid that can just be very matter-of-
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> factly in his environment.

Intergenerational Relational Distance. Participants' decisions on adhering to Korean

cultural values and norms were also strongly rooted in their experiences of family trauma and

intergenerational relational distance. Almost every participant endorsed negative feelings related

to parents' authoritarian enforcement of traditional Korean family values and norms during their

early childhood and adolescent years. The only two participants who did not endorse negative

feelings were John, a 33-year-old cisgender man currently living in New York, and Sora, a 20-

year-old, cisgender woman from New Jersey, who both described their parents as "more

Americanized" in that they did not follow traditional Korean family practices. For the others, they described their experiences as "stultifying", "scary", "frustrating", and "sad." This was due to the stark acculturation gaps that would frequently prompt intense intergenerational conflict and fighting. Participants recalled being criticized, judged, and sometimes, severely punished for not acting Korean enough and meeting parents' cultural expectations, such as failing to perform well in school or "talking back" by expressing their personal opinions, feelings, or wishes. For the majority of the participants, punishments were carried out in the form of verbal and physical abuse, in which parents would verbally berate them or hit them using their hand or objects, such as a *makdaegi*, or stick, designated for performing corporal punishment. This was further amplified by volatile spousal conflict that was already occurring at home between the participants' parents in addition to their parents' own mood-related issues (e.g., anger, depression, and anxiety). As a result, many participants began to associate Korean culture with violence and conflict, thereby deciding to reject Korean culture and/or isolate themselves from their parents as a form of protection. Esther recalled immediately going to her room whenever she heard her parents come home from work as a way to avoid getting into conflict. She stated:

> And honestly, I think all that was kind of unconscious for me. For me, it was just kind of instinct at one point. It just became a routine for me to just go upstairs when they came or just closed the door as soon as I go into my room…I used to go downstairs and I used to greet them when they came in, but at one point when they started coming home later, and I was already in my room when they were home, I just stopped going down.

They also described the practice of controlling their own emotions and behaviors to avoid triggering their parents' anger. Grace described the feeling of being alienated from her parents due to acculturative challenges and family trauma, stating:

I think alienation is a big part of it. You spend all day at school, which is an American

public school that I went to. And people have certain values and attitudes and function a

certain way. And then you come home and it's totally different. It's very Korean in values

and attitudes. And also on top of that, I grew up in the Bay Area, which is very liberal,

and my dad is pretty conservative. So, I think generationally, linguistically, politically,

socially, so many bridges that you need to build. And then not wanting to build the

bridges because there is all this abuse and violence. So, yeah, I think I felt really alienated

from them.

The trauma of acculturation (Liu, et al., 2019) and the verbal and physical violence endured at

home were strongly tied to participants' attitudes about their cultural identity and decision-

making around their cultural identity development. These issues also greatly affected the quality

of participants' relationships with their parents such that many of them described a significant

emotional, and often physical, separation between them. Participants recalled minimal to almost

no communication between themselves and their parents aside from when parents would order

them to perform a task or discipline them. Participants also recalled deliberately staying in their

rooms and making efforts to stay out of the house to avoid their parents. Although some

participants reported a greatly improved quality of parent–child relationship in adulthood, early

experiences of feeling separated from their parents continued to inform participants' sense of

their own importance in matters pertaining to their own emotional needs such that any request

for emotional care would be perceived as being a burden. While recalling a memory in which he

was sexually molested as a young child, Boram, a 27-year-old, transmale from California, stated

the following:

And I remember one time I came from school and I told my family, "Hey, this boy at my school touched me." And, you know, you're six years old and you come home and you say a boy touched you, you know that's real. But then my family, they just stopped. They stopped cooking and I remember vividly a little bit. And my cousin gave me feedback, too, later. And they all looked, and I was like, "Just kidding." I think as a child I knew that I didn't want to be a burden. I was like, "Just kidding," but my cousin is all like, "I felt that you weren't kidding."

The feeling of being a burden was also shared by Sonia, a 34-year-old, cisgender woman in New York, who recalled withholding information about being bullied from her parents as a young child:

And I just remember, even from an earlier age, I was even bullied when I was in first grade taking the bus to school. I never told my parents about it. So, I think there was something that I knew. Like, they're stressed enough. I can't worry them more about what I'm going through.

Experiencing Complex Trauma. All 12 participants in this study endorsed experiences of trauma as part of their family and racial narrative as second-generation Korean Americans. Complex trauma was defined by early exposure to the following stressors: financial insecurity, domestic violence and physical abuse, lack of parental support, severe intergenerational conflict, racism and discrimination, and acculturation issues. As a result, many of the participants described constant feelings of high stress and tension at home, which significantly impacted the way they behaved, managed their emotions, and interacted with their family. Sonia reflected on feelings of isolation and disconnectedness as part of her family experience. She stated:

I actually talked about this to my therapist a lot, and the only thing I can remember is that even though we had such a big family, there was people around all the time, there wasn't a lot of joy. When I think about it, all my memories of growing up in the house, even though there was everyone around, I felt like there was no one around.

For Grace, the trauma of domestic violence, abuse, and poor parental support left her feeling "very chaotic and tense and kinda like walking on eggshells all the time," which resulted in intense feelings of anger and sadness. Similarly, although they could not fully access their memories of the trauma, Ellen, a 22-year-old, non-binary person in Arizona, recalled needing to be highly attuned to the mood states of their father to ensure their safety, stating:

Yeah, so it's really interesting, probably bad for this interview, but so much of my childhood I've blocked out. Everything's in sort of like very quick snapshots. I know that growing up my dad would be very angry a lot. And he would be yelling a lot, he was upset. And I remember for a lot of my childhood there was a lot of tiptoeing and trying to gauge the mood of whatever mood he was in cuz you didn't want to set him off on accident.

Julie also recalled strong feelings of anger and sadness, as a result of navigating the numerous challenges that she and her family were facing, stating:

It was a lot of just anger and sadness. Not towards [my mom], but like anger or sadness towards whatever it was that was causing her distress. So like anger or sadness towards my dad. Or like the person who at the cashier who was being racist towards her. Or like, the fact that we don't have money or, you know, things like that.

Interestingly, some participants had conflicting responses to their family experiences in which they reflected upon incredibly stressful, painful, and traumatic memories; however, they

described their upbringing using positive language. For example, although Tom described his childhood as "idyllic", he also recalled the fear and pain of being hit by his father until he was in eighth grade. He stated:

> Well, I mean, that was back when my dad was still spanking me and just like- Spanking, I think, is just so- such a gnarly thing to put on a kid cuz it's like, it's too much. It's too much pain before you can handle it. And that's like, it's stuff you don't even realize you're doing. You're just being a kid. So like, there's the fear of being spanked, and he's yelling, saying it very sternly. And then I just, I was, you know, I was afraid of my dad for a lot, a big part of my childhood. You know, I love him to death today, but you know. And I can sorta tell myself that he didn't know what he was doing either. Like, nobody's perfect.
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> But yeah, I just remember it was really scary in that situation.

John also initially described his childhood in a positive way, focusing on his feelings of gratitude towards his mother for being "countercultural to most Asian immigrant families" by supporting and encouraging his artistic, musical pursuits. He stated that his mother gave him "the best childhood possible by providing all kinds of opportunities." However, when explicitly asked to recall a memory about his childhood, he reflected on his memories of severe domestic violence and parental absence, stating:

> Well, when I get asked these kinds of questions, I think the first ones that come up are probably the most life altering or traumatic. I think about when my- When I was young, less than six, and I was sleeping in my mom's, or my parents, bedroom and my dad comes in belligerently drunk like a sledgehammer and just like hitting the windows and breaking everything. My mom's hiding me in the closet and saying everything's gonna be okay. And, you know, I just hear her getting beaten by my dad. And then after, you

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know, some time he leaves and she's like, comes in with a smile saying everything's okay. Just a big bruise, and stuff. You know, that kinda. That's like, really- that will always stay with me. And I think that- That was the height of, I guess, the marital stress and issues that my parents had. In general, there's like a – Yeah, he didn't show up for a lot of my childhood things.

Observing Their Role Within the Korean American Immigrant Family Structure

All 12 participants in this study described varying degrees of socioeconomic instability and insecurity across the lifespan of their family histories. As a result of the socioeconomic pressures experienced by the family system, participants described key roles they played to help ensure the family's well-being by performing the following tasks as part of their role in the family: (a) negotiating their responsibilities of being self-sufficient and having proxy authority as a child, (b) honoring their parents' legacy of sacrifice and hard work, and (c) safeguarding the family's socioeconomic security through their own personal achievement and success.

Negotiation of Self-Sufficiency and Proxy Authority as a Child. Participants described performing their roles as caregivers and proxy critical task managers for the family. These roles were assumed by participants early on in their childhood, some as early as approximately 9 years of age. Within these roles, some participants recalled taking on the emotional labor of the household by taking care of their siblings or protecting them from the violence occurring within the home. Julie, a 25-year-old, cisgender woman from California, recalls "memories of my parents fighting and me corralling my siblings into a room and trying to distract them," as an adolescent child. Some participants described acting as confidantes to their parents, listening to worries related to the family's financial situation or negative comments about the other parent.

Boyoung, a 36-year-old, cisgender woman from Michigan, recalled one time she followed her mother after a violent fight between her parents. She stated:

> And I remember just sitting with my mom and crying with her. And my mom was saying, "I didn't come to America to live a life this hard," and was crying and just basically venting. And as a fourth grader, you don't really know what to say. And for me, I was just like, "Okay, I get it. Let's go to Korea together," or "Let's run away," or whatever. And so that's not a memory that I want to remember, but something that I do think about time to time.

Other responsibilities included translating critical documents and communicating to outside agencies on behalf of their parents due to significant language barriers. Some of these actions would have significant consequences for the well-being of the family, such as interpreting medication instructions for proper care and utility bills for payment. For many participants, caretaking also meant fulfilling their responsibilities and personal needs without parental support. For example, Sora recalled fielding calls from her school whenever her sister experienced a panic attack during the school day and organizing her own 504 meetings in order to secure her own educational accommodations. Participants described not only feeling pressured by their parents to perform well in school, but also being responsible for obtaining their own supports and navigating institutional systems on their own. Participants explained their lack of parental support primarily as an acculturative issue in which parents did not have adequate knowledge about American institutions and, therefore, were unable to provide appropriate guidance. Additionally, the majority of participants stated that their parents were small business owners (e.g., laundromats, delis, and restaurants), which required long working hours. As a result, participants were often left at home alone to care for themselves until late at night or

expected to become self-sufficient so that their parents could attend to work-related matters instead of home care.

Despite holding important caretaking and task management roles within the family that provided participants with proxy authority, traditional Korean hierarchical values continued to be reinforced by parents, which severely restricted the decision-making power that participants were able to exert for themselves. This created great internal strain and conflict in participants' own sense of self-determination, efficacy, and control. Although participants endorsed having to take care of critical tasks for themselves and their family on their own due to issues of poor parental support and acculturation, they were often unable to make their own lifestyle choices without parental approval. For example, Sonia recalled many of the fights she had with her mother growing up were due to conflicting views on socialization, in which her mother would not allow the participant to attend outside social events, such as sleepovers, with her friends. Esther also endorsed having intense conflicts with her mother over her appearance because her mother would not allow her to dress herself or do her own hair as a young child. Participants also recalled being unable to express differing opinions from their parents without being disciplined or punished for being disrespectful or disobedient. As a result, many participants learned to simply stay silent. While reflecting on the many disagreements they had with their father, Ellen stated they were "in no position to defy him cuz I'm like, OK, what am I gonna do? Argue with my dad and then what, you know? Yeah, I just remember feeling very, very angry, but I'm like, OK, it's better to say nothing so it doesn't become a bigger thing."

Honoring Parents' Legacy of Sacrifice and Hard Work. In addition to their role as caretakers and proxy critical task managers, participants also described fulfilling their role as legacy bearers of the sacrifices and hard work their parents undertook to establish and take care

of the family as immigrants in the U.S. As legacy bearers, participants expressed wanting to honor their parents through their own personal achievement and success. For many participants, this included the added pressure of increasing their own socioeconomic status as a means to ensure the financial well-being of their parents or, as Sonia described it, "to pay it back." Boyoung also reflected on the importance of showing her success to society at large as a testimony of her parents' sacrifices for a better life. She stated:

> I think for me, knowing what my parents went through as immigrants, I would want to show not just my parents, but society and just people in general that my parents came to the United States not just to be better for themselves, but for all the generations after, right? So, for us and then for my kids, and then my kids' kids, and so on and so forth. My hypothetical kids. To know that our lives are at least a little bit better than how they lived their lives. And not necessarily money-wise or anything like that, but I guess to show society and to show people in general that I do have a successful career, you know? Like what my parents wanted out of our lives and what they wanted to see is happening in front of them right now. And so, to have that pride in a sense? To know that they did do an awesome job, I think in my opinion, raising myself and my brother. And for both of us to be having careers in America and be living this life is a testament to their sacrifice and for what they've done for our family.

Similarly, Tom reflected on the connection between his achievements and the sacrifices of his parents and grandparents, stating:

> I know it's important to them. Like I know me and my brother are important to them. They made a lot of sacrifices for us. What does it mean to be second-generation? Maybe just like continue what they started. Cus it was a leap. It was definitely a leap for my

parents and my grandparents to leap into this American thing. And there's no guarantee that they'll land on sure footing. I think also in a lot of ways, they see me as someone who's already made it, you know? Cuz we've achieved the American dream. I'm getting such good education. I've really bright career prospects ahead of me. I've found something that I'm super into and something that I can be proud of career-wise. I even look at my friends and that's something they can't, you know, they haven't found. So, yeah, in a lot of ways maybe they see me as- I'm the product of us making it already. So I think maybe it drives them a little crazy when I go off and I'm not on task. My parents are on me in that regard, but not in like a hard-ass kinda way, but maybe more of a, "Look. You've already made it. Don't squander this gift that we've given you."

Safeguarding the Family's Socioeconomic Security Through Personal Achievement and Success. Due to limited family resources and support, participants described needing to achieve success independently through their own sacrifices and hard work as well. Boram, who is currently pursuing a post-baccalaureate in medical science, reflected on the strong link between his goals and that of his father, who is a taxi driver, and other family elders. He stated:

Maybe to them the American dream has been shattered, but when they think about me and other second-gen youth, I think they think that dream is still alive. And maybe that's what's even keeping them alive, keeping them hopeful – that I am my dad's retirement plan. Maybe that's the thing sustaining him cuz my dad's like, "I don't know how long I'm gonna drive until." I was like, "Don't worry. When my sister graduates from nursing school, she's gonna support you." My dad's like, "Oh, that's so much of a burden for your sister," but I know low key my dad wants my sister to support him. He's like, "It's ok. I'll be on Social Security and I'll be on welfare," but I don't know. I was just talking to my

dad. We live in low-income housing and we did the Census recently. I was like, "Dad, ten years from now, I don't want us to live here. I don't want us to be eligible for food stamps." I mean, it's nice. I love the support, but I don't want to be poor anymore.

Annie, a 30-year-old cisgender woman currently living in Indonesia, also described feeling pressured to become a lawyer not only because of her father's insistence that she pursue that career, but also to become financially independent from her parents. She stated:

> Yeah, and so this is why I keep saying that my parents inceptioned me on this because I was living in their house and I wanted to get out. I wanted to get a job and make a living for myself. And, you know, I'm constantly hearing about my dad saying all this stuff. I mean, it's real-life stuff. It's important. And at that time, I had no idea. Like, I wasn't really close to getting married or anything like that so I really wanted to stop being a burden to them. And I felt like the way to stop being a burden to them is to get a job. And so I was like, "What is the thing that will help me the most with getting a job? And it was going to law school, ironically, cuz it costs a fortune. I don't know why I didn't think about that at that time, but yeah. That wasn't what I was concerned with then.

In reviewing her transcript, Annie later added the following comment, further reiterating the fear she still continues to have about being a burden to her parents. She wrote:

> I think this is a concern I've had frequently in my life, at other points in my life, as well. I really fear being a burden to my parents in the present and in the future. But I feel this also was influenced by the narrative they kept sharing with me, all the hardships they went through to raise us and make sure we got to a "better place" in society (with a college degree, job, home, security in life, etc.).

Distress

Thematic analysis of the participants' narratives of distress produced five themes: (a) Interpersonal Issues, (b) Mood and Anxiety-Related Issues, (c) Isolation and Loneliness, (d) Invalidation of Distress, and (e) Assumed Responsibility for Identified Problems. Themes were grouped into two superordinate themes. The first superordinate theme included the first three themes (i.e., Interpersonal Issues, Mood and Anxiety-Related Issues, and Isolation and Loneliness), which participants identified as contributors to high levels of stress. The second superordinate theme included the final two themes (i.e., Invalidation of Distress and Assumed Responsibility for Identified Problems), which were connected through the participants' exploration of their internal response to their distress.

High Levels of Stress

While reflecting on their experiences of distress, all 12 participants described high levels of stress as a dominant part of their experience. Stress was defined by participants most consistently and widely as follows: (a) interpersonal issues, (b) mood and anxiety-related issues, and (c) isolation and loneliness.

Interpersonal Issues. High stress was attributed to perceived and real interpersonal conflict with family and other important figures (e.g., friends, romantic partner, or work superior). As previously described, participants endorsed conflict with their parents as a major contributor to their distress. In addition to having a history of severe intergenerational conflict, domestic violence, and abuse as a backdrop to their experiences of distress, many participants shared intense feelings of fear, shame, and guilt whenever they were faced with a situation in which their parents would be disappointed in them. For example, Grace described her feelings of distress after being involved in a major car accident with a friend as follows:

Well, it was almost a complete frantic state of being anxious or also like feeling paralyzed and wracked with guilt and shame and blaming myself and feeling- Yeah, just feeling horrible about the fact that I endangered her life. Yeah, and then also the added disappointment of my parents, their reaction. Trying to field that.

The distress of disappointing others was also extended to people outside the family. John, who is an active member of his local church community, described feeling distressed not only because of his and his wife's struggle with infertility, but also "having a lot of other people rooting for us, too, in the process and feeling like we're letting them down."

Interpersonal conflict was also described as instances of being judged and criticized by others. For example, Ellen described feeling "very hurt" because their partner said they were being "a little much" during a conversation. Julie described an incident in which she felt she was being condescended to by a work superior during an office meeting. For Boram, fear of being judged was also related to fear around being rejected. He stated:

My thoughts are I'm scared I'm gonna get judged. I'm scared I'm gonna get rejected. I'm scared they might question my masculinity. I'm scared that- Yeah, sometimes I feel like I'm not Korean enough, too? Cus sometimes I do get like, "What? You're Korean? I didn't know!" because I don't look or present myself as a stereotypical Korean male. Yeah, it's hard. It's funny because I thought I was like, "Yeah, I'm my own person. I'm older." I'm like, "Yeah, yeah," hippie. Like, "It's my way or the highway." I thought that I didn't really care about other people, what they thought, but now talking to you I realize, dang, I do care a lot. Like, I'm holding a Zoom social tonight for my church and I'm so- I've been practicing what I'm gonna say.

Mood and Anxiety-Related Issues. In response to these difficulties, participants described strong feelings of helplessness, powerlessness, and/or inadequacy. Annie described distress as "a situation where it feels impossible, like I can't figure it out on my own." For John, feeling a loss of control also translated to feelings of hopelessness and feeling stuck. While reflecting on the possibility of not having any of his own biological children due to unexplained infertility, John stated the following:

> Definitely helplessness. Like, this is one thing in my life that I can't really control. Even the most aggressive and expensive procedures can only give us a certain percentage chance, and we did it and it didn't work, you know? So, like, that was the huge, huge thing. So, I guess hopelessness, feeling like every month you kind of build a little bit and then you get the results back, and you get crushed again. And you just kind of go through that slow process every month. It was a constant slow build-up of hope and then crushing it. So that's really tiring over time. There's this feeling of stagnation and not feeling like I can move on in any part of my life just because I wasn't moving on in this part of my life. Career-wise. Musically, in my music. It was just stuck. Yeah, in a lot of ways, just kind of feeling stuck.

As a result, participants also described significant difficulties with feelings of depression, anger, and anxiety. Several participants reported struggling with suicidal ideation and self-harming behaviors in adolescence. Two participants stated they had made attempts at suicide in the past, neither of which were formally reported. What was more striking was that all 12 participants endorsed feelings of anxiety, worry, and/or fear as a major part of their distress. Several participants disclosed struggling with severe anxiety and panic attacks, including dissociative presentations. For example, Sora described her panic attacks as follows:

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I was having panic attacks. I didn't even know I was having panic attacks cuz they weren't as outwardly? It wasn't more like hyperventilating. It would be freezing. I was dissociating a lot. But I kinda thought that was like dazing out. Or like daydreaming more than dissociating.

Lisa, a 31-year-old, cisgender woman in New York, described a similar experience during early childhood and adolescence in which she would also dissociate and feel numb. She stated:

You know, when I was a kid, I think I was used to the feeling of numbness pretty frequently. And I had a lot of critiques from my teachers that said that I had comprehension issues. And it turns out, I discovered later, that I had a lot of anxiety growing up and I didn't know it was anxiety. I just thought I had a hard time concentrating, but I was never very grounded.

Participants also described significant psychosomatic symptoms, which included losing weight, muscle tension and pain, teeth grinding, poor sleep, and stomach pain. Sonia described her distress as "quite a bit of intense anger towards my mom and frustration where I would literally feel it in my body. Just like tightening of the chest and my breathing would become more labored. And I would just feel tension all over my body. I just wouldn't feel well." Notably, most participants also stated that they were unaware of these symptoms as being related to their distress until after the fact. While reflecting on his experience, Boram stated:

But as a child, you just kind of brush it off. You don't really know until you get older and you realize you have back pain, hip pain, and you're like, "I wonder why?" It's like all these years, all these years you're putting stress on your body.

Isolation and Loneliness. Participants described feelings of isolation and loneliness as a core part of their experience of distress. Feelings of isolation or loneliness were primarily in

reaction to feeling different or misunderstood by their parents or others in the community, which included both Korean and non-Korean individuals. For example, Sonia reflected on the connection between her past struggles with suicidal ideation and feeling misunderstood by her mother, stating:

> These feelings of suicidal ideation was just like nobody cares about me in this world or like the one person who's supposed to love me, like my mom, doesn't even care about what I really need in life. And so that made me feel completely like, what's the word? Not useless – uncared for or unloved. Misunderstood. All of those things.

For some participants, interpersonal conflict and/or perceived failures also informed participants' feelings of isolation and loneliness due to a perceived separation or distancing from others both emotionally and in station. For example, while reflecting on his experience taking an extra semester to graduate from college, Tom described his distress as follows:

> I think it was a lot of like, "What the hell is wrong with me?" I can't form these bonds with the people I live with. My friends are gone. I should be doing the same thing they're doing. They're off working. I'm here still in school. What the hell am I doing? Am I going to be in school forever?

Internal Response to Distress

Participants described two primary internal responses they engaged in during experiences of distress: (a) invalidation of their distress and (b) assuming responsibility for their identified problems.

Invalidation of Distress. Invalidation manifested most often in the act of second-guessing their own thoughts, feelings, and physical symptoms. For example, while reflecting on one particularly stressful time in her life, Sora described losing so much weight that she began to

lose her hair; however, instead of attributing her weight loss to the enormous stress and anxiety she was experiencing, she reasoned that it was because she was playing a lot of sports. Julie described one time she had a conflict with a work superior who blamed her for their own management failures. Although she felt angry in response to her superior's unjustified accusations, she also became very anxious that the conflict was perhaps her fault and began to ask herself, "Is it me?"

One of the major contributing factors to participants' invalidation of their distress was the negative or dismissive responses to their problems by others. While reflecting on her experiences of distress, Sonia stated she had developed trichotillomania because of her anxiety and was met with complete silence by her parents. She stated:

> They never said anything. And it was like clearly something was wrong. I was clearly in distress pulling out my hair, you know what I mean? They never acknowledged it. It was always like, "What's wrong with you? Why are you pulling out your hair? Now I have to vacuum again." It was like that.

As a result, Sonia thought of her hair pulling simply as a "bad habit" for which she would get reprimanded for by her parents. Similarly, Boyoung recalled her peers' non-reactions after she was called a "chink" by a White male student in school. She stated:

> I remember telling my teacher that and then telling all my friends the situation, other friends that weren't there, and was like, "Can you believe that happened to me?" And then even my friends being like, "Oh, yeah. I'm sorry that happened to you," kind of like, "I don't understand what the big deal is" kind of? I was just kinda like, "Ok, maybe?" Because that was their reaction, I was like maybe I did overreact, you know? Kind of like second-guessing myself.

In both of these examples, participants were keenly aware of others' responses to their distress. They would then take cues about the validity of their distress from their observations, internalizing the negative or lack of response as an indication that their felt distress was not justifiable, rational, or real.

Assumed Responsibility for Identified Problems. In addition to invalidating their own experiences of distress, participants described assuming responsibility for identified problems and trying to resolve the problem on their own. This was reminiscent of participants' drive to be self-sufficient and need for control over their environment and life circumstances. Notably, all 12 participants expressed the need to independently solve their own problems. The inability to do so was directly related to participants' feelings of helplessness, powerlessness, depression, and anxiety. It also contributed to participants' negative self-perception about themselves. The common phrase shared amongst the participants was "there was something wrong with me." For many of the participants, the lack of control and inability to problem solve was perceived as a characterological problem. This was most clearly captured by Grace's statement, "I thought it meant there was something wrong with me that I couldn't help myself." This internalized sense of fault or blame due to a characterological flaw was shared with other participants who also reported holding negative beliefs about themselves. While reflecting on the difficulties he experienced in college, Tom stated, "I think a big part of the distress was I was putting it back on me. It's like, wait, how—why am I, what did I do to make myself so isolated?" Esther recalled believing her poor relationship with her parents was due to having "bad blood" in her. As a result, she began to self-harm by cutting in order to "let it out." The act of cutting was also a way for her to regain control. She stated:

And also, the pain that I feel on my body takes away the effect of the hurt that I have everywhere else, like mentally and emotionally. And also, that's the only one thing that I can control is the pain that I feel, or the pain that I inflict. So, I think just having that small sense of control in my life, it was kind of like- It put me at ease a little.

Interestingly, participants often endorsed engaging in both responses of invalidation and assuming responsibility at the same time. This most often occurred when participants were experiencing interpersonal stress and conflict. In these cases, participants described believing their feelings of anger, frustration, or sadness were unjustified or irrational because they blamed themselves for being the source of the problem. This served to invalidate their distress and treat it as less important than holding themselves accountable for their perceived failures. For example, Julie's feelings of anger and frustration were also underscored by the following thoughts of "Oh, maybe it's me. Maybe I'm not smart enough or don't have the right number of years of experience to have anticipated this and been better somehow." One of the most prominent feelings attached to this pattern of invalidation and assumed responsibility was that of guilt for causing the negative reactions of others towards their distress. While recalling the time she had to tell her parents that she was pregnant out of wedlock, Annie stated:

I sent them a package with a baby toy and a letter explaining they would be grandparents, also explaining how this goes against everything they taught me in life, and I am so, so sorry. They received the package, and I had a call with my mom. I called my mom while sitting on the couch in my apartment, and I remember just crying. And my mom saying, "Why did you do this?" And me saying like, "[Name of husband] and I would never have gotten married if it wasn't for this." And mom saying, "But how could you let this happen? You could have gotten married with the in-laws' favor." I think we yelled at

each other over the phone. I don't think my dad got on the phone. I remember my mom

saying that Dad is very disappointed with me, kind of in a real depression and shock. He

couldn't believe that his good, responsible daughter would do something like this. She

just expressed how disappointed they were, how out of character it was for me to do

something like that. I think that frustrated me because it made me feel like they had this

image of me as a "good, obedient daughter" because that's what they wanted to believe

of me. I cried a lot. And after the phone call, I hid myself in a closet and cried for like

thirty, forty more minutes. A lot of feelings running through me when that happened.

Feelings of anger, sadness, regret, feeling super stuck, wanting some sort of easy "exit"

from the situation. And a lot of pain from feeling like I made the wrong decision, there

was nothing I can do to reverse that, and that I had hurt the people that I loved.

For Annie, her distress was intricately tied to the idea that she had caused her parents to become

angry and sad despite her reasons for becoming pregnant. Here, her parents' feelings were

emphasized above her own feelings of frustration around meeting expectations to be a "good,

obedient daughter" and more backgrounded feelings of anxiety and fear about the pregnancy

itself. As a result, she began to second-guess her decision-making and endorsed feelings of

helplessness and, like John, feeling stuck.

Help-Seeking

Thematic analysis of the participants' narratives of help-seeking produced seven themes:

(a) Adherence to Cultural Boundaries of Disclosure, (b) Need for Familiarity and Acceptance,

(c) Help-Seeking as a Characterological Issue, (d) Therapy as the Last Resort, (e) Self-Stigma,

(f) Overtolerance to Experiences of Distress, and (g) Systemic Barriers. The first four themes

(i.e., Adherence to Cultural Boundaries of Disclosure, Help-Seeking as a Characterological

Issue, Need for Familiarity and Acceptance, and Therapy as the Last Resort) were grouped into

one larger superordinate theme addressing the participants' cultural barriers to help-seeking. The

final three themes (i.e., Self-Stigma, Overtolerance to Experiences of Distress, and Systemic

Barriers) were grouped into another superordinate theme that specifically focused on

participants' poor buy-in to professional mental health service utilization.

Cultural Barriers to Help-Seeking

Adherence to Cultural Boundaries of Disclosure. When discussing their experiences of

help-seeking, all 12 participants stated that they had positive views of counseling and

professional mental health services. In fact, the majority of participants stated that they had

sought out professional help for their experiences of distress at least once in their lifetime. Out of

the 12 participants, only two stated that they had never participated in any psychotherapy

treatment. All 12 participants also stated that they had utilized informal sources of support,

namely friends, family members (i.e., siblings, parents, or cousins), or religious leaders.

However, most striking was participants' minimal usage of supports, both informal and

professional, in favor of trying to resolve the problem on their own, as previously described,

and/or isolating themselves and being alone as a way to control their thoughts and feelings.

Participants described two major cultural boundaries that impacted their ambivalent attitude

towards seeking both formal and informal help for experiences of distress. One cultural boundary

that participants adhered to was defined by the traditional Korean cultural practices around

disclosure of private information. Specifically, participants described engaging in the two

sociocultural practices of *chemyeon* (i.e., saving face) and *noonchi* (눈치). *Noonchi* is a Korean

sociocultural construct that has no direct translation in the English language; however, it has

been most closely related to a form of social tact or emotional intelligence in which individuals

privately gauge and adjust to the mood states and needs of others within a social setting (Yum & Canary, 2003). Participants described making decisions based on activating *chemyeon* and *noonchi*. *Chemyeon* was most often referenced in terms of how the participants' actions of disclosure around their distress would impact the family, especially their parents. The primary feelings attached to this experience were shame and guilt. For Boram, *chemyeon* was needed because of his desire to safeguard his family's immigration story and legacy. He stated:

> And telling someone you don't know, especially a Korean person, all your stuff, your family b.s., your family trauma, it's such a— I think that saving face is even bigger than the problem, than the issue. Yeah, I would rather save face. Like, we gave up everything in Korea to come here only to realize, shit, we still have problems here. I think that's such a embarrassment. Like my aunt. She's a cancer survivor. My grandma, too. She's going through chemo right now. She didn't tell anyone in Korea. She lost all her hair, but she still portrays herself like, "Oh, yeah. I'm very successful." She's on food stamps and she's like all this stuff, but she would never, ever disclose that. And I'm just like— I don't know. That saving face is really big.

Sonia also shared the same feelings of wanting to protect the family. She stated:

> The other thing too that came to mind about what I think why there's so much difficulty with help seeking too in the second-generation experience is the thing I was talking about before about guilt. And when you go to therapy, you have to acknowledge some of the wrongdoings your parents did, and I feel like we have this guilt because they sacrificed, and you need to protect them. You don't want to be spilling your family secrets and problems to somebody when your parents gave up everything for you. And so, there's this need to protect, too, that was difficult for me.

Noonchi was most often used as a way to avoid burdening others with their own problems. For example, although he was struggling with feelings of isolation and loneliness, Tom stated he did not reach out to his friends because

> [A] lot of my friends who I was living with, they moved back home, so I was sorta like why? Why would I? Why should I burden them with my problem? I'm still some guy who's stuck in college and they're off and they're working and they're living their lives and they're moving forward.

Here, Tom demonstrated a heightened sense of *noonchi* by refraining from contacting his friends for support because he did not want to interrupt or disturb their progress with his own feelings of failure. In other words, participants did not seek help for their experiences of distress in order to avoid any perceived burden they may cause to others through their disclosure. Participants' fear of burdening others was reminiscent of their childhood experiences in which they also did not communicate their emotional or psychological needs to their parents in order to maintain stability within the family and prevent any increase in stress.

Need for Familiarity and Acceptance. Another cultural boundary was the practice of disclosing personal information only to individuals with whom they perceived to have a personal connection or relationship with. Having an already established connection or relationship helped participants feel a sense of familiarity, acceptance, and trust. While most individuals did not regularly seek professional help for their distress, they did seek support from their friends, family, or respected community leaders more frequently. Most notably, feelings of intimacy or closeness were not necessarily required to have a sense of connection. For some participants, simply having a recommended referral by a trusted source was enough to encourage the individual to seek help from someone they were unfamiliar with or did not personally know. For

example, Sonia recalled the first time she went to therapy was because her friend had recommended it to her. Sora began therapy at the recommendation of her pediatrician. Esther began speaking with another adult at church after being referred by her church youth pastor. John also stated that he would have been more inclined to seek therapy if he had "a recommendation tied to a relationship that you already trust. And that would be ideal." For those who sought professional mental health services, a sense of familiarity and acceptance was fostered through having a shared racial identity. Both Ellen and Boram stated that it was important for them to find an Asian therapist who could identify with their cultural background and understand the cultural nuances embedded within their experience. In doing so, they were eliminating the need to, as Boram put it, "educate a lot of the things. Describing things. Ugh. That's—I already do that outside of therapy. That's just work."

Help-Seeking as a Characterological Issue. The final cultural barrier that was identified was the strong link that participants made between seeking help and their own personal character. For many of the participants, the act of seeking help served as a marker of personal failure because it signified that that they were unable to successfully problem-solve or control their emotions to alleviate their distress. As such, participants associated help-seeking with having a characterological flaw that impeded their ability to perform, achieve, and succeed, even in terms of their own mental health. This was directly connected to participants' tendency to assume responsibility for their distress and feeling pressure to resolve problems on their own. While reflecting on the reasons for why she never sought professional help in the past, Sonia stated:

And I even struggled in my first semester of college. I failed two of my classes cuz I had my first major depressive episode and I just couldn't get out of bed to go to class. And I

got a letter from the College of Arts and Sciences saying, "Hey, we want to help you. Get

in touch with us," and I just felt so much fear and shame, saying like, "This is my fault, I

need to fix it," that I never sought help at that time either.

These attitudes and beliefs applied to both formal and informal forms of help seeking.

The most common feelings endorsed by participants regarding seeking help were that of shame,

anxiety, and helplessness. Lisa recalled feeling "confused as to why I couldn't help myself." Sora

stated she felt "very worried and ashamed and embarrassed of getting help." In addition to

feeling like "something was wrong with me", Grace stated that she thought perhaps she "wasn't

being resourceful enough, so I needed help."

Interestingly, participants also endorsed feelings of offense, but only within the context of

seeking professional mental health services. When presented with the option of seeking

professional help, participants described feeling judged and criticized in terms of their character.

For example, when Esther's cousin and mentors suggested that she seek professional mental

health services, she stated the following:

So, in one word, I just thought they thought I was crazy. They thought I was just some

crazy person who needed help, who couldn't be tamed or who couldn't be talked to or

couldn't be reasoned with.

Annie described having a similar reaction in which she immediately felt offended and thought,

"What? You think my behavior is so bad that I can't manage this myself?" Participants' reliance

on themselves to come up with their own solutions also impacted the value they perceived in

receiving outside help. Annie stated that she felt "uncomfortable with the idea that a stranger

could tell me something about myself that I couldn't already know."

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Therapy as the Last Resort. Participants' negative reactions to help-seeking were reminiscent of their thoughts and feelings about needing to work hard and be self-sufficient in order to attain a sense of personal and family security. In the same way, participants' help-seeking patterns were highly dependent on participants' attitudes about self-sufficiency and how strongly they believed in their capacity to successfully manage themselves. All 12 participants stated that therapy was or would be their last resort for addressing their distress. For those that had participated in therapy at least once in their lifetime, every participant stated that the only reason they considered therapy was because they felt like they had run out of options and did not know what else to do. While reflecting on their first time seeking professional mental health services, participants described their state of distress as being "in crisis mode", "hitting rock bottom", "desperate", "helpless", and at a "breaking point." As a result, participants were, as Ellen described, "willing to try anything at that point."

Poor Buy-In

As previously mentioned, all 12 participants endorsed positive thoughts about the utility of professional mental health services to improve a person's well-being. However, all 12 participants also described thoughts and feelings indicating that they did not believe therapy or professional mental health services would be helpful for themselves personally. As a result, participants exhibited significantly poor buy-in to personal utilization of professional mental health services. Participants' poor buy-in was found to be related to three main factors: (a) self-stigma, (b) overtolerance to experiences of distress, and (c) systemic barriers to treatment.

Self-Stigma. While describing their experiences of seeking help, participants endorsed strong internalized negative beliefs about mental health. Negative internalized beliefs about mental health were based on participants' definitions of mental illness as a characterological

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issue, as previously described, and/or severe psychiatric disorders, such as schizophrenia or bipolar disorder. Although participants described significant issues with suicidal ideation, depression, and anxiety as part of their experiences of distress, they also continued to endorse the belief that having a problem with your mental health meant that you were "crazy" or had a serious clinical diagnosis. As such, the idea of seeking help activated participants' self-stigma related to negative beliefs about mental health such that professional therapy was only viable for "crazy" people with "mental problems." As the majority of the participants did not believe they had a "serious problem" with their mental health, they did not seek professional mental health services despite feeling like "something was wrong" with them. However, for others, this belief was the reason for why they sought professional therapy in the first place. Julie stated:

I was sure when I went that there was something psychologically wrong with me. I was sure that there was some sort of chemical imbalance where I was clinically depressed or clinically anxious, clinically bipolar. And that that was the only reason, that was the only thing that could explain why I was where I was in terms of my emotional imbalance.

Overtolerance to Experiences of Distress. Conceptions of having a "serious problem" were not limited to internalized negative beliefs about mental illness. Participants also exhibited a decreased sensitivity to the nature of their own problems and would often minimize the impact of their life experiences on their mental well-being. Despite endorsing significant problems with suicidal ideation, depression, and anxiety, participants continued to describe their distress as "trivial", "irrelevant", and "normal." For example, although she described herself as being in "crisis mode", Julie also stated:

I felt like my problems were not severe enough for therapy. I thought like, there's people who have gone through, like, truly shatteringly traumatic experiences. And I thought,

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like, those are the people that need therapy. It feels wrong that I'm taking up a therapist's time with my trivial issues.

These beliefs served to further reinforce participants' ambivalent attitudes towards utilizing professional mental health services. As John reflected:

It's a hard thing to do. I think about how I am pestering my wife's parents to go to the hospital or go get a checkup just to see if they're OK. And they've lived their whole lives not needing to do that and they seem ok and they don't see the need to do that. And I find myself in a similar boat.

Systemic Barriers. Lastly, the presence of systemic barriers to accessing mental health services also prevented participants from seeking professional help. The most notable barrier was the financial cost to obtaining professional mental health services. Participants who had limited financial resources expressed that the cost of services made it prohibitive for them to seek professional help. For those who could afford services, therapy was considered to be a "luxury" and, therefore, not a priority compared to other financial obligations. As Annie stated, "I think before I would have not seen [a therapist] because I would have thought it's just a waste of my money and time." Relatedly, participants expressed additional challenges to accessibility, such as having significant difficulty navigating their insurance plans and finding covered providers. Several participants also had the added criteria of wanting an Asian or Korean-speaking provider who would be able to provide multiculturally competent care. As a result, even if participants had an interest in pursuing professional help, the limited options for affordable and multiculturally competent care created enough of a barrier that it would often prevent participants from making any further efforts to obtain it. For example, Ellen stated that the only reason they were not in therapy currently was because they could not afford the payments despite

being on a sliding scale payment plan. Sora recalled she was unable to begin therapy at first

because she could not find a Korean-speaking therapist who would be able to communicate with

her mother as part of the treatment process. However, when a Korean-language mental health

program opened up near her home, she immediately contacted them to begin therapy and was

able to receive the treatment she needed to address her anxiety and panic disorder.

Reconstructive Analysis

Reconstructions of participants' narratives resulted in the identification of specific

sociocultural schemas that were activated across all three experiential domains. Sociocultural

schemas recalled the collectively shared norms, values, beliefs, and conceptualizations of self

that participants referenced throughout their experiences. As such, sociocultural schemas will be

discussed through the presentation and examination of the normative and identity truth claims

made by the participants.

Normative Claims

Normative claims made by participants referenced cultural norms based on traditional

Korean values and practices. Specifically, participants made consistent references to the

practices of *filial piety*, *striving for success through hard work*, and *self-sacrifice*. These cultural

norms were highly interrelated and connected by participants' embedded belief in themselves as

legacy bearers of the family's immigration narrative of hardship to obtain security and success in

America. As Lisa stated: "I remember learning the narrative that my parents struggled and

suffered for me. And so, it was up to me to now save the world, save my parents, and, you know,

do my best." Sonia shared a similar sentiment, stating the following:

> I feel this intense push and pull between freedom and burden? So second-generation
>
> Korean American – Everyone made sacrifices for us to have a better life, so it was like

the sky's the limit. They provided and suffered so we could be whatever we wanted. And at the same time, there is also a pressure to do great things because there was so much sacrifice. And so to live just kind of a ordinary life doesn't seem acceptable to me. And so it's this like, you know, "I can do anything!" but like not really anything. It has to be anything that's really great.

As legacy bearers, participants endorsed the belief that they were personally responsible for safeguarding the socioeconomic legacy of their parents' immigrant story through their own hard work and success. This created a schema of self-sufficiency in which participants strongly believed that they must fulfill their duties and responsibilities alone. Participants' childhood experiences of proxy authority and lack of parental support were major drivers in fostering self-sufficiency and a need for control as a means to ensure their security and success. This was prominently demonstrated in participants' primary responses of problem-solving and self-blame for their experiences of distress. It could also be seen in their minimal use of social support and ambivalence towards seeking help for their distress in favor of trying to resolve the problem on their own.

Another schema that participants operated from was that of self-sacrifice in which participants believed in the necessity of sacrificing their own needs, including their emotional and psychological needs, and desires in order to uphold family stability and well-being. Embedded within this paradigm was the belief that openly expressing any internal needs would make the individual a burden to their parents. For the participants, this was an act of filial piety in which they honored the sacrifices and hard work of their parents by not wanting to add to the significant immigration-related challenges already impacting them and the family as a whole. As a result, participants would engage in the practice of emotional suppression and psychological

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control, which was found throughout their narratives of distress and help-seeking. This process was most clearly seen in Esther's reflections of her childhood experience being home alone for long stretches of time every day. She stated:

> There was some sort of feeling of like did I do something? Did I do something wrong for [my parents] to work that hard or something like, I don't know, for them to be this absent? Or should I be angry at them? Does it make sense that I'm angry? Can I, should I be angry at them? Because they're going through so much right now, so wouldn't I just make it worse if I showed them that I needed them? I don't know. I think the one thing that I concluded from that was suck it up. Kind of like, don't let it show that I'm weak, in terms of like that I needed them.

Sora also described "bottling up" her negative feelings so that her family members would not know how distressed she was. She stated:

> Well, it kind of felt selfish at the time because my youngest sister was the one dealing with more issues, like actual panic attacks. Also, everybody was stressed, so I couldn't really just be like, "Hi, guys. I'm stressed, too."

Identity Claims

Within participants' schemas of self-sufficiency and self-sacrifice were unique identity claims that participants made about themselves. The most dominant identity claim participants made was that *they were self-sufficient and in full control of their lives*, which most often manifested as the belief that they were capable of overcoming any and all obstacles or challenges encountered. This identity claim functioned to maintain participants' drive to work hard and achieve success, which created a sense of security due to perceived advancements in their socioeconomic status. However, claims of self-sufficiency also prevented participants from

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utilizing supports appropriately because doing so would challenge a critical aspect of their identity as a person who is in control. Violations to participants' identity claims of self-sufficiency and control induced significant distress due to feelings of helplessness, powerlessness, and failure. These feelings were found to activate another identity claim that *they were being a burden* based on their perceived lack of control and failure to perform. When violations to participants' identity claims of self-sufficiency occurred, participants internalized the violation to mean that they had a characterological flaw or problem that prevented them from being self-sufficient and in control. As a result, the very act of help seeking could be viewed as being antithetical to one's sense of self. For example, while reflecting on how she responded to her distress, Grace described trying to independently solve her problems, stating "I would say it's pretty accurate that I was probably just thinking I needed to navigate it on my own." John also described himself as someone who would rarely "break out or have unmanageable emotions", alluding to his sense of control over his mood and emotional state.

Another identity claim that the participants made was that *they were part of an integrated whole*. In other words, participants understood themselves not as separate entities but as merged with the identity of the family. As a result, participants believed themselves to be an extension of their parents and family elders. This was reflected in the participants' treatment of their responsibilities and personal decisions as an integration of the wishes and aspirations of both themselves and their parents. This belief significantly impacted how participants made decisions, including decisions around help-seeking. For example, Boyoung described feeling fearful about seeking professional mental health services because of the potential impact it would have on her parents due to preexisting stigmas around mental health in their community. Her thoughts were as follows:

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If someone were to find out, like other adults coming to my parents and being like, "Why is your daughter seeking professional help? Is something wrong with her?" Kind of like that stigma. Because as far as mental health goes, our church, and I think just Korean society in general, they don't quite understand it a hundred percent? And they think that if you are getting counseling or if you're getting therapy, like counseling sessions or whatever, then there is something mentally wrong with you. And so at least growing up, we never talked about mental health or we never talked about taking care of ourselves mentally or emotionally and things like that. And so, I guess that would be kind of the fear if I were to [go to therapy] and someone were to find out. Kind of like, "Hey, what's wrong with her? What's wrong with your daughter?" And eventually my parents trying to answer that.

As such, claims of an integrated identity significantly impacted how participants managed their role in the family. Specifically, participants actively made decisions to help maintain family stability while also limiting their own need for parental support due to immigration-related stressors impacting the family system. For the participants, individual hard work and taking care of things on their own was a way to limit their burden on the family system. However, this also contributed to claims about themselves as being unimportant in the greater context of their family's immigration-related struggles, which contributed to embedded beliefs about their need to sacrifice their own personal needs and desires for the greater good of the family.

CHAPTER 5

DISCUSSION

The purpose of this study was to examine how second-generation Korean Americans make meaning of their family's immigrant experience and experiences of distress and, subsequently, how that meaning-making process impacts their help-seeking behaviors. Using a critical framework guided by ecological systems and liberatory theories, the present study focused on the sociocultural and historical factors embedded within participants' responses to distress and their help-seeking patterns as determined by their experience as co-constructors of the family's immigration story. As previously discussed, both ecological systems and liberatory theories not only assert the importance of acknowledging the influence of sociocultural factors on the well-being of individuals but also contend that the individual cannot be known apart from the systems in which they are embedded. Liberatory theory extends this concept further by confronting systems of oppression and demanding social change through the processes of *conscientización* and de-ideologization. De-ideologization refers to the process of questioning and reconstructing what is known by critically examining oppressive systems and how they have shaped our knowledge and then actively reorienting reality around the lived experiences of the oppressed and their recovered historical memories (Rivera, 2020).

Likewise, this study was designed to engage in collaborative storytelling that highlighted the historical and cultural narratives of Korean American immigrant families for the explicit purpose of reconceptualizing their help-seeking patterns as a reflection of larger community trauma patterns. As discussed in Chapter 2, it is important to remember that these trauma patterns are directly related to greater systemic forces of oppression that serve as the backdrop to Korean migration to the U.S. and immigration-related challenges (e.g., Japanese and U.S.

imperialism in Korea, poverty, and xenophobic racism). Therefore, it is critical to address mental health issues as a systemic problem beyond the individual or community. There needs to be a greater understanding that observed disparities, such as poor mental health utilization rates amongst Korean Americans, are reflections of ongoing systemic barriers that perpetuate cultural traumas framing the mental health patterns of this community. As such, in addition to improvements in culturally informed clinical practices, the hope is that the results of this study can be used to advocate for systemic changes that include interdisciplinary, cross-sector, and community-based approaches spanning the political, social, and cultural factors impacting how Korean Americans engage in help-seeking for their mental health needs.

Accordingly, 12 second-generation, Korean Americans participated in individual interviews reflecting on their experiences of growing up in an immigrant household, distress, and seeking help for their distress. Special attention was paid to the meanings derived about their identity and role within the narratives of their family's immigrant experience and related sociocultural and historical factors. The analysis resulted in an integrated model of meaning-making that demonstrated how participants made meaning of their experiences through the activation of specific sociocultural schemas unique to their experience as second-generation Korean Americans. The model identified three sets of themes, one for each experiential domain, and another set of cultural and identity claims that were embedded within each set of themes. This chapter will discuss the clinical implications of the model, limitations of the present study, and recommendations for future areas of research.

Overview of the Results

Results of the study provided new contributions to the literature on help-seeking for Korean Americans by providing evidence of a strong connection between the help-seeking

patterns of second-generation Korean Americans and their family's immigrant experience through the unique sociocultural schemas from which individuals interpreted their lived experiences and, in turn, made meaningful decisions. Specifically, the results provided preliminary evidence of the transmission of historical and cultural intergenerational trauma patterns through the specific sociocultural schemas developed out of the family's immigrant experience. The second-generation Korean Americans in this study asserted important claims about their identity and role within the narrative of their family's immigration story that influenced the ways in which they understood and responded to their experiences of distress, including decisions around whether or not to seek help for their distress. A set of cultural normative and identity claims made by the participants were found to be consistently referenced throughout their narratives about what it means to be a second-generation Korean American and their personal approaches to caring for their mental health needs. These cultural normative and identity claims formed the sociocultural schemas from which participants made meaning of their family's immigration narrative and, in turn, the act of seeking help for experiences of distress. As a result, an integrated model of meaning-making was developed to illustrate the relationship between the immigrant experience of second-generation Korean Americans and their help-seeking patterns via the application of unique sociocultural schemas identified within this population.

According to the integrated model, participants developed strong beliefs about their identity and culturally appropriate responses to distress from their early experiences growing up as second-generation Korean Americans. Specifically, participants asserted several unique normative and identity claims based on traditional Korean cultural values and practices of filial piety, striving for success through hard work, and self-sacrifice. One of the most important

cultural norms that participants described was the practice of honoring the sacrifices and hard work of their parents by aiding and fulfilling their parents' goals of socioeconomic security. This was fulfilled primarily through participants' roles as caretakers and task managers in the family, in which they helped perform critical family tasks, such as translating information about medical care or bill payments, on behalf of their parents due to language barriers and other acculturative gaps. Participants also worked hard to achieve their own personal success as a way of solidifying socioeconomic gains made by their parents and/or to help ensure the financial security of the family. Past qualitative studies have illuminated the prevalence of these same caretaking and task managing roles and responsibilities amongst Korean American children of immigrants (Yoo & Kim, 2010, 2014). This included evidence of second- and 1.5-generation Korean American children working hard to honor the sacrifices of their first-generation parents through their own achievements and success. However, this study was the first to identify the specific identity claims that second-generation Korean Americans made about themselves as being part of an integrated whole in which their lives were viewed as extensions of the family's immigration story. In other words, participants understood themselves to be legacy bearers of their family's immigration story, which included honoring all the hardships and challenges that their parents faced as new immigrants in America. This meant that participants made life choices and decisions based on what they believed to be for the greater good of the family, which often coincided with the internalized wishes of their parents.

Another cultural norm that participants referenced was the practice of sacrificing their own personal needs and desires in favor of maintaining the emotional and socioeconomic stability of the family. Participants' sacrifices were evident in their purposeful actions of suppressing their negative emotions and need for parental support in order to avoid increasing

stress levels within the family system. This included making efforts to take care of themselves and their responsibilities without any external input or guidance from their parents. Participants learned to be self-sufficient and believed it was their duty and responsibility to manage and resolve personal challenges independently and usually without any external support. As a result, participants also made strong identity claims about being self-sufficient and, therefore, in control of themselves. This finding was consistent with research indicating that when faced with conflict, Korean Americans prefer utilizing problem-solving and internal coping strategies of emotional suppression and over-emphasizing self-control before seeking social support (Ahn et al., 2008; Bernstein, 2007; Han & Pong, 2015; J. K. Shin, 2002). Claims of self-sufficiency were referenced by participants all throughout their narrative as second-generation Korean Americans and was the most commonly activated sociocultural schema from which participants made meaning of their experiences. In fact, the majority of the participants described distress as experiences in which they felt out of control and incapable of helping themselves. During these experiences of distress, participants would make claims about being a burden due to their perceived failure of self-sufficiency. Being a burden was associated with feelings of helplessness, powerlessness, and failure, which manifested as episodes of moderate to severe depression and anxiety. It was also associated with feelings of isolation and loneliness, as participants would purposefully avoid discussing or showing their problems with others lest they become a burden. Perhaps these identity claims can help to provide additional cultural context to the mental health patterns of depression and anxiety that have been consistently found within the Korean American immigrant population (M. T. Kim et al., 2005; Park & Bernstein, 2008; H. Park et al., 2018).

Overall, participants in this study endorsed poor help-seeking behaviors in response to experiences of distress, suggesting that second-generation Korean Americans follow similar patterns of mental health service utilization found amongst Asian and Korean American first-generation immigrants (Chang et al., 2013; S. Y. Lee et al., 2015). More interestingly, participants also reported near equally minimal use of both professional and informal sources of support, which challenges past research suggesting that Korean Americans do not seek professional mental health services because of community mental health stigma and/or cultural preferences for more informal sources of support (Chang et al., 2013, 2014; N. Choi & Miller, 2014; Y. Kim & Grant, 1997). Although the majority of participants did speak with friends, family members, or community leaders more than utilizing professional mental health services, it is notable that the greater use of informal sources of support did not necessarily mean that they significantly preferred one form of support over the other. As previously stated, every participant endorsed positive thoughts and feelings about using professional mental health services as a valid form of receiving help, and, though beyond the scope of this study, all 10 participants who engaged in professional mental health services stated that they had positive experiences with therapy and would recommend it to others. However, participants also stated that they only tried therapy as a last resort to manage their distress. This suggests that although second-generation Korean Americans consciously endorse the use of mental health services, there needs to be greater efforts made to address the latent beliefs and sociocultural schemas that inform the ways participants make meaning of their experiences and, consequently, make decisions about how to best manage and resolve their distress.

Greater attention also needs to be paid to the significant systemic barriers that second-generation Korean Americans continue to encounter when it comes to seeking mental health

services. One significant barrier endorsed by the participants was the lack of culturally appropriate services, such as the limited availability of Asian American clinicians or Korean-language services, which has been found to be a significant factor in the underutilization of mental health services amongst Asian Americans (Augsberger et al., 2015). In this study, participants preferred to use informal sources of support over professional mental health services due to their strong need for an already established relationship that fostered a sense of familiarity and acceptance. This made it difficult for participants to seek professional mental health services because of the inherent relational distance that it imposed. Additionally, several participants emphasized the difficulty in finding a mental health provider that shared the same cultural or ethnic background that would have increased their feelings of familiarity and trust. However, even when participants used informal social supports, their help-seeking was limited to a very small set of individuals, sometimes only one or two persons, with whom they had a strong, trusting relationship. As a result, most participants described trying to resolve their problems on their own without the use of any external sources of support. This supported past research indicating that Korean Americans tend to use internal coping strategies (e.g., suppressing one's feelings, overcoming problems through willpower, emphasizing self-control, and problem-solving) to handle their psychological and emotional problems (Bernstein, 2007; Han & Pong, 2015; J. K. Shin, 2002).

In addition to systemic barriers to treatment, cultural barriers were also found to be a major contributing factor to participants' low help-seeking behaviors. One unique contribution of this study was the clear connection observed between participants' latent cultural values and beliefs and their attitudes towards seeking help. Participants demonstrated strong adherence to cultural boundaries of disclosure, which were defined by the Korean sociocultural constructs of

chemyeon and *noonchi.* Together, the practices of *chemyeon* and *noonchi* guided participants' actions of saving face and avoiding perceived burden to others by withholding disclosure of their distress, thereby moderating their efforts to seek external sources of support. Observance of *chemyeon* and *noonchi* was so strong that it superseded participants' acknowledgment of trusted sources of support that they could utilize when in distress. Another contributing factor to low help-seeking was participants' poor buy-in to professional mental health services due to internalized cultural stigma about receiving mental health services and systemic barriers. Although participants generally supported the use of counseling services to help manage emotional and psychological problems, they also continued to endorse negative beliefs about therapy when describing their own personal thoughts and feelings about seeking therapy for themselves. The most common negative belief was that professional mental health services were only for extreme forms of mental illness, such as schizophrenia or bipolar disorder, that participants described as a "serious problem" or "crazy." Perhaps this helps to contextualize past research that has found that Korean Americans report higher and more acute levels of distress when they present for treatment above and beyond that of their White peers (J. E. Kim et al., 2016).

Another novel contribution of this study's findings was the strong connection found between the help-seeking behaviors of second-generation Korean Americans and their immigrant experience via the latent sociocultural schemas developed in early childhood and adolescence. Participants' narratives of help-seeking revealed active references to the same cultural normative and identity claims that were described within their family's immigrant experience and experiences of distress. Participants' responses to distress and help-seeking behaviors were found to be strongly associated with their identity claims of being self-sufficient, sacrificial, and legacy

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bearers of their family's immigration story. Activation of these identity claims were clearly seen through the participants' treatment of help-seeking as a characterological issue, such that seeking external support was deeply incongruent with their own beliefs about being self-sufficient and in control. In fact, participants' tendencies to minimize their distress appeared to be associated with the belief that they should be able to overcome their problems on their own (J. K. Shin, 2002). By minimizing their problems, perhaps it allowed participants to feel a greater sense of control over their circumstances or distress. As a result, the act of help-seeking was found to be more related to participants' beliefs about their identity and family role than simply a matter of wanting or needing help. Despite feelings of helplessness and failure, participants would try to find solutions to their distress on their own until they ran out of options, or the severity of their distress became unmanageable. When that happened, participants were more willing to seek out external sources of support, both informal and professional mental health services, because it was congruent with the negative internalized belief that therapy is only for people with a serious problem (Han & Pong, 2015). For second-generation Korean Americans, the distress of feeling helpless and powerless was a serious enough problem to warrant the use of psychological mental health services.

It is important to note that although participants' beliefs about themselves and their roles in the family were heavily informed by traditional Korean cultural norms, they were also influenced by participants' exposure to complex trauma and multiple ACEs. As previously noted, all 12 participants described experiences of trauma within their narratives about being a second-generation Korean American. These traumas were experienced across various social contexts (e.g., home, school, and within their local communities) and ranged from issues related to their cultural identity (i.e., acculturation, racism, and discrimination), socioeconomic status

(i.e., financial insecurity and volatility), and intense family conflict, which often included acts of physical violence and abuse. Exposure to multiple ACEs, particularly abuse and neglect, have been related to increased lifetime prevalence of mental health problems, including depression, anxiety, post-traumatic stress disorder, suicidal ideation and self-injurious behaviors, and substance abuse (Felitti et al., 1998; Scully et al., 2020; van der Velden et al., 2021). Results of this study reflected the same patterns with the majority of participants endorsing histories of severe depression and anxiety, and several reporting past suicidal ideation, self-harm, and alcohol and/or drug use as a part of their distress narratives.

The conglomeration of these stressors and the resulting traumas attached to these experiences were integrally related to the family's immigration process of adapting to life in America, and in the words of the participants, survival. This is consistent with research showing significantly higher prevalence of ACEs, particularly in the form of emotional and physical abuse and family violence, among second-generation immigrants than first-generation, which suggests the increase of trauma effects within the family due to immigration-related factors (Vaughn et al., 2017). Participants' strong beliefs related to self-sufficiency and burden were often developed out of necessity due to limited family resources and support because of financial struggles that required the bulk of their parents' energy and attention. As a result, participants internalized messages, both implicitly and explicitly communicated by their parents, that they must take care of their personal needs on their own while also actively attending to the needs of the family as a way of reducing the stress of immigration-related challenges impacting the family system. These messages were received from an early age as participants described being tasked with taking care of their siblings, preparing their own meals, and managing critical family tasks,

such as talking to their landlord or handling calls from debt collectors from as early as 9 years of age.

Participants also described the pain and trauma of acculturation and negotiating aspects of their cultural identity independently, in which they were often met with severe negative responses of punishment or rejection by their parents and social communities for being "too American" or "too Korean", or in contrast, not enough of either identity. Other observed behaviors of self-isolation and emotional suppression were also strongly connected to participants' desires to avoid and protect themselves from the high levels of intergenerational conflict and domestic violence that were found to be prevalent during the early stages of acculturation and adjustment in the family's immigrant experience. As such, identified sociocultural schemas could also be understood as trauma response patterns unique to the second-generation Korean American experience.

Traditionally, attributes such as being a hard worker, independent, and self-sufficient are perceived to be adaptive qualities that contribute to an individual's positive functioning and psychological well-being (Benito-Gomez et al., 2020), including Asian Americans (Kiang & Bhattacharjee, 2019). However, the results of the current study suggest that for second-generation Korean Americans, these qualities can contribute to the adoption of poor coping strategies, such as self-isolating, engaging in self-injurious behaviors, and underutilizing social and professional supports. As a result, high levels of independence and self-sufficiency may serve to maintain high levels of distress due to embedded cultural values and norms that foster negative beliefs about what it means to seek help (e.g., "I'm a failure" or "I'm a burden"). These beliefs are then further reinforced by external and internal pressures to perform and achieve

success in the face of overwhelming systemic and cultural barriers for the collective security and well-being of themselves and their families.

Another explanation for participants' heavy reliance on their own self-sufficiency and willpower may be that they are operating under a framework of trauma *normativeness*. As previously discussed within the literature review, individuals from historically oppressed and marginalized communities often perceive their experiences of distress to be "normal" as a result of referencing their experiences from their family history and environment and observations of others within their community (e.g., the greater Korean American immigrant community; Angel & Thoits 1987; Brush et al., 2018). This could also explain participants' endorsement of distress overtolerance, in which they would minimize and downplay their distress despite their descriptions of significant depression, anxiety, and trauma (Gorey et al., 2018; Lynch & Mizon, 2010). This may help to explain why participants in this study could endorse such intense feelings of distress yet feel equally as strong pressure to resolve the problem on their own due to the belief that their experiences were "normal" and should therefore be easily managed.

In many ways, this pattern of behavior reflects the deeply rooted sociocultural observances of *han,* drawing from the historical and cultural traumas of the Korean people and the many ways in which they have strived for freedom and security through personal hard work and sacrifice (I. J. Kim et al., 2006). For second-generation Korean Americans, the struggle for freedom and security continues to persist as a result of immigration-related traumas experienced within the family system. Perhaps the greatest contribution of this study, then, is in providing a community-informed language to specifically name and address the traumas of the Korean American community so that there can be meaningful change and disruption in the negative

patterns of mental health and help-seeking for individuals and families today and for generations to come.

Implications for Clinical Practice

The findings of the present study indicate that the practice of help seeking is strongly influenced by the individual's cultural norms, values, and beliefs that shape how second-generation Korean Americans interpret their experiences and define their identities. As a result, interventions that do not target these cultural factors will never successfully address the problem of poor mental health service utilization within this population because there will continue to be active barriers to help-seeking embedded within the cultural make-up of this community. The inherent problem in current models of mental health service delivery is that it requires the individual, couple, or family to seek mental health services on their own accord. This poses several challenges because it operates from the assumption that if an individual does not utilize mental health services, it is because they are choosing not to. The paradox of choice for individuals from historically marginalized and socioeconomically disadvantaged communities is that for many, seeking professional mental health services is not attainable or accessible in the first place. First, significant systemic barriers continue to impede access to mental health services. This includes challenges to affordability of services and accessibility to multiculturally appropriate care, such as the availability of language assistance services and/or providers with adequate knowledge and sensitivity to the cultural background and needs of the individual. For many of the participants in this study, affordability was the primary reason for why they were unable to seek professional mental health services. This applied even for those with insurance coverage due to a lack of mental health parity in insurance plans. Although there have been changes in legislation to help ensure equal coverage and treatment of mental health disorders at

both the state and federal levels, this does not necessarily equate to good coverage that would translate to affordability in service costs (Goodell, 2014).

Secondly, Asian immigrants often have a vastly different cultural framework for understanding mental health and its treatment than their Western counterparts. Asian cultures tend to espouse a more holistic approach to wellness, in which there is less of a separation between mind, body, and spirit. Accordingly, Korean Americans approach their mental health in what can appear to be a more piecemeal or indirect manner by utilizing various supports across multiple domains instead of relying on a singular source that only focuses on providing psychological services. For instance, Korean Americans may attend to their distress by seeking treatment for psychosomatic ailments using acupuncture, traditional herbal medicines and foods, and/or other physical treatments, such as body massage or exercise, while also consulting with a religious leader to attend to their spiritual well-being. They may also seek support from trusted community figures, such as teachers or mentors, for more specific guidance and direction related to their education or career. As such, mental health services should also be more interdisciplinary and collaborative in nature when working with the Korean American population. The current unidimensional model of mental health services as solely targeting what can be classified as "psychological" or "behavioral" not only conjures existing mental health stigmas within Korean American communities, but it also does not fit within the Korean American paradigm of wellness.

In light of the significant systemic and cultural barriers to the utilization of mental health services for Korean Americans, there needs to be a re-imagining of what it means to provide mental health services to meet the growing mental health needs of this community. As previously discussed, the normalization of trauma and trauma response patterns within a

community can foster desensitization to critical mental health needs at both the communal and individual levels. Trauma normativeness also encourages the perpetuation of stigmas attached to mental health services as only for those who are severely mentally ill because of the continued minimization of experienced distress and distress overtolerance (Angel & Thoits 1987; Gorey et al., 2018). As such, it is critical to develop a culturally informed language around mental health and trauma that fits within the cultural framework of the Korean American community. Research suggests that the language used to describe one's mental health can directly negatively impact mental health service utilization due to increased stigmatization (Weist et al., 2018). Therefore, there needs to be an increased sensitivity to the language that is used around mental health issues within the Korean American community such that it does not reinforce existing mental health stigmas but instead enhances awareness and understanding of personal experiences of distress as valid.

One of the most effective ways to begin developing a culturally informed language around mental health issues may be through the implementation of community-based programming. There is growing evidence that community-based programming addressing contextual factors can help promote resiliency from the effects of complex trauma (Longhi, Brown, & Fromm Reed, 2021; Rog et al., 2021). Specifically, community-based programming that provides psychoeducation about mental health and therapeutic interventions for collective forms of healing may be the most effective and culturally appropriate vehicle to help dismantle identified barriers because they can be developed to explicitly target the concrete and unique needs of the community being served. Studies show that psychoeducation interventions that provide large-scale dissemination of knowledge are associated with improved help-seeking

behaviors due to reductions in mental health stigma by way of increased mental health literacy (Jung et al., 2017; S. K. Shin, 2004).

Mental health literacy is defined as "knowledge and beliefs about mental disorders, which aid their recognition, management or prevention" (Jorm et al. 1997, p. 182). According to Jorm et al., knowledge begins with having an awareness and familiarity of what mental health is and learning ways to recognize, prevent, and treat psychological distress. This includes learning about how to access resources and utilize both formal and informal sources of support. Studies suggest that raising awareness and knowledge of mental health issues can directly target the very same cultural barriers and stigmas that were found in this current study. For example, Jang et al. (2009) found that Korean American adults had increased positive attitudes towards utilizing mental health services after adopting the belief that depression was more akin to being a medical condition as opposed to a characterological flaw.

Psychoeducation could also be used as a therapeutic intervention to promote collective healing through knowledge. By increasing knowledge and providing a language to talk about the second-generation Korean American experience, community members can begin to engage in a more open dialogue about cultural and identity factors that uniquely impact their psychological and emotional well-being. This, in turn, would help dismantle the cycle of silence, which has been identified as one of the primary mechanisms of intergenerational transmission of trauma (Danieli 2007). Research on collective healing suggests that engaging in communal dialogues around shared traumas not only helps to increase individual insight into the context for experienced distress but also provides a constructive space through which the community can honor, grieve, and make new meaning out of their trauma (Derezotes 2014; Liem 2007).

One of the most obvious and powerful aspects of community-based programming is that it requires collaboration with established and trusted members of the community. There are several benefits to this approach. First, collaboration with community members would help foster a sense of familiarity and trust, which has been identified as a key factor in activating positive help-seeking behaviors for this community. Second, it would reaffirm the use of more informal sources of support as a valid way of seeking help in response to psychological distress and as a preventative measure for more serious problems (Lee et al., 2008). Third, it would allow community members to have agency over their own care and engage in proactive measures to help others who may be in need of mental health support (Jorm, 2012).

Finally, activation of community-based programming would foster more collaborative, interdisciplinary, and cross-sector organizing to enact systemic and community-wide action that addresses the sociocultural determinants of mental health. Research shows that ACEs, trauma, and resilience (ATR) networks are effective in enacting change within local communities through the active collaboration across critical sectors (e.g., medical healthcare, mental and behavioral healthcare, and education) and with community leaders and members. This approach allows for greater and more widespread implementation of community-based services, such as psychoeducation, professional development, research, and advocacy (Rog et al., 2021). These services can also be a way to engage in the process of *conscientización* to raise community-wide awareness of mental health-related issues and encourage active engagement in developing community-informed solutions to systemic problems limiting access to mental health services. For Korean Americans, this could include organizing mental health service networks through social or religious organizations, creating community healing spaces exploring their historical and cultural traumas, and collaborating with social service organizations to aid with immigration

and insurance-related challenges. Although ATR networks are focused on ACEs prevention and recovery, a strong argument can be made for using them as a model for creating a more multiculturally and community-informed approach to mental health services, especially for minority and immigrant communities, in which trauma is a predominating sociocultural factor.

Limitations of the Study

There were several limitations to this study. First, although all participants met the inclusion criteria and proposed definition of second-generation, the generational status of their parents were mixed. While the majority of the participants reported their parents as being first generation, three of the participants reported their parents as being 1.5 generation. As a result, the participants with 1.5-generation parents reported significant differences in their family's immigrant experience. One of the most prominent differences was the absence of a language barrier in which participants reported primarily communicating with their parents in English with little to no difficulty. Another difference was in the socioeconomic status of the families such that those with 1.5-generation parents reported higher SES and greater financial stability than the other participants whose parents were more recent immigrants. These differences contributed to disparities in participants' roles within the family in that those with 1.5-generation parents did not report as much caretaking or task management responsibilities as their peers with first-generation parents.

Inclusion criteria also did not specify the length of time participants lived in the United States. As a result, one of the participants who met all inclusion criteria reported living the majority of her life in South Korea on a U.S. military base. Although she lived in South Korea throughout her childhood and adolescence, she still considered herself to be a second-generation Korean American because she attended American schools and was surrounded by Americans

while living on the military base. She also described being taught by her parents to "be American" with the intention of moving back to the U.S. as an adult. Although the participant identified as being a second-generation Korean American, there were significant differences in her narrative about her family's immigration history from the rest of the participants in the study because of her unique experience growing up on a foreign military base. This brought up an interesting question about what it means to be Korean American, especially for children in military families living abroad. Future studies should continue to examine the effects of foreign residency on the national identity development of children raised on foreign military bases.

Second, although validity measures were integrated into the design of the study through the use of peer debriefing and participant feedback, time and resource constraints limited the number of times in which I, as the researcher, was able to check-in with the participants. This limited the depth of exchange between me and the participants to ensure greater trustworthiness of the data by incorporating more participant-driven interpretations during the reconstructive analytic phase. Moreover, my identity as a second-generation Korean American may have also created blind spots in my analysis and interpretation of results. Although my insider status helped me to narrow my focus and identify key themes, as previously discussed, this also may have limited my ability to pursue areas of interest beyond my own awareness. The use of peer debriefers, though effective in many ways, cannot fully account for the full range of possibilities in analysis and interpretation. As such, there is a need for more research to help further validate these findings.

Third, recruitment methods used were intended to provide as wide and heterogeneous of a sample within the parameters of the study's inclusion criteria; however, due to limitations in time and resources, there were challenges in recruiting participants that attended to increased

differences in geographic location and religious upbringing. As a result, the majority of the sample was composed of participants from New York and California. Although consistent with current population data, one major geographic location that was not represented was the Washington DC metropolitan area. The sample also did not include participants from different religious or spiritual backgrounds. Although there was a diversity in participants' current religious and spiritual affiliations, all 12 participants in this study reported growing up within a Christian household at various points in their family's history. Although current population data show that the majority of Korean American population identifies as Christian, this still left a significant portion of the population that does not, thereby limiting the generalizability of the results.

Additionally, the voluntary nature of the study lent itself to the recruitment of individuals who were already interested in the study topic. All of the participants expressed high interest in discussing issues of mental health within the Korean American community and reported being actively engaged in their own exploration of their mental health. As such, this may have influenced how the participants reflected on their experiences of distress and help-seeking behaviors. For instance, nearly every participant in this study reported going to therapy at least once in their lifetime. This is different from current research that indicates poor mental health service utilization amongst Korean Americans, including second-generation individuals (Chang et al., 2013; S. Y. Lee et al., 2015). However, since there is still very limited scholarship on the help-seeking patterns of Korean Americans, the results of this study may indicate an interesting trend in mental health service utilization rates amongst second-generation Korean Americans. More research would need to be conducted to account for these differences in data.

Lastly, the focus of the data analysis for this study was to identify the sociocultural schemas impacting participants' attitudes and decisions around help-seeking that were broadly shared across the entire sample. Therefore, interpretation of the results did not account for intersectionality of the participants' identities and how they impacted the way participants internalized identified schemas. Preliminary data indicated possible gender and sibling order effects on the development of one's caretaking role within the family. For example, the two cisgender male participants did not discuss issues of caring for their siblings or their parents in their childhood or as adults as a part of their immigrant experience narratives. The two participants were also the youngest children in their families. That is not to say that the two male participants have not engaged in any caretaking; however, it was not as salient of a role for these two participants as it was for the other participants who grew up in their households as female.

For the participants who grew up in their households as female, many were also the oldest children in the family and discussed being tasked with looking after their younger siblings throughout their life; however, the pressure to take care of one's family members was shared by all the participants who identified as female during part of their formative years irrespective of birth order. This is consistent with research that has found that Korean immigrant parents strongly adhere to traditional Korean family socialization practices through the intergenerational process of *gajung-gyoyuk* (가정교육), which directly translates to "home/family education" (Y. Choi et al., 2013). *Gajung-gyoyuk* is one of the primary ways in which Korean children of immigrants are enculturated to Korean core values, norms, and beliefs, which includes the teaching of strictly defined family and gender roles, responsibilities, and expectations (I. J. Kim et al. 2006; K. K. Lee 1998). Studies also show significant gender differences in the relationship between ethnic socialization practices in Asian American families and ethnic and American

identity development in Asian American adolescents (Gartner et al., 2013) and college students (Nguyen et al., 2015), which may have also accounted for differences in how participants internalized messages regarding how Korean versus American they were, and related feelings of acceptance and rejection, within various social settings. As this was a preliminary study in the identification and exploration of Korean American sociocultural schemas, there was a need to limit the depth and breadth of the analysis for the sake of clarity. Future studies should pay attention to the effects of intersectionality and their impact on the meaning-making process of unique sociocultural schemas and identity claims, particularly through the lens of critical race theory and the impact of White supremacy on the cultural identity development of Asian American children of immigrants.

Directions for Future Research

This study was birthed out of the need to address a large gap in the literature on immigrant families that fails to highlight and honor the many contributions that second-generation children of immigrants make to the livelihood and dignity of their families. There continues to be a dearth of literature on how second-generation Korean Americans are impacted by the challenges and traumas of immigration as a result of their role as active co-constructors in the family's efforts to establish themselves in a new country. In fact, this study is possibly the first and only one that has attempted to uncover and examine latent cultural and identity factors as trauma response patterns to the incredible challenges and hardships that make up the Korean American immigrant experience. This study served as a novel approach to understanding the unique role that second-generation Korean Americans play in obtaining socioeconomic security for the family and how that impacts the psychological functioning and help-seeking patterns of this population. As such, future research should aim to further explore and expand upon the

identified cultural trauma patterns and how to best address them through culturally responsive interventions for the improved health and well-being of this population.

Relatedly, more research needs to be conducted on the development and implementation of community-based programming and interventions. As previously discussed, community-based programming and interventions can help to increase the community's overall mental health literacy, which, in turn, would help improve help-seeking behaviors. Currently, there is very limited research on using collective healing therapeutic interventions with Korean Americans. As such, additional research would provide a guide and evidence for the effective use of psychoeducation and other collective healing therapies for this population.

Finally, there must be more research on the effects of intergenerational trauma on the mental health and functioning of Korean American immigrant individuals and families. Despite the large amount of literature on the historical and cultural traumas of the Korean people, there has been very little research conducted on how those traumas continue to impact the Korean American community through embedded cultural mechanisms of survival. This study was a first attempt at understanding that very process by examining the trauma patterns that exist for second-generation Korean Americans. Future studies can continue to examine these trauma patterns using the themes identified through this study as a guide or apply similar methods to see if there are any linkages between the trauma patterns identified for second-generation Korean Americans and those of other generational cohorts.

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Semi-Structured Interview Guide

1. Can you tell me about your family's immigration to the U.S.?
    a. When did your parents immigrate to the U.S.? Do you know why they came to the U.S.? Where did they initially move to?
    b. Tell me one of the stories you may have heard your parents tell you or someone else about their immigration to the U.S.
        i. If someone else, who was it?
    c. What are your thoughts and feelings about this story that your parents told you or someone else?

2. You are a second-generation Korean American. What does this mean to you?
    a. What are the similarities between you, second-generation, and your parents, first-generation?
        i. Can you think of a time when you experienced those similarities between you and your parents? Please describe what happened in as much detail as possible.
    b. What are the differences between you, second-generation, and your parents, first-generation?
        i. Can you think of a time when you experienced those differences between you and your parents? Please describe what happened in as much detail as possible.
    c. How would your parents describe what it means to be a second-generation Korean American?
    d. How would other family members describe what it means to be a second-generation Korean American? Please tell me which family members.

3. Now, I would like you to think about your experience growing up with your parents and other family members who immigrated from Korea.
    a. How would you describe your childhood and adolescence growing up with parents who had immigrated from Korea?
        i. [If the participants indicate that it was difficult] Can you give me an example of what was difficult? What happened that was difficult for you? Please give me as much detail as you can remember.
    b. How were your childhood and adolescence similar or different from those of your peers? Please tell me who your peers were.
        i. [If participants indicate their experience was different from their peers] Can you tell me about a time or event that illustrates what you feel was different about your experience growing up in your family?

ii. [If participants indicate their experience was the same as that of their peers] Can you give me an example of what was the same for you and your peers?

4. Can you tell me about a time when you felt distressed?
    a. Please tell me how you understood the cause of your distress.
        i. [If the participant uses the words "mental health"] What is your understanding of mental health?
    b. Please tell me how you responded to or managed your distress.
        i. [If the participant mentions seeking help] What sources of support or help did you use during that time?
        ii. [If the participant does not mention seeking help] You did not say whether you asked for support. Can you tell me more about that?

5. Can you tell me what thoughts and feelings come up for you when you think about seeking help for your distress?

6. What thoughts and feelings do you have about seeking professional help, such as counseling or psychotherapy, for your distress?
    a. [If participant has used professional help in the past] What made you take the step to seek out professional help?
    b. [If participant has never used professional help] What would it take for you to seek professional help in the future?
    c. [If participant sought out other sources of help] What made you decide to seek out other sources of support than professional counseling?

Appendix B

Pre-Screening Questionnaire

1. How old are you? (fill-in): _____

2. Were you born in the United States? (select one):
   a. Yes
   b. No

3. If answer to Question 2 is no:
   a. At what age did you immigrate to the United States? (fill-in): _____
   b. What country did you emigrate from? (fill-in): _____

4. Where were your parents born? (select one:):
   a. What is now currently known as the Democratic People's Republic of Korea (also known as North Korea)
   b. What is now currently known as the Republic of Korea (also known as South Korea)

5. Are you a Korean adoptee? (select one):
   a. Yes
   b. No

Appendix C

Demographic Questionnaire

1. Gender: _____

2. Age: _____

3. Relationship Status (select one):
   a. Single
   b. Married
   c. Separated
   d. Divorced

4. Education status (select one):
   a. Some High School
   b. High School Graduate
   c. Some College
   d. College Graduate
   e. Graduate/Professional Degree
   f. Other (fill-in): _____

5. Employment status (select one):
   a. Employed
   b. Unemployed
   c. Seeking employment
   d. Other (fill-in): _____

6. What religion did your family practice when you were growing up? (select one):
   a. Buddhism
   b. Christianity (Catholic and Protestant traditions)
   c. Atheism/Agnosticism
   d. Areligious/Spiritual
   e. Other (fill-in): _____

   Please indicate if you still practice the same religion (select one):
   a. Yes
   b. No

   If not, please indicate what religion, if any, you are currently practicing (fill-in): _____

7. Current household income (combined income of those in your household) (select one):
   a. Less than $20,000
   b. $20,000 - $40,000
   c. $40,001 - $60,000

    d. $60,001 - $80,000

    e. $80,001 - $100,000

    f. More than $100,000

8. What are the generational statuses of everyone in your household? Generational status is defined as follows (select all that apply):

    a. First (Any person who emigrated to the U.S. aged 21 and older)

    b. 1.5 (Any person who emigrated to the U.S. aged 13 and older)

    c. Second (Any person who was either: 1. Born in the U.S. or 2. Emigrated to the U.S. before the age of 5)

    d. Third+ (Any person born in the U.S. to parents defined as second-generation or beyond)

Appendix D

Seton Hall University Institutional Review Board Approval Form

March 11, 2020

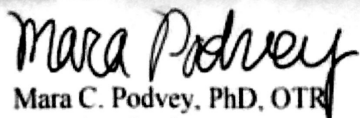Kristin Kim-Martin

Re: Study ID# 2020-056

Dear Ms. Kim-Martin,

The Research Ethics Committee of the Seton Hall University Institutional Review Board reviewed and approved your research proposal entitled "Making Meaning of the Korean Immigrant Experience and Its Impact on the Help-Seeking Patterns of Second-Generation Korean Americans" as resubmitted. This memo serves as official notice of the aforementioned study's approval as exempt. Enclosed for your records are the stamped original Consent Form and recruitment flyer. You can make copies of these forms for your use.

The Institutional Review Board approval of your research is valid for a one-year period from the date of this letter. During this time, any changes to the research protocol, informed consent form or study team must be reviewed and approved by the IRB prior to their implementation.

You will receive a communication from the Institutional Review Board at least 1 month prior to your expiration date requesting that you submit an Annual Progress Report to keep the study active, or a Final Review of Human Subjects Research form to close the study. In all future correspondence with the Institutional Review Board, please reference the ID# listed above.

Thank you for your cooperation.

Sincerely,

Mara C. Podvey, PhD, OTR
Associate Professor
Co-Chair, Institutional Review Board

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