Stress, Coping, and Depression Among Elderly Korean Immigrants

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SUMMARY. The effects of life stresses and social support on depressive symptoms in older Korean Americans (n = 67), recruited at senior centers and meal sites, were examined. Those who reported poorer health, who had more stressful life events, who were dissatisfied with help received from family members, and who reported few good friends were more likely to be depressed than those who did not. The impact of these factors on the quality of life of elderly Korean immigrants can be understood in the context of their immigration experience and Korean cultural values. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com>*

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The Asian and Pacific Islander (API) population in the United States grew by 141% between the censuses of 1970 and 1980 while the total U.S. population increased by only 11%. The population growth rate in the 1980-1990 decade was 10% for the total U.S. population and almost 100% for APIs

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(U.S. Bureau of Census, 1991). Researchers project that the API populations will rise to almost 10 million in the next decade and to almost 20 million by the year 2030. The API population is composed of at least 26 census-defined ethnic subgroups, some of which have been in the United States since the 1850s, while substantial numbers of them immigrated to this country only in the past three decades. The API elderly population constitutes the fastest growing racial group aged 65 and older in the United States, but it has been neglected in many national studies (Mui, 1996b). When the data on API are collected, API subgroups are often not broken down and the sample size is often too small for meaningful analysis (Mui 1996b; Tanjasiri, Wallace, & Shibata, 1995). Therefore, there are substantial knowledge gaps regarding the state of API elders due to a lack of empirical data (LaVeist, 1995). Numerous medical, psychological, social, and biological research questions remain unanswered because data on these populations are scarce (Gibson, 1989; Jackson, 1989; Mui 1996a).

The API population is extremely diverse, and there are a lot of within-group cultural variations in family values, beliefs, norms, language, health-seeking behaviors, and many other areas. Among the Asian-American groups, the population size of Chinese, Japanese, and Koreans is relatively large compared to other Asian groups. These three groups share some similar cultural roots, and the majority of them were voluntary immigrants (as opposed to Vietnamese or Laotians, who came for political asylum) (Ishii-Kuntz, 1997). They also differ in many ways. For example, in terms of immigration history, Chinese men who came to the United States as railroad workers in the mid- to late 19th century were likely to have come alone, leaving their families behind in China (Ishii-Kuntz, 1997). In contrast, Japanese immigrants who came here in the early 20th century either brought their families or started their families in this country. The Korean elderly immigrants, however, most likely came to the United States after the passage of the 1965 Immigration Act. This law allowed these Korean immigrants to reunite with their families because they were granted visas under the family reunification category. Because of this immigration history, Korean elderly people are more likely than their counterparts in the other API groups to be recent immigrants, and they may need support in the adaptation and acculturation process. In Ishii-Kuntz's study (1997), compared to Chinese-American and Japanese-American families, Korean-American families had significantly lower average income; Korean elderly parents were strongly embedded in family support networks, as shown by their frequent interaction with relatives and friends; and Korean elderly parents received more support from their children. Ishii-Kuntz's data (1997) also suggested that Korean adult children had a stronger sense of filial obligation to their parents than their Chinese or Japanese counterparts. In addition, Korean adult children who had this stron-

ger sense of filial obligation were more likely to provide both emotional and financial support to their elderly parents. Among the three Asian groups, those who were first born (an indication of a lower level of acculturation) were more likely than the others to provide financial assistance to their elderly parents. Youn and Song (1992) suggested that elderly Korean parents experienced conflicts in their family relationships as they grew older. Based on the literature, the author, in this study, attempts to explore the mental health status of the Korean elderly immigrant population using a stress and coping framework. Specifically, the research question is: what factors are associated with the mental health status of Korean elders?

LITERATURE REVIEW

Researchers (Kiefer et al., 1985; Lee, Crittenden, & Yu, 1996) who examined the quality-of-life issues found that Korean elders who had less social support had difficulty in psychosocial adaptation. Very few of those studies examined depression specifically (see Table 1 for a summary of recent quality-of-life studies on Korean elderly populations). Depression may occur frequently in elderly immigrants because they have limited resources but must deal with physical losses and stressful life events (Gelfand & Yee, 1991; Lee et al., 1996). Despite substantial prevalence rates, symptoms of depression often go unrecognized, undiagnosed, and untreated due to patient- and health-care-related barriers and problems in the organization and financing of mental health services for older adults, especially minority elders (Gottlieb, 1991). Studies (Loo, Tong, & True, 1989; Snowden & Cheung, 1990) also suggest that minority elders and immigrants tend to underutilize mental health services, even though the prevalence and types of reported psychological disorders were similar to those in the white population. Depressive symptoms do not tend to remit spontaneously in older adults (Allen & Blazer, 1991), and undiagnosed and untreated depression in late life usually cause tremendous distress for older adults, their families, and society. Research suggests that older Korean-Americans and older whites are at a similar risk for depression (Yamamoto, Rhee, & Chang, 1994). Factors associated with depression among older Korean immigrants have been lower levels of social contact and fewer close friends (Lee et al., 1996). Other studies have found that elderly Korean immigrants' relationships with family was a significant factor in their psychological well-being (Sung, 1991; Youn & Song, 1992). The stresses of immigration and acculturation have also been found to pose additional risks for situational stress and somatic symptoms, often occurring when family supports are weakened or unavailable (Gelfand & Yee, 1991; Koh & Bell, 1987). However, depressed elderly immigrants are less likely than white elders to be identified by service providers, and they are less likely

TABLE 1. Summary of Recent Quality-of-Life Studies on Korean Elderly People

Authors	Sample	Research Questions	Multivariate Method	Major Findings
Ferraro & Su, 1999	865 Elderly Koreans in Korea	Predictors of depression (CES-D[a])	Yes	Predictors for depression were fewer household members, poor health, higher IADLs, fInancial strain, fewer family contacts, and receiving family financial support.
Kiefer et al., 1985	50 Elderly Korean immigrants	Adjustment problems of Korean American elders	No	Persons who had difficulty in psycho social adaptation had little education, had shorter stays, and lived alone. Men adjusted better than women.
Koh & Bell, 1987	151 Elderly Korean immigrants	Intergenerational relations and living arrangements	No	Compared to Korean elders in Korea, Korean immigrants were more likely to live alone and not wish to live with their children.
Lee et al., 1996	200 Elderly Korean immigrants	Social support and depression, measured by the CES-D[a]	Yes	Korean immigrants who had more close friends and more social contacts were less likely to be depressed.
Lee et al., 1993	50 Elderly Korean immigrants	Heart disease risk factors and attitude toward prevention	No	Compared to white elders, Korean elders had a lower frequency of heart disease and all risk factors, except diabetes.
Moon & Pearl, 1991	36 Elderly Koreans in Los Angeles and 51 in Oklahoma	Psychological adjustment., measured by Deans Alienation Scale (DAS)	Yes	Compared to Korean elders in Oklahoma, Korean elders in Los Angeles were younger, had shorter lengths of stay in the U.S., lived with their spouse, and had better psychological adjustment in terms of sense of powerlessness, isolation, and alienation.
Slung, 1991	450 Elderly Koreans In Korea	Informal support networks	Yes	94% of the sample cited family support as the source of help they turned to most often. Intimate family relationships predicted total well-being (physical and financial).
Pang, 1995	69 Elderly Korean immigrants	Prevalence of depression, measured by the Diagnostic Interview Schedule (DIS-III)	No	Lifetime prevalence rate for the Korean immigrants was 7.1%. Both the depressed and nondepressed groups expressed loneliness, sadness, and somatic symptoms.
Wallace et al.,1996	231 Elderly Korean immigrants	Health practices	Yes	Compared to non-Hispanic white elders, Korean elders practiced a somewhat higher number of healthy behaviors. Older Korean men had problems with smoking cessation.
Yamamoto et al., 1994	100 Elderly Korean immigrants	Psychiatric disorders, measured by the Diagnostic Interview Schedule (DIS-III)	No	Compared to the U.S. elders, Korean elders were not different in the prevalence of DSM-Ill disorders, with the exception of alcohol abuse and dependence. Korean men had a higher rate of alcoholism.
Youn & Song, 1992	623 Elderly Koreans in Korea	Perceived conflict with family	No	Older Koreans in Korea experienced more conflicts in their relationships as they grew older.

[a]CES-D represents the Center for Epidemiological Studies of Depression Scale.

to receive treatment because of language barriers (Chi & Boey, 1993; Mui, 1996b).

In the United States, epidemiological studies have examined the prevalence of depressive symptoms in communities, using a variety of self-rating scales and interviews. Depending on the selected instruments and cutoff

points, the reported prevalence of depression among those over 65 ranged from 2% to 5% for major depressive disorders to as high as 44% to 50% for depressive symptoms (Blazer et al., 1988). Of all the psychological problems that affect elderly people, depression is the risk factor most frequently associated with suicide (Lapierre et al., 1992). One fifth of all late-life suicides are due to depression (APA, 1988). The mental health status of elderly Korean immigrants deserves careful evaluation because previous research on Korean elderly immigrants is scant. As a function of immigration policies such as family reunification laws and the cultural norms of filial piety, the number of Korean and other Asian elderly immigrants will continue to grow in the years to come (Mui, 1996b).

Previous research on the mental health of the U. S. elderly population as a whole has shown that older people are more likely to be depressed if they are female, have poor self-rated health, live alone, and have a poor quality of social support (Burnette & Mui, 1994; Mui, 1993; 1996b; 1996c). A preponderance of studies on white and other ethnic elderly has shown that elderly females are more often depressed than elderly males (Mui, 1993, 1996b). Other researchers (Husaini et al., 1990; Krause, 1986) have found that family and social support was associated with less depression because social support can mediate the impact of stress among the elderly. Furthermore, lower rate of depression was associated more with perceived satisfaction with family help than with the size of the support network (Borden, 1991; Mui, 1996b; Wethington & Kessler, 1986). There is also evidence of cultural and ethnic differences in family support. For example, Cantor (1979) found that Hispanic elders consistently had higher levels of support from their children than either black or white elders did. Compared to white elders, both black and Hispanic elders were disproportionately poor and underserved by mental health systems (Butler, Lewis, & Sunderland, 1991; Mui & Burnette, 1994). In addition, some differences in family support between ethnic groups can be attributed to culture, socioeconomic status, and immigration patterns (Linn, Hunter, & Perry, 1979; Markides & Mindel, 1987).

Previous studies (Burnette & Mui, 1994; Kemp, Staples, & Lopes-Aqueres, 1987; Mahard, 1988; Mui, 1993; 1996c) on both white and ethnic elders have also found that older persons who rated their health as poor were more likely to be depressed. The issue of the coexistence of depression with physical illness is important and complex (Ouslander, 1982). Depressive symptoms are natural responses to physical illness. Furthermore, some of the depressive symptoms, such as sleep disturbance and fatigue, can result from physical illnesses or from drug treatments for those illnesses. A wide variety of physical illnesses can be accompanied by depressive symptoms in the elderly (Ouslander, 1982; Reifler, 1991). In this study, a stress and coping framework (Aldwin, 1994; Lazarus & Folkman, 1984) was used to conceptu-

alize and examine the relation among stresses, coping resources, and depression outcome for Korean elders. The stress and coping framework acknowledges the importance of personal and environmental stresses, such as family conflicts, acculturation, adaptation, and their effects on elders' overall well-being (Aldwin, 1994; Mui, 1993). Methods for coping with stress are determined by cognitive appraisal and include both cognitive and behavioral efforts to manage stresses that are appraised as taxing. Coping resources usually include physical, psychological, and social supports that are available to an individual (Burnette & Mui, 1994; Lazarus & Folkman, 1984; Mui, 1993). To test whether the traditional stress and coping paradigm for explaining depression is applicable to the Asian elderly immigrants, this study examined the role of stress and coping resources (social support system) in predicting depression of the Korean elderly immigrants living in the community.

METHOD

Respondents were 67 elderly Korean immigrants who live in a major U.S. metropolitan region and who volunteered to participate in the study. Possible subjects were approached and interviewed by Korean social work student volunteers at senior centers and congregate meal sites in a Northeast metropolitan area in December 1996. Korean elders were included in the study when judged to be without psychiatric or memory problems, as determined by the Short Portable Mental Status Questionnaire (SPMSQ) (Chi & Boey, 1993). The SPMSQ is a 10-item test of mental functioning. No or mild impairment is indicated by 9 to 10 correct answers, moderate impairment by 6 to 8 correct answers, and severe impairment by 0 to 5 correct answers. No one was screened out by this procedure because they had scored 9 or 10 in the scale. All respondents who volunteered for the study were administered the Korean questionnaire by the Korean social work students through face-to-face interviews, to assess their sociodemographics, informal support system, self-rated health status, stressful life events, and depression. The response rate was 100%.

Measures

The dependent variable, depression, was measured by the Geriatric Depression Scale (GDS). The GDS was chosen because it is one of the most widely used and highly recommended screening measures for depression in older adults (Olin et al., 1992; Thompson, Futterman, & Gallagher, 1988). This scale has also been used with elderly Chinese immigrants, and good

reliability was evidenced in those studies (Mui, 1996a; 1996b). It is a 30-item inventory that takes 10 to 15 minutes to administer. Previous study populations have included psychiatric and medical patients and healthy normal elders. The GDS has excellent reliability and validity (test-retest reliability = .85; internal consistency = .94). The GDS has been validated against the Research Diagnostic Criteria (RDC) (Spitzer et al., 1978) and is able to discriminate among healthy normals and mildly and severely depressed. It performs as well as the DSM-III-R symptom checklist in predicting clinical diagnoses (Parmelee, Lawton, & Katz, 1989). The assessment of depression in an elderly population is more difficult than in a younger population because of the higher prevalence of somatic complaints, genuine physical problems, and use of medication. One of the strengths of the GDS is that it contains no somatic items, which tend to inflate the total scores of an elderly population and introduce age bias into the depression-screening scale (Berry, Storandt, & Coyne, 1984; Kessler et al., 1992). Another strength of the GDS is its simple yes/no response format for symptom endorsement; this is preferable for subjects with limited formal education (Olin et al., 1992).

Independent variables, including stress factors, coping resources, and other demographic factors, are discussed in the following. Measures of stress factors were perceived health status (rated by the respondents on a 4-point scale ranging from excellent to poor), numbers of stressful life events, and living arrangements. Stressful life events were measured by asking respondents to answer yes or no to the following question: ''In the past year, did you experience the following events?'' These events were children moved out, serious illness or injury of family member, family discord, unemployment, and financial difficulty. These stressful life events were selected because previous studies found that numbers of stressful events were correlated with higher depression (Chi & Boey, 1993; Mui, 1996b). Living arrangement was measured by asking the Korean respondents whether or not they lived alone. Coping resources were operationally defined by five areas: size of social network, help provided by family members, satisfaction with the quality of family help, existence of a close friend, and contact with friends. Sociodemographic variables (age, sex, marital status, income, language spoken, education, and length of stay in the United States) were also measured to ascertain background characteristics of the sample.

RESULTS

Respondents' Characteristics

Table 2 shows that the mean age of the respondents was 69.2 years with a standard deviation of 6.1. Almost half of the respondents were age 70 or

TABLE 2. Profile of the Elderly Korean Immigrant Sample by Gender

	Women (n = 34)	Men (n = 33)	Total (n = 67)
Age			
60-69	51.5%	52.6%	51.6%
70-79	42.4	32.3	37.5
80 and above	6.1	16.1	10.9
Mean age (SD)	68.6 (6.5)	70.3 (8.2)	69.2 (6.1)
Marital status****			
Married	38.2%	87.9%	62.7%
Widowed	61.8	12.1	37.3
Language spoken			
Korean	100.0%	100.0%	100.0%
Educational attainment			
No education	14.7%	9.1%	11.9%
Elementary school	35.3	12.1	23.8
High school	35.3	57.6	46.4
College or higher	14.7	21.2	17.9
Religion**			
No religion	2.9%	12.1%	7.5%
Buddhist	11.8	0.0	5.9
Catholic	23.5	3.0	13.4
Protestant	58.8	84.9	71.6
Other	2.9	0.0	1.5
Income			
Less than $500/month	45.5%	39.4%	42.4%
$501 to $1,000/month	42.4	33.3	37.9
$1,001 or more	12.1	27.3	19.7
No. of years in the U.S. (mean)	12.1	11.4	11.8
Born overseas	100.0%	100.0%	100.0%

Note: Chi-square statistics were used.
** $p < .01$. **** $p < .0001$.

older. All were participants in senior centers and congregate meal sites, and the majority had at least an elementary school education. Sixty-three percent were married, and 37.3% were widowed. The average length of stay in the United States was about 12 years (range from 3 to 15 years), and all respondents were born in Asian countries. There were no major gender differences except that the men were more likely to be married and more likely to be Protestants.

Coping Resources and Stressful Life Events

Table 3 describes the respondents' social network size, help provided by family members, satisfaction with the quality of family help, and living arrangements. About 13% of the respondents lived alone, fewer than the white elderly population in general (Burnette & Mui, 1994). The remaining respondents lived with spouses and/or children. There were no gender differences in social network characteristics in this sample. The average number of family members of the respondents was 7.5 (including adult children, grand-

TABLE 3. Family Support and Perceived Health Status of the Elderly Korean Immigrant Sample, by Gender

	Women (n = 34)		Men (n = 33)		Total (n = 67)	
Family Network	M	SD	M	SD	M	SD
No. of sons	1.5	0.9	1.5	0.8	1.5	0.9
No. of daughters	1.6	1.0	1.4	0.7	1.5	0.8
No. of daughters-in-law	1.4	1.0	1.3	0.9	1.3	1.0
No. of sons-in-law	1.5	0.9	1.2	0.4	1.3	0.7
No. of brothers	1.3	1.5	0.7	0.5	1.1	1.2
No. of sisters	1.1	1.4	0.6	0.5	0.9	1.2
No. of grandchildren	2.8	2.4	2.5	2.3	2.6	2.3
Average no. of family members	7.9	6.6	7.1	4.7	7.5	5.7
Living arrangement*						
Living alone	17.7%		9.1%		13.4%	
With spouse	2.9		45.5		35.8	
With spouse and children	26.5		42.4		33.3	
With children	44.1		0.0		11.5	
With other relatives	8.8		3.0		6.0	
Assistance provided by family members						
Emotional support	61.8%		75.8%		68.7%	
Financial support*	23.5		45.5		34.3	
Help with decision making	70.6		66.7		68.7	
Help with daily activities***	20.6		60.6		40.3	
Help with medical care*	47.1		72.7		59.7	
Entertainment in leisure*	47.1		72.7		59.7	
No. of assistance (mean)**	2.7		3.9		3.3	
Perceived dissatisfaction with family help*						
Very dissatisfied	5.9%		3.0%		4.5%	
Dissatisfied	41.1		12.1		26.8	
Satisfied	17.7		33.3		25.4	
Very Satisfied	35.3		51.5		43.3	
Self-rated health*						
Excellent	2.9%		21.2%		11.9%	
Good	38.2		33.3		35.8	
Fair	29.4		30.3		29.9	
Poor	29.4		15.2		22.4	

Note: Chi-square statistics were used.
* $p < .05$. ** $p < .01$. *** $p < .001$.

children, in-laws, and siblings). The men seemed to receive more assistance from families than did the women. About one third of the families provided financial support to their elderly relatives. More of the male respondents (72.9%) had family members spending leisure time with them than did their female counterparts (47.1%). About two thirds of the respondents received help in decision making and medical care. Male respondents seemed to be more satisfied with the help they received from family members than did the female respondents. However, for the whole sample, almost one third of the respondents expressed some dissatisfaction with the quality of help they received.

Table 4 presents other coping resources and the stressful life events that respondents had experienced in the year immediately preceding the interview. In terms of friendship network and quantity of social contacts, no

TABLE 4. Coping Resources and Stressful Life Events of the Elderly Korean Immigrant Sample, by Gender (%)

	Women (n = 34)	Men (n = 33)	Total (n = 67)
Do vou have any close friends?			
Yes	76.5	75.8	76.1
No	23.5	24.2	23.9
How many friends do you know well enough to visit in their homes?			
None	35.3	25.0	30.3
One or two	11.8	21.9	16.7
Three or four	11.8	15.6	13.6
Five or more	41.1	37.5	39.4
In the past week, about how many times did you talk to someone (friend/relative) on the phone?			
Not at all	11.8	27.3	19.4
Once or twice	14.7	9.0	11.9
Three or four times	44.1	36.4	40.3
Five or more times	29.4	27.3	28.4
During past week, how many times did you spend time with someone who does not live with you?			
Not at all	29.4	39.4	34.3
Once or twice	32.4	18.2	25.4
Three or four times	29.4	30.3	29.9
Five or more times	8.8	12.1	10.4
Is there someone who would give you help if you needed it?			
Yes	61.8	72.7	67.2
No	38.2	27.3	32.8
Stressful life events			
Children moved out	23.5	15.2	19.4
Illness/injury of family member	26.5	12.1	19.4
Serious illness/injury	23.5	9.1	16.4
Family discord	8.8	9.1	9.0
Unemployment in the family	17.7	15.2	16.4
Financial difficulty	44.1	24.2	34.3
Total number of events (mean)*	1.4	0.8	1.1

Note: Chi-square statistics were used.
* $p < .05$.

gender differences between the women and the men were noted. Female respondents seemed to experience significantly more stressful life events than did their male counterparts (1.4 vs. 0.8 events). Overall, a significant portion of respondents experienced difficult times, with 19% having children move out, 19% having serious illness or injury, and 34% having financial problems at home. The data suggest that a significant portion of the respondents had had to make a lot of adjustments in the previous year due to the occurrence of these life events.

Depressive Symptomatology

The GDS measures depression, with scores ranging from 0 to 30 representing the total number of depressive symptoms. According to Brink and his colleagues (1982), those who reported 10 or fewer symptoms were considered as normal, 11-20 symptoms as mildly depressed, and 21 or more symptoms as moderately to severely depressed. Using data from this sample, the alpha coefficient of the Korean-language GDS was .88, which indicates a good internal consistency reliability for this scale, and the split-half reliability was .84. Overall, there were some gender differences in the GDS depression scores (Table 5). The mean score of the female respondents was significantly higher (11.6) than that of the male respondents (9.5), which is considered normal. This finding seems to be consistent with the literature, which found that older Korean men have adjusted better to life in the United States than older Korean women (Kiefer et al., 1985). Using the Brink et al. (1982) cutoff points, 9% of the total sample were found to be severely depressed. Although these data are not intended as population estimates, the rate of depression in this community sample was higher than that found in other community samples of elderly people (Mui, 1996b; Rankin, Galbraith, & Johnson, 1993)

To examine factors associated with depression in elderly Korean immigrants, a regression analysis was conducted. Three stress factors (perceived health, living alone, total number of stressful life events), two coping resource factors (number of good friends and satisfaction with family help), and two demographic factors (gender and age) were included because these variables were found to be important predictors in other studies (Mui, 1993; 1996b). Results indicated that the model explained 40% of the variance in depression (Table 6). Five variables were significant in predicting depressive symptoms: poor self-rated health (Beta = .20), living alone (Beta = .21), number of stressful life events (Beta = .24), number of good friends (Beta = $-$.31), and perceived dissatisfaction with family help (Beta = .22). The predictive power of poor perceived health and living alone is consistent with the findings of earlier studies using white and other ethnic elderly populations (Burnette & Mui, 1994; Mui, 1993; 1996b; 1996c).

DISCUSSION

Elderly Korean respondents in the present study admitted to depressive symptoms (as measured by Geriatric Depression Scale) at a rate (mean = 10.3) that is much higher than that found in an elderly Chinese immigrant sample (mean = 7.2) (Mui, 1996b). Based on this finding, one might speculate that older Korean immigrants feel more frustrated or disappointed about

TABLE 5. Percentage of Respondents Agreeing with Geriatric Depression Scale (GDS) Items

	Women (n = 34)	Men (n = 33)	Total (n = 67)
Geriatric Depression Scale			
1. Satisfied with life*	66.7	84.9	75.8
2. Dropped activities/interests	41.2	45.5	43.3
3. Life is empty	52.9	45.5	49.3
4. Often get bored	20.6	27.3	23.9
5. Hopeful about the future	47.1	48.5	47.8
6. Obsessive thoughts*	47.1	21.2	34.3
7. In good spirits	79.4	87.9	83.6
8. Fear bad things	41.2	42.4	41.8
9. Happy most of the time	75.8	75.8	75.8
10. Often feel helpless	35.3	33.3	34.3
11. Often get restless	38.2	30.3	34.3
12. Prefer to stay home	29.4	48.5	38.8
13. Worry about the future	35.3	27.3	31.3
14. Problem with memory	45.5	27.3	36.4
15. Wonderful to be alive	84.9	87.9	86.4
16. Feel downhearted and blue	29.4	27.3	28.4
17. Feel worthless	26.5	39.4	32.8
18. Worry about the past*	26.5	6.1	16.4
19. Life is exciting	70.6	59.4	65.2
20. Hard to start new projects*	64.7	37.5	51.5
21. Full of energy	39.4	46.9	43.1
22. Situation hopeless*	36.4	46.9	41.5
23. Others are better off	41.2	37.5	39.4
24. Upset over little things	30.3	30.3	30.3
25. Feel like crying*	35.3	15.6	25.8
26. Trouble concentrating	44.1	40.6	42.4
27. Enjoy getting up in morning	79.4	81.1	80.6
28. Avoid social gatherings	32.4	33.4	32.8
29. Easy to make decisions*	52.9	81.8	67.2
30. Mind as clear as used to be	44.1	45.4	44.8
Mean of GDS Long Form (SD)**	11.6 (7.2)	9.5 (6.9)	10.3 (7.0)
Normal (0-10)	52.9	57.6	55.2
Mildly depressed (11- 20)	35.3	36.4	35.8
Moderately to severely depressed (21-30)	11.8	6.1	9.0

Note: Chi-square statistics were used.
* $p < .05$.

TABLE 6. Regression Model: Correlates of Depressive Symptoms Among Elderly Korean Immigrant Sample (n = 67)

Variable	b	SE	Beta
Demographic factors			
Gender	1.07	1.54	0.08
Age	−0.06	0.10	−0.06
Stress factors			
Self-rated health [a]	1.49	0.82	0.20*
Living alone	1.31	0.85	0.21*
Number of stressful events	1.50	0.75	0.24*
Coping resources			
Dissatisfaction with family help [a]	1.29	0.74	0.22*
Number of good friends	−1.70	0.60	0.31**
R-square	.40		
Adjusted R-square	.34		
F	6.41****		

[a] In terms of the coding of the variables, the higher the score, the more unfavorable the rating.
* p <.05. ** p < .01. **** p < .0001.

their lives than their Chinese counterparts. It is not clear whether this is due to Korean elders' high expectation for their lives and/or their families or whether they had more unmet needs than their families can meet. Furthermore, it appears that older Korean women are particularly vulnerable to symptoms of depression than are older Korean men. This finding is consistent with literature that suggested that older Korean men adjust better than older Korean women (Kiefer et al., 1985). Older Korean men may adjust better in a foreign land because many of them are still married. On the other hand, older Korean women are less likely to be married and more likely to live alone. This also may reflect differences in the way depressed symptoms are interpreted or expressed by men and women, or it may reflect differences in life expectations between the two gender groups.

Depression in elderly Korean immigrants may be due to the stresses associated with immigration, language barriers, acculturation, financial hardship, poor health/illness, social isolation, and splitting of the household (Tables 2 and 4). Indeed, the data indicate that Korean elders in this study reported more changes within their family systems and with financial difficulties than with other life events. Almost 20% reported having had children move out of the home. Children moving out and splitting of households may be an indication of intergenerational conflicts and/or less family support by adult children (Mui, 1996b; Wong & Reker, 1986). This may be a difficult emotional issue for elderly Korean immigrants because this cohort of Korean elders grew up in a traditional Korean culture in which family loyalty and filial piety were central values (Moon & Pearl, 1991; Sung, 1990). For Korean elders, old age was usually associated with increasing authority in the family and respect from the children and grandchildren in their homeland. However, their children

may have adapted well to American culture, in which older parents and adult children relate to each other more as peers, each group living apart and independently. For Korean elders who may still have high expectations about multigenerational living arrangements and a strong sense of family solidarity, the acculturation gap between the aging parents and the adult children may be upsetting for the elders.

The findings of this study in terms of poor health and living alone are consistent with the literature (Kiefer et al., 1985; Lee et al., 1996; Linn et al., 1979; Mui, 1996b, 1996c; Youn & Song, 1992). The findings suggest that elderly Korean immigrants, like other elderly groups, are vulnerable to psychological distress in the form of depressive symptoms (Burnette & Mui, 1996; Lee et al., 1996; Mui, 1993, 1996b, 1996c). Poorer perceived health is a significant predictor of depression. Previous studies on white and other ethnic elders found that older persons who rated their health as poor were more likely to be depressed (Kemp et al., 1987; Mahard, 1988; Mui, 1993, 1996b). It is unclear whether the poorer self-rated health in this group of Korean elders was a sign of physical illness or of a mental health problem because they might find the expression of physical problems culturally more acceptable. The data suggest that helping professionals need to be aware and sensitive to their clients' unspoken needs and that they need to provide information in terms of health education and preventive medicine.

Living alone is another significant predictor of depression among elderly Korean immigrants in the study. This is also consistent with a study of elderly Chinese immigrants (Mui, 1996b). One of the major reasons most elderly Korean immigrants, as well as other Asian elders, came to America was to be with their children (Koh & Bell, 1987). Living alone and apart from their children may be a sad, lonely, and disappointing experience for them. Korean culture places a strong emphasis on family togetherness and the interdependence of family members, placing a high value on family cohesion through an intergenerational household. It is a norm rather than an exception for adult sons and their families to live with their older parents, particularly so for the oldest married son (Hong & Ham, 1992; Koh & Bell, 1987). Therefore, an adult child's decision to move out and live apart from the aging parents is often a very stressful transition because it engenders great disappointment and shame. The splitting of the household could mean failure and embarrassment for all parties involved. Helping professionals need to be sensitive to the cultural meaning of the changes within a multigenerational family system and be able to provide supportive services to help elderly Korean immigrants accept and adapt to these changes. Furthermore, this finding strongly suggests counseling programs for younger Koreans planning to bring their parents to America. These programs can prepare and teach the Korean adult

children about the adaptation process of their immigrant parents and explore practical ways to minimize parents' feelings of frustration and depression.

Coping resources, as expressed by perception of family help and number of good friends, are powerful factors in determining the overall quality of life for elderly Korean immigrants. Perceived dissatisfaction with the quality of help from family members and fewer good friends are associated with higher depression scores. In the present study, perceived dissatisfaction with family help was a significant variable in explaining depressive symptoms. Korean elders may have high expectations for family help, but the children of these Korean elders may not feel the same, due to differences in acculturation and family role expectations. More research is needed, both to replicate these findings and to examine the role of traditional norms of family help, filial piety, and care for the elderly. This research should be conducted in the context of the Korean intergenerational family and from the perspective of both Korean elders and their family members.

The number of good friends was the strongest factor in predicting better mental health of the Korean elderly immigrants and is consistent with Moon and Pearl's work (1991). In their study, the small size and lack of cohesiveness of the ethnic community had a negative relationship with feelings of alienation. It seems that elderly Korean immigrants may feel better if the size of their friendship network is larger. Obviously, more good friends would be comforting and might help to minimize adjustment problems; friends can also provide both emotional and instrumental support when necessary. New programs to help elders cope with their feelings of dissatisfaction with their children, facilitate the formation of a friendship network, and evaluate their unmet needs are important to improve their quality of life and adaptation ability.

Recent dramatic increases in the Korean population of the United States, and the aging of this population, guarantee that future service providers will be called upon to serve the mental health needs of elderly Korean-Americans. The most prevalent of these problems-depression-can be addressed effectively only by paying careful attention to the cultural values and expectations of this group. The present study suggests that helping professionals who provide treatment to this group should pay special attention to their clients' self-perceived health, living arrangement, size of friendship network, level of satisfaction with help from family members, and number of stressful life events. Consideration of these variables is essential to the design of culturally appropriate mental health interventions for elderly Korean immigrants.

Overall, the findings of this study are consistent with previous research (Lee et al., 1996; Mui, 1993; 1996b; 1996c; Pang, 1995); however, they must be interpreted with caution. The voluntary nature of subject participation limited the study because of self-selection bias. Older Koreans who are

homebound and isolated are not represented in the study. The interpretation of the results is limited by its cross-sectional nature. Longitudinal studies are needed to determine the direction of the relationship between variables and how depression rate changes over time. Finally, the self-rated measures in the present study may have been affected by the Korean cultural norm of expression of feelings and emotions. It is not clear whether the depression was over- or underestimated. The findings of the present study are most appropriately generalized to Korean elderly immigrants who are participants of senior centers, live in urban settings, and are mentally competent.

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