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Acculturation and Enculturation, Perception of Depressive Symptoms, and Help-Seeking Behaviors among Korean Americans

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**ACCULTURATION AND ENCULTURATION, PERCEPTION OF DEPRESSIVE
SYMPTOMS, AND HELP-SEEKING BEHAVIORS AMONG KOREAN AMERICANS**

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ABSTRACT

ACCULTURATION AND ENCULTURATION, PERCEPTION OF DEPRESSIVE SYMPTOMS, AND HELP-SEEKING BEHAVIORS AMONG KOREAN AMERICANS

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Old Dominion University, 2016
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The literature suggests that acculturation, enculturation, and the perception of mental health symptoms are some of the factors that explain help-seeking behaviors in Asian Americans. While there has been previous research addressing these concerns for Asian Americans as a unified ethnic group, few studies have examined these factors to explain help-seeking behaviors specifically in Korean Americans. 107 Korean Americans were recruited from Korean American churches in a large metropolitan city in the southeast region. Participants completed an online questionnaire, which included instruments assessing acculturation (AVS-R) and enculturation (EAVS-AA-R) levels as well as their perception of how problematic depressive symptoms were and willingness to seek help. The findings indicated that acculturation was significantly related to greater willingness to seek help from a psychologist for depressive symptoms and enculturation was significantly related to lower willingness to seek a psychologist for help with depressive symptoms. The results also showed that acculturation was significantly related to a greater likelihood of perceiving affective depressive symptoms as problematic. Lastly, the findings revealed that perceiving affective symptoms as problematic mediated the relationship between acculturation and willingness to seek help from a psychologist. These findings both compliment and contradict previous studies of acculturation,

enculturation, perception of depressive symptoms, and help-seeking behaviors among Korean Americans.

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NOMENCLATURE

B Beta

TABLE OF CONTENTS

	Page
LIST OF TABLES.....	vii
LIST OF FIGURES.....	viii
Chapter	
I. INTRODUCTION.....	1
ACCULTURATION AND ENCULTURATION WITH HELP-SEEKING BEHAVIORS.....	3
PERCEPTION OF MENTAL HEALTH AND DEPRESSIVE SYMPTOMS WITH HELP-SEEKING BEHAVIORS.....	10
PURPOSE AND HYPOTHESES.....	13
II. METHODOLOGY.....	15
PARTICIPANTS.....	15
MEASURES.....	15
PROCEDURE.....	20
III. RESULTS.....	21
IV. DISCUSSION.....	25
LIMITATIONS.....	27
CLINICAL IMPLICATIONS.....	28
FUTURE RESEARCH.....	29
V. CONCLUSIONS.....	31
BIBLIOGRAPHY.....	32
APPENDICES.....	41
A. DEMOGRAPHIC SURVEY.....	41
B. ASIAN VALUES SCALE REVISED.....	42
C. EUROPEAN AMERICAN VALUES SCALE FOR ASIAN AMERICANS REVISED.....	43
D. DEPRESSIVE VIGNETTE.....	44
E. KOREAN TRANSLATION.....	45
VITA.....	49

LIST OF TABLES

Table	Page
1. Intercorrelations among variables.....	22

LIST OF FIGURES

Figure	Page
1. Mediation effect of acculturation, affective symptoms, and willingness to seek a psychologist/therapist	24

CHAPTER I

INTRODUCTION

The Asian American population has seen a significant growth in number since the passing of the Immigration and Nationality Act of 1965. As the fastest-growing ethnic group in the United States, Asian Americans make up about 15.5 million people, representing 5% of the U.S. population (U.S. Census Bureau, 2010). It is estimated that by 2050 Asian Americans will grow to be about 8% of the total U.S. population (U.S. Bureau of the Census, 2010b). This growth in diversity makes it important to understand factors that contribute to the health and well-being of this population, especially in the area of mental health. In this study, I assess the influence of acculturation and enculturation on help-seeking behaviors in Korean Americans, and evaluate whether this effect is mediated by their perception of depressive symptoms.

Studies have shown that Asian Americans who seek mental health treatment have a greater severity of mental disorders and a greater number of psychological problems compared to European Americans seeking mental health treatment (Marin & Escobar, 2008; Vega & Rumbaut, 1991). Asian Americans may be less likely to recognize symptoms of mental illness or understand that early treatment is linked with prognosis and they may be more likely to seek mental health services as a last resort, often when the symptoms have become extremely severe (Leong, 1994). The literature indicates that the Asian Americans' rate of mental health utilization is only about one-third of what might be expected, given their population size relative to other ethnic groups (Abe-Kim et al., 2007, David, 2010). In terms of depression, while Herman et al. (2011) found that there were no significant differences in levels of depressive symptomatology among European Americans, Asian Americans, Native Hawaiian, and Pacific Islanders in a

college population, European Americans were 3.7 times more likely to have received mental health treatment in the previous 12 months.

Sue, Sue, Sue, and Takeuchi (1995) indicate that Asian Americans are often perceived as a “model minority.” Qualities such as intelligence, high educational, occupational, and economic status, low criminal activity, and low divorce rates are often attributed to Asian Americans as a whole, ignoring the social differences within each Asian American ethnic group. Contrary to the previously cited literature, the “model minority” myth has served as an explanation for Asian Americans having fewer psychological problems than non-Asian Americans. However, Sue and Sue (2008) suggest that Asian Americans tend to underutilize mental health services due to culturally bound factors, which contribute to their underrepresentation in mental health services and further reinforces the model minority myth.

One critique of Asian American research is the tendency to categorize the Asian American population as a monolithic ethnic group. Kim et al. (2001) confirmed that Asian Americans should not be regarded as a single population. They measured the adherence of 570 Chinese, Japanese, Korean, and Filipino American college students to six Asian cultural value dimensions: Collectivism, Conformity to Norms, Emotional Self-Control, Family Recognition Through Achievement, Filial Piety, and Humility. While Chinese, Japanese, and Korean Americans indicated greater adherence to five of the six value dimensions compared to Filipino Americans, Korean Americans had significantly greater adherence to Family Recognition Through Achievement and Filial Piety compared to Chinese and Filipino Americans and significantly greater adherence to Emotional Self-Control compared to Filipino Americans. In support of Sue’s (1994) call to study specific Asian American subgroups, the purpose of this study is to assess acculturation and enculturation as factors that influence help-seeking behaviors

among Korean Americans, and whether this effect is mediated by their perception of mental illness.

Acculturation and Enculturation with Help-seeking Behaviors

Acculturation has been defined as the changes in values and behaviors individuals make to accommodate to a host culture (Graves, 1967). Until the past several years, much of the research on help-seeking behaviors in Asian Americans focused on the effects of an individual accommodating to a host culture (Kim & Omizo, 2006). However, it has been argued that this approach is unidimensional and fails to address the perspective of an individual continuing to adhere to the values and behaviors of their native culture (Kim & Abreu, 2001). Enculturation has been defined as the process of retaining the values and behaviors of the native culture (Kim & Abreu, 2001). When taking into account the effects of both acculturation and enculturation of an individual, the adaption to culture becomes multidimensional.

Berry et al. (1989) have theorized that these adaptive experiences can be categorized into four levels of acculturation and enculturation: integration, assimilation, separation, and marginalization. Integration occurs when an individual becomes proficient in adopting the host culture while still retaining proficiency in the native culture. Individuals in this category are highly acculturated and strongly enculturated. This category is also known as biculturalism. Assimilation occurs when an individual becomes competent in adopting the host culture but rejects the native culture. Individuals in this category are highly acculturated but not enculturated. Separation occurs when an individual is not interested in absorbing the values and behaviors of the host culture and actively maintains the proficiency in the native culture. Individuals in this category are strongly enculturated but not acculturated. Lastly, marginalization occurs when an individual has no interest in adopting or maintaining proficiency

in either the host or native culture. Individuals in this category are neither acculturated nor enculturated (Berry et al., 1989).

The literature shows that lower levels of acculturation may be connected to unhealthy psychological functioning. Ruzek, Nguyen, and Herzog (2011) found that the less acculturated an Asian American college student was, the more likely he or she would report psychological distress. In addition, studies have shown that lower levels of acculturation can lead to more severity in personal problems (Yeh, 2003), depression (Hwang, Chun, Takeuchi, & Siddarth, 2005), and suicide risk (Lau, Jernewall, Zane, & Meyers, 2002).

By adopting a more Western perspective on mental health, those who are highly acculturated to American culture are more tolerant of the mental health stigma and more willing to disclose personal problems (Fung & Wong, 2007). Han and Pong (2015) examined Asian American community college students and found that participants who were more willing to seek psychological help were significantly more acculturated than those who were unwilling. They also reported that those who were more willing reported significantly lower stigma of mental illness compared to their counterparts. In a sample of immigrant and U.S. born Asian Americans with psychiatric disorders, Le Meyer, Zane, Young, and Takeuchi (2009) examined the use of specialty mental health services, primary care services, and alternative services (religious leader, doctor of Eastern medicine, etc.) with factors related to their utilization (demographics, language proficiency, etc.). They found that U.S. born Asian Americans (40%) were almost twice as likely to utilize specialty mental health services compared to immigrants (23%). For those with low English proficiency, the use of alternative services was negatively associated with the use of mental health services, while the use of alternative services was positively associated with the use of mental health services for those with high English proficiency. Although English

proficiency is only one factor of acculturation, this study may suggest that higher acculturation levels and the factors associated with them, such as English proficiency can be linked to greater utilization of mental health services.

Ruzek et al. (2011) assessed help-seeking preferences in first through fifth generation Asian American college students who have and have not previously participated in therapy. They found that Asian American students preferred taking classes on mental health issues first, followed by receiving mental health services at the student health center, utilizing website links third, and individual counseling at the campus counseling center fourth. Their data suggest that Asian Americans prefer more covert options for seeking professional psychological help. However, because the first four preferences did not significantly differ from each other, the authors explained that Asian Americans may not be as reluctant to seek services as suggested. When acculturation and enculturation were assessed with past help-seeking behaviors, no significant relationships were found.

Jang, Chiriboga, and Okazaki (2009) assessed the generational attitudes towards mental health services by comparing younger (aged 20-45, $n = 209$) and older (aged 60 and older, $n = 462$) groups of Korean Americans. While levels of acculturation were significantly different between younger and older adults, they did not find significant differences in the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS), which add to the inconsistencies in the research (Fung & Wong, 2007; Leong, Kim, & Gupta, 2011). However, they did find that older adults were more likely to believe that depression was a sign of personal weakness that would bring shame to their family and that younger adults were more likely to believe that depression was a medical condition that needed treatment. Although neither acculturation nor enculturation was a variable in their analysis, Abe-Kim et al. (2007) found

differences in percentage rates of seeking any type of medical or mental health professional service among first (30.4%), second (28.8%), and third or later (62.6%) generation Asian Americans with a probable psychological diagnosis. Third or later generation Asian Americans were significantly different from the first and second generations.

While the previous literature partially supports a connection between acculturation level and willingness to seek mental health services, evaluating enculturation level and the factors associated with adhering to one's native culture may also contribute to understanding help-seeking behaviors in Asian Americans. One of the factors that is more attributable to a higher enculturation level is called loss of face, which is a cultural construct defined as the threat or loss of social integrity, especially in interpersonal and psychosocial relationships (Sue & Morishima, 1982). Eisenberg, Downs, Golberstein, and Zivin (2009) found that when feelings of stigma were associated with help-seeking attitudes, perceived "social stigma" was greater than the perceived "personal stigma" in Asian Americans. An individual experiencing loss of face may also report experiences of shame. Wong & Tsai (2007) believe that interpersonal shame (an aspect of social stigma when shame is experienced through negatively evaluating one's self through others' perceptions) may be more culturally salient in Asian cultures due to its collectivistic foundations. For example, in the Chinese language, the meaning and concept of shame is translated into the loss of standing in the eyes of others (Li, Wang, & Fischer, 2004). Experiencing interpersonal shame is also associated with the perception that an individual has brought shame to his or her family. This is exacerbated in collectivistic cultures because one's sense of self is strongly defined by one's group membership, or family (Bedford, 2004).

In the Korean culture, due to its strong affiliation with the philosophy of Confucianism, controlling and managing one's emotional distress internally promotes the idea of achieving

harmony in one's self. Korean males are especially taught to internalize emotional problems since expressing emotional distress is viewed as weakness that brings shame to one's family (Takeuchi, Mokuau, & Chun, 1992). Because it is more permissible for Korean women to express their problems and emotions to others, they are more likely to overcome the traditional stigma of mental health problems than Korean males (Cheung, Leung, & Cheung, 2011). The adherence to the values of Confucianism can play a role in shaping one's expression of distress and attitude towards seeking mental health treatment.

Although shame is not a variable directly measured in this study, the concept of shame is important in understanding the stigma associated with seeking mental health treatment for enculturated Asian Americans. Umemoto (2004) found that Asian American college students who believed that their mental health issues were controllable were more likely to seek self-help methods of treatment rather than professional help. Chang (2001) found Asian American college students utilize the coping strategies of problem avoidance and social withdrawal significantly more than European American college students in hopes of dealing with their problems themselves. In addition, comparing help-seeking attitudes between Asian Americans and European American college students, Masuda and Boone (2011) found that in both samples mental health stigma and self-concealment were significantly and negatively related to positive help-seeking attitudes. However, Asian American students reported significantly less favorable help-seeking attitudes overall, lower stigma tolerance and interpersonal openness towards help-seeking, greater mental health stigma, and greater self-concealment than European American students. Despite these results, Masuda and Boone (2011) explained that their findings were limited because there were no significant differences between Asian American and European American students in the subsets of help-seeking attitudes they theorized to be most closely

related to actual help-seeking behavior: recognition of the need of psychological services and confidence in mental health practitioners. This suggests that mental health stigma and self-concealment only predicted specific help-seeking attitudes that may have less influence on actual help-seeking.

In a sample of African American, Asian American, and Latino American college students, Cheng, Kwan, and Sevig (2013) investigated the effects of psychological distress, ethnic identity, other-group orientation, and perceived discrimination on perceived stigmatization by others and self-stigma for seeking psychological help. Due to the mixed literature concerning the impact that ethnic identity has on help-seeking behaviors, the authors did not predict any specific patterns of difference among ethnic groups. They found that higher levels of psychological distress and perceived discrimination predicted higher levels of perceived stigmatization by others for seeking psychological help, which, in turn, predicted greater self-stigma for seeking psychological help also across all three ethnicities. The authors found that Asian Americans scored significantly higher on self-stigma and perceived stigmatization by family and friends for seeking psychological help when compared to African American and Latino students. These findings may be related to the enhanced shame or loss of face that Asian Americans could experience when disclosing personal issues.

The literature indicates that Asian Americans who have greater adherence to their native cultures are less likely to seek mental health services. Kim and Omizo (2003) found that adherence to Asian cultural values inversely predicted both positive attitudes toward seeking professional psychological help and willingness to see a counselor. They found that Asian American attitudes toward seeking professional psychological help mediate the relationship between adherence to Asian cultural values and willingness to see a counselor. Shea and Yeh

(2008) also found an inverse relationship between adherence to Asian values and positive attitudes toward seeking help. However, while hypothesizing that mental health stigma would mediate the effect of adherence to Asian values on help-seeking attitudes, they did not find a significant mediation. In their study Asian cultural values contributed to negative help-seeking attitudes but not through stigma.

While both acculturation and enculturation have been linked to willingness to seek mental health services, the literature also shows inconsistencies in these outcomes. In samples of Chinese, Korean, Japanese, Indian, Thai, Taiwanese, Malaysian, and Indonesian international college students and Chinese American college students, high acculturation to a host society was related to a greater willingness to seek professional help (Tata & Leong, 1994; Zhang & Dixon, 2003). However, research has also found that in Chinese, Filipino, Japanese, Korean, and Southeast Asian American college students, low acculturation led to more willingness to seek help (Gim, Atkinson, & Whiteley, 1990). Gim et al. (1990) speculated that this inverse effect may reflect a greater sense of respect for authority and need for professional help in less acculturated students when a legitimate concern is acknowledged. Adding to the inconsistency, in their sample of Chinese, Japanese, Korean, Filipino, Southeast Asian, and other Asian American or Pacific Islander backgrounds, Atkinson, Lowe, and Matthews (1995) found acculturation to have no direct effect on willingness to see a counselor. Atkinson et al. (1995) explained that their results may have been affected by a non-representative sample of Asian Americans or that those who were low in acculturation were underrepresented in their study.

In a sample of Asian American college students, Kim (2007) examined the effects of both acculturation and enculturation on attitudes toward seeking professional psychological help. Hypothesizing that higher acculturation levels and lower enculturation levels would lead to more

positive attitudes toward seeking help, Kim (2007) found that only enculturation to Asian values had a significant inverse relationship with positive help-seeking attitudes. Leong et al. (2011) examined the effects of acculturation and enculturation, conceptions of mental illness, and loss of face on attitudes toward seeking professional psychological help in a sample of Asian American college students. Using Berry's (1980) acculturation model, they hypothesized that those in the assimilation and integration categories would have positive attitudes about seeking help and that those in the separation and marginalization categories would have negative attitudes about seeking help. They found that only the separation category was negatively related to the "need" and "openness" subscales of the ATSPPHS while the assimilation, integration, and marginalization categories were not significantly related to any subscale. Kim (2007) and Leong et al. (2011) concluded that the key ingredient in predicting help-seeking behaviors in Asian Americans was their adherence to enculturation values rather than their adherence to acculturation values. They found that strong adherence to traditional Asian values or high enculturation was a better predictor for help-seeking attitudes in Asian American college students than high acculturation to European values. Their studies reveal the importance of including both acculturation and enculturation in predicting help-seeking attitudes and behaviors.

Perception of Mental Health and Depressive Symptoms with Help-seeking Behaviors

Mental health is a Western concept that revolves around the notion of Cartesian dualism, which considers the mind and body as separate entities (Kalibatseva & Leong, 2011). The Western concept of health usually assumes that psychology focuses on the mind and emotions, while medicine concentrates on the body (Angel & Williams, 2000). Although the integration of psychology and medicine is becoming more prevalent, research suggests that European

Americans tend to emphasize more affective symptoms in mental disorders compared to Asian Americans, especially in depression (Ryder et al., 2008).

Contrary to Western thought, the Eastern experience of physical and psychological problems adhere to the concept of mind-body holism (Cheung, 1986; Leong & Lau, 2001). In this worldview, physical and psychological problems are inseparable, adding some explanation for why Asian Americans tend to believe that mental disorders are caused by biological factors and report more somatic symptoms than affective symptoms (Kleinman, 2004; Ryder, Yang, & Heini, 2002). Through acculturation, Asian Americans may come to adopt a more Western concept of mental health. However, Kim, Atkinson, and Yang (1999) found evidence that while behavioral acculturation (food, friends, lifestyle, etc.) occurred at a faster rate and significantly differed across the first three generations of Asian Americans since immigration, values acculturation (collectivism, conformity to norms, emotional self-control, etc.) occurred at a slower rate and did not significantly differ across the first three generations.

With the perceptual differences for mental health in mind, the literature shows that one's perceptions of mental illness symptoms can translate into separate factor structures in psychological assessments. The CES-D assesses four factors of depression: negative/depressed affect, positive affect, interpersonal problems, and somatic symptoms (Radloff, 1977). However, when assessing CES-D's factor structure among Filipino American adolescents, only two factors were revealed. The first factor included depressed affect, somatic complaints, and interpersonal problems and the second factor consisted of positive affect items (Edman et al., 1999). Although Lu, Bond, Friedman, and Chan (2010) were able to find the four factor structure in a sample of Hong Kong Chinese and European American students, Chinese participants tended to report more somatic symptoms and European American participants reported both somatic and

affective symptoms. The authors concluded that Chinese participants tended to focus more on somatic symptoms because from their perspective, it was more socially acceptable and it may be easier to find a cure for somatic symptoms than affective symptoms.

Still adhering to the Chinese philosophy of *yin yang* (balance between forces in nature), Koreans perceive depression, or *woo-ul-jeuing* in the Korean language, as a lack of balance and disharmony among the body, mind, and environment. Because of their perception, Koreans also tend to express depressive symptoms somatically through headaches and fatigue (Lee, Moon, & Knight, 2004). Ryder et al. (2008) pose an alternative hypothesis that Westerners tend to overemphasize the affective symptoms of depression compared to other cultures. This phenomenon is referred to as “psychologization” of depression. If this is true, then the focus on Asian Americans somatizing may be overstated. Further research is warranted to confirm the tendency to somatize depressive symptoms in Korean Americans and whether the effects of acculturation and help-seeking behaviors are mediated by their perceptions.

Because Asian cultures tend to perceive both physical and psychological problems holistically, Asian Americans may be unaware that they are experiencing depression due to a focus on the somatic symptoms of their distress. As a result, many Asian Americans tend to see physicians and not psychologists for what may be depression (Kuo, 1984; Takeuchi, Hong, Gile, & Alegria, 2007). In a study assessing help-seeking behaviors in a sample of 205 Korean Americans, 89% of participants who reported physical problems indicated that they would visit physicians, 38% would visit herbalists, and 28% would visit friends and family. However, participants who reported mental health problems indicated that they would visit friends or family (52%), religious consultation (40%), and physicians (32%). Only 9% of participants would consider consulting with mental health professionals (Cheung et al., 2011). Their

perception of the inseparable balance in one's body, mind, and environment explains why Korean Americans tend to seek herbalists, acupuncturists, religious leaders, primary care physicians, and gynecologists when dealing with emotional distress (Cheung et al., 2011; Shin, 2002). Further research is needed to explain whether their help-seeking behaviors can be attributed to their acculturation and enculturation status and perception of mental health symptoms.

Purpose of Study and Hypotheses

The purpose of this study is to assess the influence of acculturation and enculturation on help-seeking behaviors in Korean Americans, and whether this effect is mediated by their perception of how problematic depressive symptoms are. Because much of the literature describing the cultural factors influencing help-seeking behaviors in Korean Americans focuses on the greater Asian American population (Cheung et al., 2011), in support of Sue's (1994) call, distinguishing these factors by subgroups may result in a better understanding of the diversity among Asian American populations.

Participants were asked to read a vignette describing an individual with depressive symptoms. Imagining themselves as the depressed individual, participants were asked to rate how problematic their symptoms are. Participants were also asked to rate how likely they would be to see a medical doctor, psychologist/therapist, spiritual leader, family and friends, or deal with the issues themselves in order to help resolve the problem.

First, I examined the associations of acculturation and enculturation to help-seeking behaviors. Although the literature indicates mixed outcomes for the relationship of acculturation with help-seeking, because of the adoption of American culture, I hypothesized that acculturation would be positive related to willingness to seek help from a psychologist when imagining

themselves as the person in the depression vignette. In addition, because of the adherence to Asian culture, I also hypothesized that enculturation would be negatively related to willingness to seek help from a psychologist.

Second, I examined the associations between an individual's perception of how problematic depressive symptoms are and their acculturation and enculturation status. Although there has been previous research indicating that Korean Americans report more somatic symptoms of depression, because I asked participants to imagine themselves as the person in the vignette, I gathered data about their perception of how problematic depressive symptoms are rather than data from actual patients reporting symptoms. This is an important distinction because the results showed whether Korean American layperson's perception of depression includes either affective or somatic symptoms and if their perceptions were affected by acculturation or enculturation. Consistent with my first hypothesis, I hypothesized that acculturation would be positively related to perceiving affective depressive symptoms as more problematic than somatic symptoms. In addition, I also hypothesized that enculturation would be positively related to perceiving somatic depressive symptoms as more problematic than affective symptoms.

Lastly, I examined whether the perception of depressive symptoms mediated the association between acculturation and enculturation scores and help-seeking behaviors. Consistent with the literature and previous hypotheses, I hypothesized that the effect acculturation and enculturation scores have on seeking help from a mental health professional would be mediated by the perception of depressive symptoms. Lower enculturation scores and higher acculturation scores would result in perceiving affective depressive symptoms as more problematic, which would be associated with a higher likelihood of seeking a therapist.

CHAPTER II

METHODOLOGY

Participants

A total of one hundred and fifty Korean Americans responded to the survey. However, 41 of these participants submitted either blank or largely incomplete surveys. Out of these 150 participants, 109 Korean Americans (61 female, 46 male, 2 missing gender) ranging in age from 18 to 66 years ($M = 33.12$, $SD = 14.87$) at Korean American churches from a large metropolitan city in the southeast region of the U.S. were included in this study. Fifty-six (51.4%) participants were second generation, twenty-nine (26.6%) participants were first generation, twenty-two (20.2%) participants were 1.5 generation (individuals who immigrated to the U.S. at a younger age), and two (1.8%) participants did not answer which generation they identified with. Out of the 109 participants, 11 participants submitted partially incomplete surveys (exceeding no more than five missing items each), therefore Mean Imputation analysis was used for all analyses. Two participants were removed from all analyses due to being the only significant outliers (≥ 1 SD) in both acculturation and enculturation in their generation. A total of one hundred and seven Korean Americans were used in all analyses.

Measures

Demographics Survey. Participants were asked six demographic questions: age, gender, level of highest education, socioeconomic status (or that of their parents if unemployed), place of birth, and generational status (Appendix A).

European American Values Scale for Asian Americans Revised (EAVS-AA-R). The EAVS-AA-R (Hong, Kim, & Wolfe, 2005) is a 25-item measure assessing acculturation (Appendix B). For each item, participants rate their degree of adherence to each statement using

a 4-point scale (1 = *strongly disagree*; 4 = *strongly agree*). A scaled score is calculated based on the average rating of the 25 items, higher scores indicating stronger adherence to European American cultural values. Examples of questions for the EAVS-AA-R include, “I think it is fine for an unmarried woman to have a child,” “The world would be a better place if each individual could maximize his or her development,” “A student does not always need to follow the teacher’s instructions.” Studies have reported coefficient alphas ranging from .70 – .77 (Hong et al., 2005; Ruzek et al., 2011). In terms of validity, Ruzek et al. (2011) predicted in Asian American college students that lower acculturation would increase psychological distress. Supporting their hypothesis, they found that the less an Asian American student adhered to European American, the more likely the student would report psychological distress. In another study, Dere, Falk, and Ryder (2012) hypothesized and found that higher levels of Western European values predicted lower levels of externally oriented thinking, one component of alexithymia (a personality construct where one lacks the ability to identify and describe emotional states), in both Chinese-Canadians and Euro-Canadians. Their findings suggest that the endorsement of more Western European values is linked to a relative emphasis on inner emotions rather than more traditional external stimuli, supporting the construct validity of the measure. In the current study, because there were participants who were more competent in Korean compared to English, the demographic survey and EAVS-AA-R were translated into the Korean language (Appendix A and E). A Korean American, who was fluent in both Korean and English translated the demographic survey and the EAVS-AA-R into Korean. In order to establish validity of the translation, another Korean American, fluent in both languages, translated the Korean demographic survey and Korean version of the EAVS-AA-R back into English. Minor differences in translation were discussed to ensure the original intended

interpretation of the Korean demographic survey and Korean version of the EAVS-AA-R. Once verifications were made of the translated demographic survey and measure, it was available for Korean-speaking participants. In order to ensure the best possible reliability, Cronbach's alphas were calculated for each version with a resultant alpha of .66 for the English version and .25 for the Korean version. Analyzing the measures on the item level, there were items on both versions that showed a negative item-total correlation. In order to improve the reliability of the measure, the items that showed a negative correlation in the English or Korean versions were removed. To ensure congruency between the English and Korean versions, items that were negatively correlated in one version were removed even if they were not negatively correlated for both versions. Item numbers 3, 7, 12, 15, 18, 19, 20, 21, and 23 were removed, leaving a total of 16 items overall. There did not appear to be any pattern for negatively correlated items. The Cronbach's alpha of the EAVS-AA-R with the negatively correlated items removed for the English version was .59 and for the Korean version was .65.

Asian Values Scale Revised (AVS-R). The AVS-R (Kim & Hong, 2004) is a 25-item measure that assesses adherence to Asian cultural values or enculturation (Appendix C). For each item, participants rate their degree of adherence to each statement on a 4-point scale (1 = *strongly disagree*; 4 = *strongly agree*). A scaled score is calculated based on the average rating of the 25 items, higher scores indicating stronger adherence to Asian cultural values. Examples of questions for the AVS-R include, "One should not deviate from familial and social norms," "One should be able to question a person in an authority position," "One should consider the needs of others before considering one's own needs." In terms of reliability, Kim and Hong (2004) reported a coefficient alpha of .80. In terms of validity, the AVS-R has been used in previous research looking at mental health issues and differences among ethnic groups. In a

sample of Asian American college students, Kim and Omizo (2003) predicted that adherence to Asian cultural values would inversely predict positive attitudes toward seeking professional psychological help but be positively related to willingness to see a counselor. They felt that adherence to Asian cultural values like deference to authority figures and humility would promote a higher likelihood of seeking help. However, the authors found that adherence to Asian cultural values inversely predicted both positive attitudes toward seeking professional psychological help and willingness to see a counselor. In another study with Asian American college students, Kim (2007) predicted and found an inverse relationship between adherence to Asian cultural values and positive professional help-seeking attitudes. Apart from help-seeking behaviors, this measure was able to find significant differences in cultural values among Chinese, Filipino, Japanese, and Korean American college students. While predicting that Chinese, Japanese, and Korean Americans would show greater adherence to all six Asian value dimensions than Filipino Americans, Kim et al. (2001) found that five of the six dimensions showed greater adherence, supporting the construct validity of the measure. In the current study, because there were participants who were more competent in Korean compared to English, the AVS-R was given in both English and Korean (Appendix A and E). The original author provided a Korean version of the AVS-R. In order to ensure the best possible reliability, Cronbach's alphas were calculated for each version with the resultant alpha of .68 for the English version and .44 for the Korean version. Analyzing the measures on the item level, there were items on both versions that showed a negative item-total correlation. In order to improve the reliability of the measures, the items that showed a negative correlation in the English or Korean versions were removed. To ensure congruency between the English and Korean versions, items that were negatively correlated in one version were removed even if they were not negatively correlated

for both versions. Item numbers 4, 11, 15, 16, 24, and 25 were removed, leaving a total of 19 items overall. There did not appear to be any pattern for negatively correlated items. The Cronbach's alpha of the AVS-R with the negatively correlated items removed for the English version was .69 and for the Korean version was .64.

Depression Vignette. The author created a vignette describing symptoms aligned with the diagnosis of major depressive disorder as presented in the DSM-5. The depressive symptoms described in the vignette included both affective and somatic symptoms. Participants were asked to read the vignette as though they were experiencing these symptoms:

For the past 4 weeks, you feel that something is wrong with your life. Nearly everyday, you have been feeling very sad and have feelings of worthlessness. You have been losing weight due to a loss of appetite and it is hard for you to sleep at night. Throughout the day, you feel exhausted and no longer have interest in what you once enjoyed. Because of these experiences, it has been difficult to function in important areas of your life.

In order to check the validity of the vignette, eight clinical psychology doctoral students, blind to the purpose and hypotheses of the study, were asked to diagnose the individual in the vignette. All eight clinical psychology doctoral students diagnosed the individual in the vignette with Major Depressive Disorder.

All participants in the study were first asked to rate on a 5-point scale from 1 (*mild*) to 5 (*severe*) how problematic these six symptoms are. The three affective symptoms were depressed mood, feelings of worthlessness, and anhedonia. The three somatic symptoms were decreased appetite, sleep disturbances, and fatigue. The Cronbach's alpha for the three affective symptoms was .87 and for the three somatic symptoms was .87. Participants were also asked to rate on a 5-point scale from 1 (*least likely*) to 5 (*most likely*) how likely they would be to see a medical

doctor, psychologist/therapist, spiritual leader, family and friends, or deal with the issues themselves in order to help resolve the problem (Appendix D).

Procedure

The author met with leaders from each religious organization in order to recruit participants. Members of each organization were asked to participate in this study by the leaders themselves or by email with a link to the online survey from the organization's directory. People included in the directory also received notice with a link to the online survey through social network sites (e.g. Facebook). The author presented hard copies of the survey in churches for those who were interested.

CHAPTER III

RESULTS

Although previous research had found a Cronbach's alpha ranging from .70 - .77 for the EAVS-AA-R and .80 for the AVS-R, unexpectedly, the English translation of both the EAVS-AA-R and AVS-R indicated low reliability and the Korean translations were even lower (Hong et al., 2005; Kim & Hong, 2004; Ruzek et al., 2011). In order to produce the best possible alpha coefficients, item-total correlations were calculated and items that were negatively correlated were removed. Nine items were removed for each translation of the EAVS-AA-R to achieve a Cronbach's alpha of .59 for the English version and .65 for the Korean version. Six items were removed for the AVS-R to achieve a Cronbach's alpha of .69 for the English version and .64 for the Korean version. Given these corrections, the following results should be interpreted with caution.

In order to test the first hypothesis, bivariate correlations were conducted with acculturation and enculturation scores and willingness to seek a psychologist. The analysis supported the first hypothesis that both acculturation and enculturation scores would be significantly related to willingness to seek help from a psychologist (see Table 1). Individuals with higher acculturation scores were more willing to seek help from a psychologist and those with higher enculturation scores were less willing to seek help from a psychologist.

To test the second hypothesis, bivariate correlations were conducted with acculturation and enculturation scores and the perception of how problematic the depressive symptoms are. The results partially supported the hypothesis. Acculturation scores were significantly related to the perception of how problematic affective depressive symptoms are (see Table 1). Individuals with higher acculturation scores were more likely to perceive affective depressive symptoms as

problematic after reading the depression vignette. Enculturation scores were not significantly related to the perception of how problematic affective or somatic depressive symptoms are.

Table 1

Intercorrelations Among the Variables

<i>Variables</i>	<i>M</i>	<i>SD</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>
1. AVSr	2.30	0.23	—								
2. EAVSAAr	2.81	0.25	-.39**	—							
3. Affective	3.48	1.14	-.09	.20*	—						
4. Somatic	3.17	1.10	.01	.15	.68**	—					
5. MD	2.51	1.18	-.03	.15	-.03	.17	—				
6. PhD	2.64	1.18	-.20*	.25**	.27**	.23*	.53**	—			
7. SL	3.30	1.22	-.04	.12	.20*	.33**	.35**	.43**	—		
8. FF	3.82	1.07	-.02	.33**	.27**	.33**	.28**	.29**	.50**	—	
9. Myself	3.88	0.99	.04	.08	.34**	.28**	-.04	-.19*	-.10	.09	—

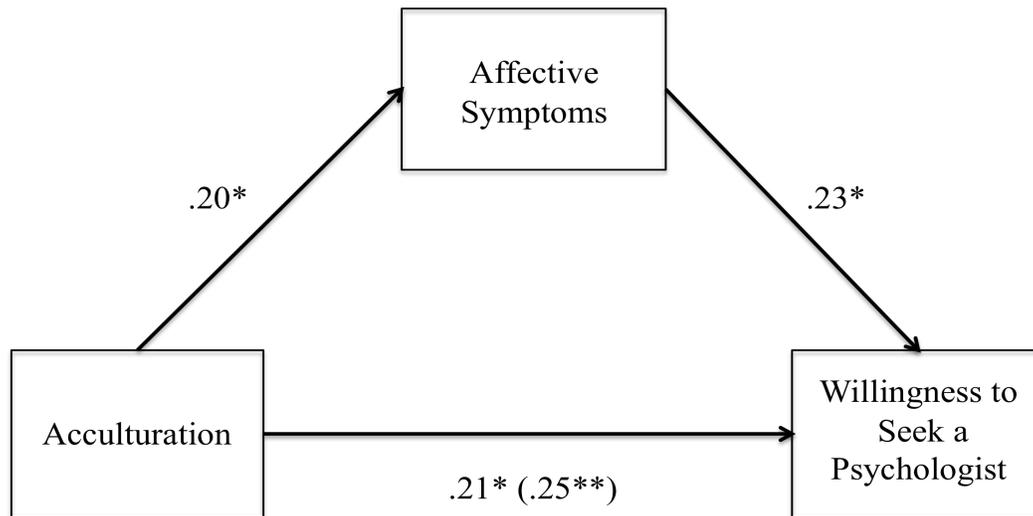
Note. AVSr = Asian Values Scale-Revised; EAVSAAr = European American Values Scale for Asian Americans-Revised; MD = willingness to seek a medical doctor; PhD = willingness to seek a psychologist/therapist; SL = willingness to seek a spiritual leader; FF = willingness to seek family and friends; Myself = willingness to deal with issues myself.

* $p < .05$, ** $p < .01$

The third hypothesis was tested by conducting a multivariate regression analysis to assess each component of the mediation model with acculturation and enculturation scores as the independent variables, willingness to seek a psychologist as the dependent variable, and perception of how problematic depressive symptoms are as the mediator variable. First, the results indicated that both acculturation ($B = .25$, $t(105) = 2.68$, $p = .009$) and enculturation ($B = -.20$, $t(105) = -2.06$, $p = .042$) were significant predictors of willingness to seek help from a psychologist. Second, it was found that acculturation was a significant predictor of the perception of how problematic affective symptoms are, $B = .20$, $t(105) = 2.10$, $p = .038$.

Acculturation was not a significant predictor of the perception of how problematic somatic symptoms are and enculturation was not a significant predictor of either the perception of how problematic affective or somatic symptoms are. Lastly, the results indicated that the mediator, the perception of how problematic affective symptoms are, was a significant predictor of willingness to seek help from a psychologist, $B = .23$, $t(105) = 2.40$, $p = .018$. Because acculturation was a significant predictor of the perception of how problematic affective symptoms are and the perception of how problematic affective symptoms are was a significant predictor of willingness to seek help from a psychologist, mediation analyses was tested using the bootstrapping method with bias-corrected confidence estimates (MacKinnon, Lockwood, & Williams, 2004; Preacher & Hayes, 2004). In this study, the 95% confidence interval of the indirect effects was obtained with 5000 bootstrap resamplers (Preacher & Hayes, 2008). Results of the mediation analyses confirmed the mediating role of the perception of how problematic affective symptoms are in the relationship between acculturation and willingness to seek help from a psychologist, $B = .23$, $CI = .01$ to $.65$. However, the results indicated that the direct effect of acculturation on willingness to seek help from a psychologist was still significant, $B = .21$, $t(105) = 2.20$, $p = .030$, when controlling for the perception of how problematic affective symptoms are, thus suggesting partial mediation (see Figure 1).

Figure 1. Mediation effect of acculturation, affective symptoms, and willingness to seek a psychologist/therapist



* $p < .05$, ** $p < .01$

CHAPTER IV

DISCUSSION

Though the results should be interpreted with caution due to the low reliability of both the acculturation (EAVS-AA-R) and enculturation (AVS-R) measures in the community sample of Korean-American adults, the results showed significant relationships between both acculturation and enculturation with willingness to seek help from a psychologist. Higher acculturation was significantly related to greater willingness to seek help from a psychologist for depressive symptoms and higher enculturation was significantly related to lower willingness to seek help from a psychologist for depressive symptoms. Since those who are highly acculturated to American culture tend to be more tolerant of mental health stigma and more willing to seek psychological services, the results support the literature that points to higher acculturation levels leading to more willingness to seek help from a psychologist (Fung & Wong, 2007). Although not hypothesized, individuals with higher acculturation scores were also significantly more willing to seek help from family and friends to resolve depressive issues. These results speak to the overall trend of acculturated individuals being more willing to disclose personal problems and suggest that they may have a lower level of interpersonal shame than those who are higher in enculturation level (Han & Pong, 2015).

Since higher enculturation was significantly related to lower willingness to seek help from a psychologist for depressive symptoms, these findings are consistent with the literature suggesting that adherence to Asian cultural values inversely predicts positive attitudes and willingness toward seeking mental health services (Kim, 2007; Kim & Omizo, 2003). The literature indicates that highly enculturated individuals are more prone to experience loss of face in interpersonal and psychosocial relationships (Leong et al., 2011). Stronger affiliation with the

philosophy of Confucianism can lead to more collectivistic tendencies, which can promote internalizing emotional issues and discourage seeking psychological services (Takeuchi et al., 1992; Wong & Tsai, 2007).

While it was hypothesized that both acculturation and enculturation would be significantly related to the perception of how problematic depressive symptoms are, the results reveal that only acculturation was significantly positively related to the likelihood of perceiving affective depressive symptoms as problematic. Since higher acculturated individuals would be more familiar with the Western concepts of mental health, the findings are consistent with the literature that suggests that more highly acculturated individuals would emphasize more affective symptoms in mental disorders compared to those who adhered to more Asian cultural values (Ryder et al., 2008). However, it was not expected that there would be no significant relationship between enculturation and the likelihood of reporting somatic depressive symptoms as problematic. This is inconsistent with the literature that states that Asian Americans tend to report more somatic symptoms than affective symptoms (Kleinman, 2004; Ryder et al., 2002).

The final hypothesis in this study revolved around the perception of problematic depressive symptoms as a mediator of acculturation and enculturation on willingness to seek help from a psychologist. The hypothesis was partially supported in that the findings indicated that the perception of how problematic affective symptoms are partially mediated the effect of acculturation on willingness to seek help from a psychologist. Since the effect of acculturation on willingness to seek a psychologist was slightly reduced after the inclusion of the perception of how problematic affective depressive symptoms are and the value of zero was not included in the confidence intervals for the bootstrapping method, the results suggest that the perception of how

problematic affective depressive symptoms are adds to the explanation of why acculturation predicts the willingness to seek help from a psychologist.

Although not hypothesized, the findings also indicated that the perceptions of affective and somatic depressive symptoms as problematic were significant predictors of willingness to seek help from a psychologist. One possible interpretation is that these ratings represent the perception that depression itself is problematic, which would help explain why individuals are more willing to seek help. These results emphasize the importance of the cultural factors attached to acculturation and enculturation and the perception of how problematic mental health disorders are in the Korean American population.

Limitations

The present study contained limitations. Due to the goal of recruiting a specific sample of Asian Americans, participants were gathered from large Korean American churches in the southeast region. This may limit the ability to generalize the findings of this study to the greater Korean American population. However, studies have shown that 71% of Korean Americans are members of a Christian church (Conner, 2012). On a similar note, because this study only looks at the specific ethnic group of Korean Americans, this also limits the ability to generalize its findings to the larger Asian American population.

An important limitation of this study was the reliability of the measures used. The original validity and reliability studies themselves reported good internal consistency for the EAVS-AA-R ($\alpha = .77$) and AVS-R ($\alpha = .80$). However, in this study, the original Cronbach's alphas calculated for the EAVS-AA-R were .66 for the English version and .25 for the Korean version. For the AVS-R, the original Cronbach's alphas were .68 for the English version and .44 for the Korean version. Even when the items that were negative in item-total correlation in either

version were removed, the Cronbach's alpha for the AVS-R was .69 for the English version and .64 for the Korean version. Further, the Cronbach's alpha for the EAVS-AA-R was .59 for the English version and .65 for the Korean version. A possible reason for the lower reliability was the translations of both the EAVS-AA-R and AVS-R. While the Korean version of the AVS-R was provided by its original author, the Cronbach's alpha from a previous sample was not provided. In addition, the original samples in the validity and reliability studies were Asian American undergraduates while the sample in this study was comprised of a community sample made up of Korean Americans from three generations. The change in samples may have altered the internal consistency of the measures.

Clinical Implications

The key clinical implications for this study revolve around its main findings. When it comes to seeking mental health services for Korean Americans, the acceptance of Western cultural values is related to greater willingness to seek help from a psychologist for depressive symptoms. In addition, the attachment to Asian cultural values is related to less willingness to seek help from a psychologist. These findings indicate that enculturation can be a barrier to seeking mental health services but it also provides for an opportunity for clinicians to help Korean Americans overcome their reluctance to seek psychological help when they need it. The results also show that a factor associated with a higher willingness to seek help includes perceiving affective depressive symptoms as problematic. This helps inform clinicians about how Korean Americans perceive depressive symptoms and the necessary education surrounding these issues. It becomes clear that the differences in acculturation and enculturation for Korean Americans can lead to an adoption of distinct perceptions of how problematic mental illness symptoms are and varying perspectives of treatment options.

Given these variations, it would be beneficial for clinicians to assess the acculturation and enculturation levels of Asian American clients. For example, clinicians can ask their clients to describe their cultural identity and the influences of Asian and American values in their lives. Learning about these factors can lead to a greater understanding of how the client perceives their own mental illness symptoms and whether an emphasis on psychoeducation for their symptoms would be beneficial. Gaining knowledge about their perception of mental health can be helpful in planning and modifying therapeutic strategies to account for their beliefs and experiences.

In addition, the findings add to the literature on how clinicians can help increase the likelihood of Korean Americans seeking mental health services for psychological issues. Since the literature suggests much stigma in Asian Americans for seeking psychological help, the findings indicate that this lower rate of seeking mental health services is also due to cultural factors including acculturation and enculturation and the perception of how problematic depressive symptoms are. It would be beneficial for clinicians and their clients to be aware of these cultural factors.

Future Research

The results for the present study have implications for future research. Given the issues with the reliability of the measures, future studies should investigate the psychometric properties of the AVS-R and EAVS-AA-R in various Asian American subgroups, languages, and settings. This would allow the AVS-R and EAVS-AA-R to become more universal measures of acculturation and enculturation. Future studies should also investigate additional culturally bound factors (e.g., shame, stigma) associated with seeking mental health services in Korean American and other Asian American subgroups. Due to the partial support of the hypotheses, the literature for addressing help-seeking behaviors may show further implications in Korean

Americans and in other Asian American subgroups. Lastly, since this study assessed two components of depression, affective and somatic, future research should investigate the analysis of other dimensions of depression with help-seeking behaviors including interpersonal, cognitive, and existential (Marsella, 1987). This would allow for a broader understanding of the perception of depressive symptoms in Asian American subgroups.

CHAPTER V

CONCLUSION

In conclusion, the present study is one of the first studies that assesses the influence of acculturation and enculturation on help-seeking behaviors in Korean Americans, and whether this effect is mediated by their perception of how problematic depressive symptoms are. Although the results should be interpreted with caution due to the reliability issues in the measures, all of the hypotheses were fully or partially supported in that acculturation was positively related to willingness to seek help from a psychologist for depressive symptoms and enculturation was negatively related to willingness to seek help from a psychologist for depressive symptoms. The findings also indicated that acculturation was positively related to perceiving affective depressive symptoms as problematic while there was no significant relationship between enculturation and perceptions of somatic depressive symptoms. Lastly, results of the mediation analyses confirmed the partially mediating role of the perception of how problematic affective symptoms are in the explanation of why higher acculturation leads to greater willingness to seek help from a psychologist.

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APPENDIX A
DEMOGRAPHIC SURVEY

Hello! Please answer each question to the best your ability. Thanks again for participating in my study!

1. What is your age? _____
2. What is your gender?
 - a. Male
 - b. Female
3. What is your highest completed level of education?
 - a. High school
 - b. College
 - c. Masters
 - d. Doctorate
4. What is your annual household income?
 - a. Less than \$14,999
 - b. \$15,000 – \$24,999
 - c. \$25,000 – \$34,999
 - d. \$35,000 - \$49,999
 - e. \$50,000 - \$74,999
 - f. \$75,000 or more
5. What country were you born in?
 - a. U.S.
 - b. Korea
 - c. If Korea, what age did you immigrate into the U.S? _____
 - d. If other, which country? _____
6. What generation do you identify yourself with?
 - a. First generation (Immigrant community)
 - b. 1.5 generation
 - c. Second generation (U.S. born community)
 - d. If none of the above, which generation? _____

APPENDIX B

ASIAN VALUES SCALE REVISED

Instructions: Use the scale below to indicate the extent to which you agree with the value expressed in each statement.

1 = Strongly Disagree

2 = Disagree

3 = Agree

4 = Strongly Agree

- _____ 1. I think it is fine for an unmarried woman to have a child.
- _____ 2. Sometimes, it is necessary for the government to stifle individual development.
- _____ 3. You can do anything you put your mind to.
- _____ 4. Single women should not have children and raise them alone.
- _____ 5. I prefer not to take on responsibility unless I must.
- _____ 6. I do not like to serve as a model for others.
- _____ 7. It is okay if work interferes with the rest of my life.
- _____ 8. It is okay to allow others to restrict one's sexual freedom.
- _____ 9. No one is entitled to complete sexual freedom without restriction.
- _____ 10. A woman should not have a child unless she is in a long-term relationship.
- _____ 11. I follow my supervisor's instructions even when I do not agree with them.
- _____ 12. The world would be a better place if each individual could maximize his or her development.
- _____ 13. Partners do not need to have similar values in order to have a successful marriage.
- _____ 14. I cannot approve of abortion just because the mother's health is at risk.
- _____ 15. It is okay for a woman to have a child without being in a permanent relationship.
- _____ 16. Friends are very important.
- _____ 17. Faithfulness is very important for a successful marriage.
- _____ 18. Monetary compensation is not very important for a job.
- _____ 19. A student does not always need to follow the teacher's instructions.
- _____ 20. Luck determines the course of one's life.
- _____ 21. Cheating on one's partner doesn't make a marriage unsuccessful.
- _____ 22. Greater emphasis on individual development is not a good thing.
- _____ 23. I have always enjoyed serving as a model for others.
- _____ 24. Being humble is better than expressing feelings of pride.
- _____ 25. Faithfulness is not important for a successful marriage.

APPENDIX C

EUROPEAN AMERICAN VALUES SCALE FOR ASIAN AMERICANS REVISED

Instructions: Use the scale below to indicate the extent to which you agree with the value expressed in each statement.

- 1 = Strongly Disagree
2 = Disagree
3 = Agree
4 = Strongly Agree

- 1. One should not deviate from familial and social norms.
- 2. Children should not place their parents in retirement homes.
- 3. One need not focus all energies on one's studies.
- 4. One should be discouraged from talking about one's accomplishments.
- 5. Younger persons should be able to confront their elders.
- 6. When one receives a gift, one should reciprocate with a gift of equal or greater value.
- 7. One need not achieve academically in order to make one's parents proud.
- 8. One need not minimize or depreciate one's own achievements.
- 9. One should consider the needs of others before considering one's own needs.
- 10. Educational and career achievements need not be one's top priority.
- 11. One should think about one's group before oneself.
- 12. One should be able to question a person in an authority position.
- 13. Modesty is an important quality for a person.
- 14. One's achievements should be viewed as family's achievements.
- 15. One should avoid bringing displeasure to one's ancestors.
- 16. One should have sufficient inner resources to resolve emotional problems.
- 17. The worst thing one can do is to bring disgrace to one's family reputation.
- 18. One need not remain reserved and tranquil.
- 19. One should be humble and modest.
- 20. Family's reputation is not the primary social concern.
- 21. One need not be able to resolve psychological problems on one's own.
- 22. Occupational failure does not bring shame to the family.
- 23. One need not follow the role expectations (gender, family hierarchy) of one's family.
- 24. One should not make waves.
- 25. One need not control one's expression of emotions

APPENDIX D

DEPRESSIVE VIGNETTE

Instructions: Please read the following passage and imagine yourself as this individual.

For the past 4 weeks, you feel that something is wrong with your life. Nearly everyday, you have been feeling very sad and have feelings of worthlessness. You have been losing weight due to a loss of appetite and it is hard for you to sleep at night. Throughout the day, you feel exhausted and no longer have interest in what you once enjoyed. Because of these experiences, it has been difficult to function in important areas of your life.

Instructions: Please rate how problematic these issues are.

		Mild		Moderate		Severe
		1	2	3	4	5
1.	Sadness	1	2	3	4	5
2.	Feelings of worthlessness	1	2	3	4	5
3.	Weight loss/Decreased appetite	1	2	3	4	5
4.	Difficulty sleeping	1	2	3	4	5
5.	Exhaustion	1	2	3	4	5
6.	Diminished interests	1	2	3	4	5

*Instructions: Imagining yourself as this individual, please rate how likely would you be to seek help from the following people. Again, please be **truthful** in who you would **really seek** if you were experiencing these issues.*

		Not very likely		Somewhat		Very likely
		1	2	3	4	5
1.	Medical Doctor	1	2	3	4	5
2.	Psychologist/Therapist	1	2	3	4	5
3.	Spiritual Leader	1	2	3	4	5
4.	Family and Friends	1	2	3	4	5
5.	Deal with the issues myself	1	2	3	4	5

Please rate how easy was it for you to imagine yourself in this scenario?

		Not very easy		Somewhat		Very easy
		1	2	3	4	5

APPENDIX E

KOREAN TRANSLATION

안녕하세요. 각 질문에 최선을 다해 답 해주세요. 다시 한번 제 연구에 참가해 주셔서 감사합니다!

1. 귀하의 나이를 기입해주세요. _____
2. 귀하의 성별은 무엇입니까?
남성
여성
3. 귀하의 최종학력은 무엇입니까?
고등
학사
석사
박사
4. 귀하의 연간 가구 소득은 무엇입니까?
< \$14,999
\$15,000 – \$24,999
\$25,000 – \$34,999
\$35,000 - \$49,999
\$50,000 - \$74,999
\$75,000 +
5. 귀하의 출생지는 어디입니까?
미국
한국
출생지가 다른 곳 이라면 어디입니까? _____
출생지가 한국이라면 몇 살 때 이민하셨습니까? _____
6. 귀하는 본인이 이민 몇 세대 라고 생각하십니까?
1세대 (이민자)
1.5 세대
2 세대 (미국 출생)
해당 사항 없을 경우 몇 세대 입니까? _____

설문방법: 아래 기준을 각 항목에 적용시켜 번호를 기입해 주십시오.

- 1= 절대 동의 하지 않는다.
- 2= 동의하지 않는다.
- 3= 동의 한다.
- 4= 절대 동의한다.

- _____ 1. 본인은 미혼모가 아이를 가져도 괜찮다고 생각한다.
- _____ 2. 어떨 때는 정부가 개인의 발전을 억압하는 것이 필요하다.
- _____ 3. 누구나 마음을 먹으면 무엇이든지 할 수 있다
- _____ 4. 미혼여성은 아이를 가지거나 기르면 안 된다.
- _____ 5. 나는 내가 해야 하지 않는 한 책임을 수행하지 않는다.
- _____ 6. 나는 다른 이들을 위한 본보기가 되는 것을 좋아하지 않는다.
- _____ 7. 직장의 일이 평생을 방해해도 괜찮다
- _____ 8. 누군가의 성적 자유를 제한하는 것은 괜찮다
- _____ 9. 아무도 제한 없는 성적 자유를 누릴 자격이 없다
- _____ 10. 여자는 장기적인 관계에 있지 않는 이상 아이를 가지면 안 된다.
- _____ 11. 나는 상사의 지시에 동의하지 않더라도 따른다.
- _____ 12. 세상은 각 개인이 자신의 개발을 극대화 할 수 있다면 더 좋은 곳이 될 것이다
- _____ 13. 성공적인 결혼생활을 위해서 두 사람은 비슷한 가치를 가질 필요가 없다
- _____ 14. 낙태는 산모의 건강을 위협하기 때문에 동의 할 수 없다..
- _____ 15. 여자가 영구적인 관계 없이 아이를 가지는 것은 괜찮다
- _____ 16. 친구는 매우 중요하다
- _____ 17. 신뢰는 성공적인 결혼 생활을 위해 매우 중요하다
- _____ 18. 급여는 직업에 그다지 중요하지 않다.
- _____ 19. 학생은 교사의 지시에 항상 따를 필요가 없다
- _____ 20. 행운이 삶의 과정을 결정한다
- _____ 21. 외도 때문에 결혼이 실패 할 수 있다.
- _____ 22. 개인 발전에 큰 중점을 두는 것은 좋은 일이 아니다
- _____ 23. 나는 항상 다른 사람에게 본보기가 되는 것을 즐기고 있다.
- _____ 24. 자부심을 표출 하는 것 보다는 겸손한 태도가 더 낫다.
- _____ 25. 신뢰는 성공적인 결혼 생활에 중요하지 않다.

설문방법: 아래 기준을 각 항목에 적용시켜 번호를 기입해 주십시오.

- 1= 절대 동의 하지 않는다.
- 2= 동의하지 않는다.
- 3= 동의 한다.
- 4= 절대 동의한다.

- _____ 1. 각 개인은 가족과 사회적 전통에서 벗어나지 말아야 한다.
- _____ 2. 자녀들은 그들의 부모를 양로원에 보내서는 안된다.
- _____ 3. 각 개인이 공부에만 몰두할 필요는 없다.
- _____ 4. 자신의 성공담을 떠벌리는 행동은 자제되어야 된다.
- _____ 5. 젊은 사람도 나이드신 분께 자기주장을 내세울 수 있어야 한다.
- _____ 6. 선물을 받으면 그것에 상응 또는 그 보다 더 값비싼 선물로 보답해야 한다.
- _____ 7. 부모를 기쁘게 하기 위해 학문적으로 성공 할 필요는 없다.
- _____ 8. 자기 자신의 성공에 대해서 겸손해 하거나 평가절하 하지 않아도 된다.
- _____ 9. 자기 자신보다 다른 사람의 고통을 먼저 고려해야 한다.
- _____ 10. 학문적, 사회적 성공이 개인의 최우선 순위일 필요가 없다.
- _____ 11. 개인보다는 단체가 우선되어야 한다.
- _____ 12. 권위가 높은 사람에게도 따질 수 있어야 한다.
- _____ 13. 겸손은 인간의 중요한 요소이다.
- _____ 14. 개인의 성공은 가족모두의 성공으로 봐야한다.
- _____ 15. 가족구성원은 조상이름에 먹칠해서는 안 된다.
- _____ 16. 각 개인은 정서적인 문제들을 해결하기 위해 내적으로 충분히 갖추어져야 한다.
- _____ 17. 가문의 명예를 훼손하는 것은 개인이 할 수 있는 가장 나쁜 행동이다.
- _____ 18. 각 개인은 과묵하거나 조용히 있을 필요가 없다.
- _____ 19. 각 개인은 소박하고 겸손해야 한다.
- _____ 20. 가문(가족)의 명예가 가장 중요한 사회적 관심사는 아니다.
- _____ 21. 개인이 심리적인 문제들을 스스로 해결하지 않아도 된다.
- _____ 22. 직업상의 실패는 가족을 부끄럽게 하는 일이 아니다.
- _____ 23. 개인은 성별이나 가족서열에 따른 가족의 기대에 따를 필요가 없다.
- _____ 24. 개인은 문제를 일으켜서는 안된다.
- _____ 25. 개인은 감정표현을 자제할 필요가 없다.

설명: 다음 예시를 읽고 자신을 예시의 개인으로 상상해 보시오.

지난 4주간 뭔가 당신의 삶에 문제가 있는 것 같은 느낌이다. 거의 매일 당신은 매우 슬프고 무가치의 감정을 느끼고 있다. 당신은 식욕이 없어 체중감소되었으며 그리고 그로인해 숙면이 어렵다. 당신은 피곤하고 예전에 즐겼던 일들에 더 이상 흥미가 없다. 이러한 경험들 때문에 삶의 중요한 영역에서 일하기가 힘들다.

설명: 만약 당신도 위의 예시와 같은 문제가 있다면 나열된 문제가 얼마인지 측정하여 대답해 주시기 바랍니다

	약간		보통		심한
	1	2	3	4	5
1. 슬픔	1	2	3	4	5
2. 무가치의 감정	1	2	3	4	5
3. 체중 감소/식욕 감소	1	2	3	4	5
4. 불면증	1	2	3	4	5
5. 피로	1	2	3	4	5
6. 흥미 감소	1	2	3	4	5

설명: 본인을 위 개인으로 상상 해보고 나열된 사람들 중에 위 개인은 도움을 얻기 위해 누구를 찾아갈지 측정하시오.

	전혀	어느 정도			매우
	1	2	3	4	5
1. 의사	1	2	3	4	5
2. 심리학자	1	2	3	4	5
3. 종교 지도자	1	2	3	4	5
4. 가족이나 친구	1	2	3	4	5
5. 스스로 해결한다	1	2	3	4	5

위의 예시를 자신에게 시나리오하여 상상했을 경우 얼마나 쉽게 평가 하는지 대답해주시겠습니까?

전혀쉽지않게		어느정도		매우쉽게	
1	2	3	4	5	

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PEER-REVIEWED PUBLICATIONS

- Debb, S. M., Colson, D., Hacker, D., & **Park, K.Y.** (in press). Validating the Connor-Davidson Resilience Scale (CD-RISC) with third-year African American college students. *Journal of Negro Education*.

SOCIETY AFFILIATIONS

2013 – Present American Psychological Association
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