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LOYOLA UNIVERSITY CHICAGO

THE EFFECTS OF ACCULTURATION, HEALTH, SOCIOECONOMIC STATUS,
AND PERCEIVED RESPECT ON OLDER ADULT DEPRESSION: ANALYSIS OF
KOREAN AMERICAN OLDER ADULTS IN CHICAGO

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

PROGRAM IN SOCIAL WORK

BY

KYUNGSOO SIM

CHICAGO, IL

AUGUST, 2013

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ABSTRACT

This study explored the extent to which acculturation level, health condition and SES influence depressive symptoms mediated or moderated by perceived respect and current geographical background of 121 Korean-American older adults in the Chicago metropolitan and its suburban area.

A multi-method approach was imported to analyze self-collected quantitative survey data from two groups of 80 participants in Chicago and 41 in the suburbs, qualitative interview data from 4 focus groups, 2 in-depth interviews and GIS (Geographic Information Systems). In the survey, Suinn-Lew Asian Stress-Identity Acculturation Scale, Geriatric Depression Scale-30, Functional Assessment of Chronic Illness Therapy-Fatigue, Health Perception Questionnaire-36, 13-item questions for respect, and ZIP codes were utilized.

This study produced results by stepwise and hierarchical regression, ATLAS. ti, and GIS analysis. When their perceptions about health ($r(191)=-.417, p<.001$) and SES ($r(191)=-.335, p<.001$) were high, the participants experienced less depressive symptoms. SES and perceived health condition proved to be associated with each other ($r(191)=.264, p<.001$). The suburban participants had a stronger relationship between SES and perceived health condition than the Chicago participants. Qualitative analysis revealed that acculturation could influence depressive symptoms and that depressive symptoms could also be associated with hope and communication.

The GIS analysis finding confirmed the findings from the quantitative analysis and suggested ways in which to develop and utilize community-based resources from mental healthcare management policy. These findings suggested that services given by service providers need to focus on communication and respect of the older Korean-American immigrants' self-determination, for they depend on it greatly when faced with the sufferings of adjusting to new residences.

CHAPTER ONE

INTRODUCTION

Statement of Problem

Depression (“Depression” and “depressive symptoms” will hereafter refer to any mood changes or symptoms in terms of depressive emotions and do not necessarily indicate “clinically” depressed conditions) among older adults is prevalent, but it is one of the most under-diagnosed and under-treated mental health problems in older age (McInnis-Dittrich, 2005). It is reported that about 17 percent of women and 11 percent of men age 65 and over were struggling with depressive symptoms in 2004 (Federal Interagency Forum, 2010). In particular, 13.1 percent of the 65 to 69 age group and 19.6 percent of the 85 and older age group were estimated to have severe depressive symptoms (Federal Interagency Forum, 2006). Older adults usually experience major life changes as they age, with a loss of a partner or spouse, retirement, or the development of a major physical illness. From these life experiences, a series of depressive symptoms can develop regardless of their race, ethnicity, or socioeconomic status (SES). There are numerous studies reporting older Asian immigrants as having serious issues in terms of depression. For example, analyzing 24 depression studies on Asian American older adults from 1985 to 2006, Kuo, Chong and Joseph (2008) revealed that there have been several risk factors contributing to older adult depression such as genetics and family history, recency of immigration, English proficiency,

gender, acculturation, service barriers, health status, social support and medications.

It is also suggested that Asian American immigrant older adults have more difficulties overcoming depressive mood swings since they have limited resources to cope with physical, financial, linguistic and emotional challenges associated with adapting and acculturating to American life (Mui & Kang, 2006). As an Asian immigrant group, Korean American older adults are at even greater risk of having these social barriers to coping with depression because they consider the feelings of depression as inevitable in aging (Mui & Kang, 2006). Simultaneously, believing that psychological well-being is multi-dimensional and determined by cultural values, Korean American older adults seek to be more proactive in getting early intervention and preventing mental health issues (Mui & Shibusawa, 2008). However, even though older Korean American adults seem to seek treatment proactively, there are fewer resources for them to seek treatment from because they might not have enough financial support, they might have trouble accessing relevant services in their communities, or they might just hesitate to act due to their concerns with stigma. In addition, as this study tried to explore, if there were specific cultural context issues, such as perceived respect that are not fully understood in different cultural backgrounds.

In the literature, not only do they face the lack of adequate resources, there is the issue of lack of appropriate information on how to access and utilize mental health care resources in their community. Therefore, providing older Korean American adults with relevant information regarding mental health issues will be a significant task for researchers to deal with. To successfully provide the relevant information, it is strongly

recommended that researchers extend the scope of studies including specific factors of culturally sensitive issues, such as the unique concept of respect or communication in this study.

Another significance of the issue is that the immigrant populations in American cities are regarded as underserved. Public health departments have difficulties responding to the various needs of the immigrant population in a culturally and financially relevant manner (Kim et al., 2002). To further complicate the matter, there is a mismatch between social service delivery and client access and utilization of services. Community-based agencies have very limited resources to meet all of the increasing health care related needs comprehensively. On the other hand, the immigrant populations including Korean American older adults consider health system as alien, expensive and a difficult network to understand, access and utilize (Chachkes & Christ, 1996; Giordano, 1994).

In this regard, research on older Korean American adults recruited from KACS will provide us with notable opportunities to comprehend the critical difficulties of older Asian American immigrants as well as of older Korean Americans. The purpose of this study is to explore the extent to which acculturation level, health condition, and SES influence depressive symptoms, mediated or moderated by perceived respect and the geographical background of Korean American older adults. The findings and results of this study might be applied in the field of mental health care for older immigrant populations and lead to more study and research. Providing key evidence-based knowledge for community agencies to develop and provide comprehensive support services in terms of older adult depression is one of the main goals of this study. The

currently existing older adult services from Korean American agencies in Chicago are limited to basic services such as public benefits application (e.g., Medicaid, Medicare, and Food Stamps), homecare, dining programs, and day care program for those older adults who are low-income with very limited English speaking abilities. Accordingly, these social service agencies always try to develop more effective and efficient solutions in dealing with diverse needs from Korean American older adults in terms of health, finance, mental health, and acculturation, etc. The findings of this research study will aid in lessening the burden of the social services agencies in the progress.

This study examines how acculturation level, health condition SES contribute to depressive symptomatology by way of perceived respect and geographical background among Korean American immigrant older adults in the Chicago metropolitan and its suburban areas. Simultaneously, the degree of respect they perceive and the location of their residency will be measured to investigate its mediating or moderating functioning in the relationships between acculturation level, health condition, and SES and depressive symptoms. In other words, the influence of the perceived respect and geographical background will be investigated to verify how and how much both of the variables are related with depressive symptoms of older Korean American immigrants in Chicago metropolitan areas.

In conclusion, the two key domains of interest are : (1) how do acculturation level, SES, and health condition affect their depressive symptoms? And (2) how does their perception about respect and geographic residence affect the relationships between acculturation level, SES, and health conditions and their depressive symptoms? These

questions have been answered by conducting a series of analyses using several agency-based datasets and self-collected quantitative survey data and qualitative interview data on Korean American older adults living in Chicago and its suburban area. A multi-method approach has been used to analyze the data.

Significance of the Study

A common understanding is that the incidence of clinical depression is much greater for older adults compared to their younger counterparts (Kausler et al., 2007). Additionally, “baby boomers” are currently leading a dramatic increase of the number of depressed older adults (American Association of Retired Persons, 2008). However, only a small percentage end up getting the help they need.

Since it is easier to consider that depression is just a part of aging process, it tends to be ignored and undertreated (Smith, 2010). Health professionals may lead to ignore depression in older patients, concentrating more on their physical complaints. Also, many older adults suffering from depressive symptoms do not want to share or talk about their feelings and ask for help. There are a number of risk factors associated with depression among older adults, such as physical illness, alcohol abuse, mortality rate, and suicide (Smith, 2010).

For example, older adults with depression are three to four times more likely to have alcohol related problems than those who are not depressed and about 20 percent of persons with major late life depression are suffering from alcohol related problems (Devanand, 2002). Even though it is not clear whether depression causes drinking behavior or alcoholism triggers depressive symptoms, there is a direct correlation

between alcohol consumption and cognitive functioning in older adults (Anttila et al., 2004; Ganguli, Bilt, Saxton, Shen, & Dodge, 2005; Stampfer, Kang, Chen, Cherry, & Grodstein, 2005).

Suicidal behavior is another example of a risk factor related to elderly depression. It is reported that older adults are more likely to have higher rates of depressive symptoms and suicidal ideation than the general population (Vance, Struzick, & Childs, 2010). According to the National Center for Health Statistics (2004), older adults comprise 18 percent of all suicides. Pratt and Brody (2008) also report that 8 to 20 percent of community-dwelling older adults have depression and this depression can partly be translated into suicidal ideation. Depression caused by social isolation among older adults living alone is known to be a factor of suicide-related or suicidal incidents (McInnis-Dittrich, 2005).

Alcohol related problems and suicidal issues as well as difficulties with adjusting to new circumstances are considered additional significant complications for the older Korean American immigrant population. Whether they are Americans or immigrants, problems in adjusting may produce significantly negative issues in their lives in many ways. The old, especially, need to be connected with the outside world to prevent isolation. Understanding their circumstances and keeping in touch with what is happening in their lives are critical agendas for the older adult population.

There is evidence that Asian American older adults are struggling from depression mainly due to the limited resources in adapting and acculturating to their new life in the United States (Mui & Kang, 2006). Depressive symptoms are much more prevalent than

severe depression in this population, which is about 15-20 percent of non-institutionalized older adults expressing such symptoms (Gallo & Lebowitz, 1999). It is also reported that being a female, self-rating poor health, living alone, and having poor quality social support are major risk factors contributing to depression in this ethnic older adult group (Krause, 2004). Husaini et. al. (1991) and Hovey (2000) found that social support was associated with depression because it can mediate the impact of stress on older adults. Therefore, older adults with fewer family contacts and a smaller social network have higher levels of depression.

The changing geographical concentration of Korean Americans in metropolitan areas poses significant challenges for social service agencies to address these emerging needs. Korean Americans generally have built their ethnic communities in metropolitan city areas and have benefited from a relatively high degree of geographic concentration since their immigration began in the early 1900s (Choi, 2007). However, in recent years, Korean Americans in Chicago have moved outward into the far suburbs as they became more established financially and seek quality education for their children. Korean American related businesses followed this move then began to form a new Korean American ethnic community in the suburbs. As a result, Korean American population included in the suburban Asian immigrant population grew by 377,000 persons in the 1990s, an increase of 91.9 percent (Paral & Norkewicz, 2003). In particular, the total of 52,693 Korean Americans live in 6 Illinois counties which are McHenry, Lake, Cook, Will, Kane, and Dupage areas, compared to 46,261 ten years ago (U. S. Census Bureau, 2010 & 2001). Because the figures presented above definitely show prominent trends in

moving tendency, this study will give rise to consideration of present geographical background of older Korean American immigrants. Providing relevant information to remove barriers in service delivery will essentially require the careful monitoring of changing demographic trends by different regions.

Although Korean American agencies perceive the critical need to strengthen and expand their services for the diverse emerging mental health needs, there is no evidence-based information due to not having comprehensive and well designed needs assessment for this population. Adjusting to a new suburban life style may require Korean American older adults to seek different social services than what they received as urban residents. Among these services are programs that focus on mental health issues and psychological well-being.

The definition of and factors associated with psychological well-being vary from one culture to another, as the perception of psychological well-being is shaped and determined by cultural values and beliefs (Mui & Shibusawa, 2008). Thus, cultural competence should be considered significant in terms of ensuring quality health care, educational preparation, and public awareness, especially in relation to diverse populations (Bernstein, 2007). According to Bernstein (2007), Korean American immigrants suffering from depression tend to hesitate to seek needed treatment due to the stigma deeply ingrained within their society for centuries. Their norms of shame and denial drive them to choose keeping the illness a secret over seeking early intervention; Koreans with mental illness are often discouraged by their own family members and friends from seeking mental health services because they believe the services would

smear the family's honor and dignity with shame. These challenges make it difficult for community organizations to develop new programs that would effectively meet the current and emerging Korean American older adults' specific needs. In an effort to investigate the culture-related issues, perceived respect will be introduced and studied as a significant intermediate variable between depression of older Korean Americans and the level of their acculturation, SES, and health in this study.

Therefore, it will be meaningful to scrutinize how the older population communicate with each other and outside of their realm, especially when they are suffering from mental complaints. By understanding that, specialized social supports will begin to meet the critical needs regarding their difficulties.

CHAPTER TWO

LITERATURE REVIEW

The following literature review is organized in three sections. The first section is a general overview of older adult population in the United States and their depression and the related issues, i.e., acculturation level, SES and health conditions. By presenting the results of existing studies related with the older adults, the significance of identifying and understanding the current issues and agendas will be pointed out. In the second section, the relationships between Korean American older adults and health, socio-economic status, acculturation and geographical conditions will be presented based on the analysis of pre-existing studies. Out of numerous factors triggering older adult depression, their physical or mental health conditions, SES, acculturation level, geographic residence and perceived respect will be reviewed as critical dependent or independent variables for this study. The final part will include a brief review of studies supporting the significance of this study, along with summaries of findings and syntheses/implications from the literature review.

General Overview of Older Adults' Lives in the U.S. and Depression

The United States faces dramatic changes demographically: aging and increasing diversification in race and ethnicity. The population between age 65 and older (40 million) currently constitutes about 13 percent of the total U.S. population (U. S. Census Bureau, 2010). From 2011, the baby boomers (those born between 1946 and 1964) become a part

of this older population. By 2030, it is projected that about 20 percent of the total U.S. population (71.5 million) will be age 65 and older (Federal Interagency Forum, 2010). While the number of non-Hispanic whites in the total population is expected to fall from 74 percent in 1995 to 53 percent by 2050, other racial and ethnic populations will increase in number. The data from the 2000 census indicates that the Asian American and Asian immigrant older adult population grew by 76 percent from 1990 to 2000 and is projected to grow by 246 percent from 2000 to 2025. Likewise, between 2010 and 2030, it is projected that Asian and Pacific Islanders will increase by 145% (Administration on Aging, 2010). This growth is comparable with the 9.2 percent and 73 percent growth rates in the same years among the white older adult population (U.S. Census Bureau, 1990, 2001). By the year 2050, this population is projected to be almost 7 million in numbers (Older American 2010, 2010).

Depression

It has been recognized that depression is a major cause of disability by World Health Organization (WHO) (2010). In 2004, about 11 percent of men and 17 percent of women aged 65 and over are reported that they had clinically relevant depressive symptoms (Administration on Aging, 2001). The definition of “clinically relevant depressive symptoms” is four or more symptoms out of a list of eight depressive symptoms from an abbreviated version of the Center for Epidemiological Depression Scale (CES-D) adapted by the Health and Retirement Study (HRS). Commonly, there are two types of depression-related disorders; major depressive disorder and dysthymic disorder (National Institute of Health, 2007). Major depressive disorder is described as a

combination of interfering symptoms in terms of working, sleeping, studying, eating, and enjoying and dysthymic disorder, also called dysthymia. This is less severe but long lasting at least two or more years (National Institute of Health, 2007). It is very difficult to justify a clear definition for experiencing depressive symptoms with simple words; some might experience a few symptoms, whereas others may suffer from multiple symptoms and side effects. The symptoms of depression may vary as follows; (1) sad, anxious, or empty mood, (2) hopelessness or pessimism, (3), feelings of guilt, worthlessness, or helplessness, (4) loss of interest or pleasure in hobbies, (5) decreased energy, fatigue, or slow-down feeling, (6) changes in appetite and/or weight loss, (7) thoughts of death or suicide, or suicide attempts, (8) restlessness or irritability, and (9) headaches, digestive disorders, and chronic pain (National Institute of Mental Health, 2009).

It has been known that there is not a single cause of depression; In fact, many factors can contribute to this mental illness, such as family history, on-going life experiences, and environment (National Institute of Health, 2007). There are, of course, a number of studies over the risk factors more than described above, such as genetics, gender, living alone, and physical illness (Centers for Disease Control and Prevention, 2003; Christison & Blazer, 1988; Gallagher-Thompson & Coon, 1996; Husaini, 1997; Kornstein & Wojcik, 2002; Mosher-Ashley & Barret, 1997; National Institute of Mental Health, 1996; National Policy and Resource Center on Women and Aging, 1998; Sloane, Zimmerman, Suchindran-Chirayath, Peter, Lily, & Shudha, 2002; Smith, 2010; Wilmoth & Farraro, 2007). Especially, Blazer and Hybels (2005) categorized these factors into two

areas; general and specific risk factors for depression, as presented in Table 1.

Dividing the factors into two different categories, they distinguished specific characteristics of risk factors in terms of late life depression from general factors across the life cycle as well as late life. Regardless of the association between critical risk factors and depressive symptoms, the diagnosis and treatment of depression of older population will become of increasing importance as the population ages (Catalano, 2005).

Table 1. General and Age Specific Risk and Protective Factors for Depression in Later Life

General risk factors (factors that predispose to depressive symptoms and disorders the life-cycle including later life)			Specific risk and protective factors (factors that are especially relevant to depressive symptoms and disorders in later life)	
Biological risks	Psychological risks	Social risks	Biological risks	Psychological protective factors
Hereditary (e. g. findings from twin studies)	Personal disorder	Stressful life events and daily hassles	Genetic polymorphisms or mutations (such as CADASIL-Cerebral Autosomal Dominant Arteriopathy with Subcortical infarcts and leukoencephalopathy)	Socio-emotional selectivity
Female sex	Learned helplessness	Bereavement	Low levels of DHEA	Wisdom
Underactivity of serotonergic neurotransmission	Cognitive distortions	Socio-economic disadvantage		
Hypersecretion of cortisol (associated with hippocampal atrophy)	External locus of control	Impaired social support		
Low levels of testosterone				
Stroke				
Medical illness and functional impairment				
Alcohol abuse and dependence				

After a careful diagnostic evaluation including a complete history of symptoms, treatments are decided based on the analysis of severity of symptoms and preference (National Institute of Mental Health, 2009). NIMH also guide that there are various treatments for depression such as medications, short-term psychotherapies and a combination of treatments for the best outcome (2009).

Studies have shown that there is distinct evidence that depressed clients can get benefits from taking antidepressants (Arroll, Elley, & Fishman et al., 2009; Benton, Staab, & Evans, 2007; Hackett, Anderson, & House, 2005). Much of the research described different types of antidepressant medications called selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs) and also older classes of antidepressants, such as tricyclic and monoamine oxidase inhibitors (MAOIs) (Haddad, 2010; National Institute of Mental Health, 2008). Even though the newer medications, SSRIs and SNRIs, are more popular than MAOIs or tricyclic and tend to have less side effects, the older antidepressants are still used (National Institute of Mental Health, 2008).

Many studies were also conducted to identify the great efficacy of psychosocial treatments as well (Bartels et al., 2002; Gatz et al., 1998; Scogin & McElreath, 1994; Schneider, 1994; Zeiss & Breckenridge, 1997). Especially, both literature reviewing studies of Gatz et al. and Bartels et al. pointed out that cognitive behavioral therapies were efficacious for older adult population (Skultety & Zeiss, 2006). Additionally, Wells et al. demonstrated psychosocial treatments are preferred over pharmacological treatments by older adults with depressive symptoms (Wells, Dwight-Johnson,

Sherbourne, & Liao, 2000).

Asian American older adults suffering from depression-related illness have been marginalized in receiving appropriate cares or any benefits out of them regardless of a type of treatments. Kim-Goh reported that the depressive symptoms of older population were associated with the stress of aging, illness, socioeconomic status, and the lack of informal and formal supports (2006). According to Laveist (1995), Asian American and Asian immigrant older adult groups are rarely included in sufficient numbers to enable statistical analysis, compared to non-Hispanic white and African American older populations which have enough researchable datasets. As one of Asian American older adult subgroups, Korean American older adults are not exceptions to this limitation. The lack of evidence-based mental health data on Korean American older adult immigrants as well as other Asian immigrants is a huge barrier to perform sound research.

Older Adults and Acculturation

Acculturation is a process by which one cultural group adopts the beliefs and practices of a host culture (Born, 1970; Gordon, 1964; Mills & Henretta, 2001). The association between acculturation and depression is intriguing. The process of acculturation is multidimensional: it includes physical, psychological, financial, spiritual, social, language, and family adjustment. This multidimensional process can be very stressful for older adult immigrants because they are limited in accessing resources, such as income, education, and English proficiency (Aronowitz, 1985; Black, Markides, & Miller, 1998; Casado & Leung, 2001; Harker, 2001; Portes & Rumbaut, 1996; Suarez-Orozco & Suarez-Orozco, 2001).

A research on acculturation and depression suggests that less acculturated elderly Hispanic immigrants are more likely to have depressive symptoms than more acculturated counterparts (Gonzalez, Haan, & Hinton, 2001; Hovey, 2000). Gonzalez, et al. (2001) conducted cross-sectional analysis from a cohort study to figure out the relationship between acculturation, immigration, and prevalence of depression in older Mexican Americans. They found that the prevalence of depression was higher among immigrants (30.4%), bicultural participants (24.2%), and less-acculturated participants (36.1%). Small sample studies of Asian older adults also suggested that more acculturated immigrants in the host society had greater tendencies to have better mental health status than those who were less acculturated (Pang, 1998; Stokes, Thompson, Murphy, & Gallagher-Thompson, 2001). Thomson et al. (2001) recruited 102 Mandarin speaking older Chinese participants to determine the extent of depression with conducting 30-item GDS. Their study concluded that a total of 29.4% of participants showed depressive symptoms and the ages between 60 and 69 are most likely to have depressive symptoms than other age groups. They also had less than a high school education and lived in the United States less than 5 years. There are findings about minority older adults' high depression rate being associated with acculturation-related factors, such as shorter lengths of residence in the United States, stress, and language barriers, etc (Casado & Leung, 2001; Falcon & Tucker, 2000; Gonzalez et al., 2001; Lee, Crittenden, & Yu, 1996; Stokes et al., 2001; Tran, 1992). Casado & Leung (2001) examined the factors of grief experience associated with immigration including the level of acculturation, the length of residence in the United States, and other demographic factors. The result of regression analysis

revealed that migratory grief alone contributed to 41.5% of the variance in feeling depression. In other words, older adult immigrants' depressive symptoms may result in grief and stress from migration, following adaptation difficulties, and weak family support (Gelfand & Yee, 1991; Mui, 1996; Mui et al., 2001).

It is reported that acculturative stress was closely related with decreased psychosocial functioning in several immigrant groups in the studies of depression as a common mental health concern (Han, Kim, Lee, Pistulka, & Kim, 2007; Hovey, 2000; Kim-Goh, 2006; Kim, Han, shin, & Kim, 2005; Noh & Kasper, 2003; Mui & Kang, 2006; Stokes, Thomson, Murphy, & Gallagher-Thomson, 2001). Han et al. (2007) examined the relationships among acculturative stress, social support, and depression utilizing a secondary data analysis of an existing survey of 205 older Korean immigrants. By conducting hierarchical multiple regression analysis, it is revealed that acculturative stress is negatively associated with social support contributing higher depression level. The relationship among acculturative stress, depression, and suicidal ideation was also examined by Hovey through multiple regression analysis (2000). The result of study showed that acculturative stress was a significant predictor of depression and suicidal ideation and that supports from both family and society significantly predicted depression and suicidal ideation.

In sum, the scopes of acculturation are too broad to define concisely since literally defining 'culture' is a very complicated process in any research. However, it is strongly encouraged for one to understand the importance of cultural impact in any society. Most studies of older adult immigrants' acculturation tend to focus on the cultural conflicts

during the phases of migration or adjustment, such as a lack of language proficiency, unstableness of settlement, the sense of isolation or lack of supports, and so on.

Investigating how older Asian immigrants transform from their inherent religions and cultures, such as Taoism, Buddhism, Confucianism, or their own philosophy (Park & Bernstein, 2008), in terms of their method of thinking, identifying current transforming patterns and comparing them with those of main-stream older adults, researchers should attempt to reduce any latent or manifest risks regarding misunderstandings of acculturation.

Older Adults and Perceived Respect

Out of the various components of Korean culture, dealing with the older population, respect is one of the significant key factors traditionally symbolizing the quality of their lives (Noelker & Harel, 2000). Rooted in the soil of Confucianism, the notion of respect has dominated the contemporary Korean society with its Confucian influence and it has been regarded as a customary and normative duty with obligations between generations (Sung, 2001b). According to Cheng's review on the findings of previous research (2009) our society's rapid change led to the transform of cultural norms, that has elicited to widen the gap between older and younger generations in terms of perspectives understanding each other. In the review, Cheng also pointed out that the general lack of respect and appreciation for older population were evident. Additionally, the meaning of respect has been changed from 'obedience and subservience to courtesy and kindness' (Mehta, 1997). Therefore, it is much more significant and crucial to comprehend the nature of older people's perception towards respect. In order to meet the

following need, gerontologists have been studying on the issue of respect (Chipperfield & Havens, 1992; Ingersoll-Dayton & Saengtienchai, 1999; Mehta, 1997; Sung, 2001a). They especially underscored that the perception of respect played an important role in delivering care and services for them (Sung, 2004).

Unfortunately, most of studies previously conducted focused more on the respect-givers' stand point, such as the care-givers' burden, young adults' perception about respect, family support for older family members and so on. For example, Sung (2010, 2004, 2003, 2001b) introduced various factors of respect or filial piety from the viewpoints of Korean and American younger generations. In the study in 2001b, Sung suggested that our society needed more caring public services, better overall benefits provided by social security, and cross-cultural studies for older populations and their families. A major issue proposed was how to reduce the burdens and strains on family members as care givers. To meet this need, both public and private sectors should cooperate to provide more efficient and acceptable services, according to his conclusion. He and his colleague (2010) also conducted quantitative and qualitative research on American young adults in order to investigate how differently the younger population constructs their new values differently from their parents' and if they are less supportive of the traditional norms (Palmore, 1999). With the result from the quantitative and qualitative survey of over 521 college students in the Midwest and West Coast, they concluded that respect for the older population was a culturally related obligation and the practice of respect would be motivated not by social obligational context but by their own personal choice. Nevertheless, most of the participants indicated that their parents,

grandparents, and other relatives had behaved as a key factor in guiding them to respect older generations.

Lai (2010) and Laidlaw et al. (2010) conducted research on respect, comparing different cultural contexts of Chinese, British, and Canadian. Laidlaw, et al. (2010) surveyed 130 community-dwelling older adults categorized as Edinburgh-born Scottish individuals, Chinese-immigrants living in Scotland, and in addition to Chinese persons in Beijing. The participants completed a one-time survey with an Attitude to Ageing Questionnaire (AAQ), Filial Piety Expectation Questionnaire (FPEQ), and The Center for Epidemiological Studies-Depression Scale (CES-D) in a cross-sectional analysis design. The study concluded that both Chinese groups, Chinese-immigrants in Scotland and Chinese persons in Beijing, were more familiar with the concept of respect, unlike the UK-born group. However, this was very interesting that the two UK living groups, Chinese-immigrants and the Scottish groups, showed more positive attitudes towards ageing than the Beijing-Chinese group who were much more negative in attitudes.

There might have been several different definitions of respect or filial piety in Eastern and Western societies based on their own culture and traditions from the past. Accordingly, studying the prominent and correct concepts in terms of respect in Asian culture, i.e. Confucianism, is a significant and effective way to understand their perceptions towards these concepts with less bias. However, few studies previously performed could satisfy the standard as reviewed above. Most of the studies focused on the respect-givers' point of views.

Older Adults and Socio-economic Status (SES)

SES has been used in numerous studies to measure an individual's or group's social standing based on their income, education level, or other significant factors. Notably, when a study is about low SES people, SES has been considered as a significant variable representing their lives. Most of studies suggest that SES is correlated with health condition. Bourdon, et al. (1994) in their study, found that people with low incomes suffered more from mental health related diseases. McGrath, et al. (1990) and McGinnis, et al. (2002) also found that those with low incomes may encounter more barriers in accessing appropriate mental health services.

It has been reported that there are prominent correlations between SES and the onset of depressive symptoms. Chi and Chou (2000) examined the impact of financial strain on depressive symptoms. The data came from a longitudinal study of a representative community sample of the older adult population in Hong Kong. Multiple regression models discovered that older adult population with higher financial strain had more depressive symptoms three years later, even after controlling socio-demographic, physical health status and social support variables. Financial strain also influenced the depression equally on both men and women. Woo et al. (1993) surveyed elderly Chinese aged 70 years and over living in Hong Kong, who were sampled by stratified random sampling using the 15-item Geriatric Depression Scale. 877 men and 734 women participated in the study and the prevalence for men was 29.2% and 41.1% for women. A univariate analysis was used to identify numerous factors in the following areas that were associated with depression: socioeconomic characteristics, functional ability, physical

health and social support. Stepwise logistic regression assessed 16 factors of depression: socioeconomic characteristics, such as borderline living expenses and dissatisfaction with living arrangement; poor social support, such as absence of an informal care when ill, few relatives to turn to, and infrequent contact with neighbors and friends; functional disability, as indicated by a Barthel Index less than 15, urinary incontinence and inability to do housework; and poor physical health – poor self perceived health, poor vision, difficulty with chewing, history of mental illness, frequent hospital admissions and increased level of symptoms such as poor memory, constipation and dizziness.

Lee, Moon and Knight (2004) explored the correlation between Korean American older adults' depression and socio-cultural factors in California. Depression among Korean American older adults was hypothesized to be affiliated with social-demographic and cultural factors including health status, gender, education, financial status, acculturation level, familism, social support, and especially from the family relationships. A face-to-face interview was conducted on 95 native Koreans aged 60 years or older using CES-D scale. In multiple regression analyses, perceived health status and education were significant predictors among socio-demographic factors. Unlike other studies noting the significance of acculturation, they reported that acculturation status was not a significant predictor; However, positive support from the family and family relationships were significantly associated with less depression.

The correlations between Korean Americans' life and the place of residence are regarded significant in numerous studies. For example, in the study by Moon and Pearl (1999), 137 Korean immigrants who were sixty years old and over and had lived in the

United States from one to fifteen years were part of the study. The study was made in order to measure the relationship of alienation and the place of residence, gender, age, the years of education, time in the United States, living with or without children, and living with or without a spouse administering Dean's Alienation Scale (DAS). Significant relationships were found between the subscales of the DAS (powerlessness, normlessness, social isolation, and total alienation) and place of residence, age, time in the United States, and whether living with or without a spouse. To determine the relative contribution of the independent variables to each of the subscales, simultaneous regression analyses were performed.

Lu, Liu and Yu (1998) conducted a community survey of depression among the Chinese over 65 in a suburban setting. 187 individuals filled out the survey. Among them, 65 scored higher than 11 on the Chinese version of the GDS. Compared with depression-free individuals, those with depressive symptoms were more likely to be older and with less family support. Only age was identified as significantly correlating with geriatric depression scores by forward stepwise logistic regression analysis.

Kua (1992) assessed a random sample of six hundred twelve older Chinese aged 65 and over living in the community in Singapore with the community version of the Geriatric Mental State (GMS) and the data were analyzed by the AGE CAT program to provide computerized diagnoses. The prevalence of dementia was 2.3%, depression 5.7%, neuroses 1.5% and paranoid disorder 0.5%. The results were generally lower compared to the study of older adults in Liverpool using the GMS-AGE CAT package.

Studies explained various types of relationships between the place and types of

residence and various aspects of the lives of older adult populations. At the same time, the relationship is found to be significant and therefore key variables contributing to immigrant older adult depression. Nonetheless, few studies examined Korean American older adults: most research targeted Chinese or other ethnic groups.

Older Adults and Health

Older population has a wide range of health problems such as vision problems, hearing loss, osteoporosis, osteoarthritis and other physical difficulties as well as mental health problems. Even though the tendency is considered as a normal process of aging, the issues in terms of older population's health are closely associated with significant factors around them. For example, studies found that people in the higher SES were superior to those in the lower status in morbidity rate, functional limitations, and chronic conditions (Crystal & Shea, 2002; Hayward, Crimmins, Miles, & Yang, 2000; Heron, Schoeni, & Morales, 2003; House, Kessler, & Herzog, 1990; House, Lepkowski, Kinney, Mero, Kessler, & Herzo, 1994; Kahn & Pearlin, 2006). Analyzing 1,167 older adults 65 years and older, Kahn and Pearlin found that there was significant relationship between long-term financial hardship and health outcomes at their later stage in life. It was also reported that immigrants aged 55 and over thought their general health as poor or fair condition and hesitated to share their limitation in activities and obesity from the analysis of data of National Health Interview Survey from 1992 to 1995 (Heron, Schoeni, & Morales, 2003).

Some studies revealed that behavior choices, access to medical care services, and SES were associated with health disparities of older population (Lants, House,

Lepkowski, Williams, Mero, & Chen, 1998; McGinnis, Williams-Russo, & Knickman, 2002). They pointed out that SES had more influences than other factors on health disadvantages. For example, McGinnis, Williams-Russo, and Knickman approached this health disparity issues explaining the intersecting impacts of five different domains: genetic and gestational endowments, social circumstances, environmental conditions, behavioral choices, and medical care (2002). Also, House, Schoeni, Kaplan, & Pollack (2008) and McEwen & Stellar (1993) identified the relationship between perceived psychosocial stresses and psychological responses. In an effort to deliver distinct concepts of non-health areas considerably influencing on health, House and other colleagues introduced six key fields based on their previous study: education, income-support, civil-rights, macro-economy and employment, welfare, and housing and neighborhood. With the findings from investigating the relationship between stress and the processes leading to disease by McEwen and Stellar, they provided a comprehensive acknowledgement in terms of where health-related problems came from and how they are shaped. Therefore, it is strongly encouraged to discover and understand a potential realm regarding older population's health issues.

As one of major health-affiliated factors, depression is not a natural part of aging. However, health care providers sometimes assume that depression is a normal reaction to many problems such as heart disease, stroke, diabetes, cancer, and Parkinson's disease. Poor physical health has long been recognized to be one of the most important risk factors for depression in older adults. Since many aspects of physical health can be targeted for improvement in primary care, it is important to know whether physical health

problems predict the onset and/or the persistence of depression.

Even though reported rates of depressive symptomology among older population vary from 10% to 72% (Blazer, Hughes, & George, 1987; Kim-Goh, 2006; Mui & Kang, 2006; Stokes, Thomson, Murphy & Gallagher-Thomson, 2001), physical and emotional health among the population were strongly considered significant factors worsening the symptoms with acculturative stress and the degree of depressive symptoms.

Fiske, Gatz, and Pedersen (2003) also examined whether depressive symptoms increase with age longitudinally, and it evaluated two potential sources of influence- declining health and non-health-related negative life events. In the research, adults aged from twenty nine to ninety three years from the Swedish Adoption/Twin Study of Aging completed the Center for Epidemiologic Studies-Depression scale three times at 3-year intervals. Analyses were performed on one twin ($n = 877$) and repeated on the second twin ($n = 909$) as a non-independent replication. The findings suggested that depressive symptoms increased with age in both men and women, especially in the older adults. Health status was correlated with depressive symptoms. Geerlings, Beekman, Deeg and Van Tilburg (2000) studied six hundred fifty two older adults consisting of three hundred twenty seven depressed and three hundred twenty five non-depressed, aged between 55 and 85 from a random community-based sample in the Netherlands. Depression was measured using the CES-D scale. Physical health problems were demonstrated to be a predictor of both the onset and the persistence of depression.

The significance of the relationship between health status and depression has been consistent as highlighted in these several studies. However, few studies performed the

analysis of Asian Americans, not to mention Korean American older adults, considering their uniqueness and sensitivity to health status.

Korean American Older Adults

Korean American Cultural Background

Korean culture and tradition which are more than 5,000 years old have strongly been influence by Confucianism, Shamanism, Taoism and Buddhism (Lee, 1985; Wikipedia, 2011). Confucianism, still playing a major role in Korean society, has been providing Koreans with cultural, traditional and philosophical circumstances by means of underscoring kinship-based community and social relations, strong familism and patriarchal family systems, institutionalization of Confucian sexism, and the promotion of educational competition for social mobility (Lee, 1985). One of highlights of Confucianism-based Korean cultures is respecting for elders which is still a major part of Korean family life style(Wikipedia, 2011). Ishisaka and Takagi also pointed out filial piety is a strong theme for older Korean Americans (1982).

At the same time, they think that it is very important to maintain social status and save face in terms of their sense of well-being (Berstein, 2007). Since Korean immigrants tend to maintain these traditional and cultural values during the cultural transition and acculturation process, there are serious difficulties of identifying the Korean immigrants' mental health needs getting more complex and complicated (Kim, et al., 2002).

Depression of Korean American Older Adults

There have been evident reports that Korean Americans have a higher incidence and prevalence of depression (Donnelly & Kim, 2008; Sin, Choe, Kim, Chae, & Jeon,

2010). Sin et al. (2011) concluded that major changes in their lives in terms of cultural norms, SES, language and living environment triggered their depressive moods. The researchers recruited a convenience sample (n=28) from Korean communities in the Puget Sound region of Washington State. After careful qualitative data analysis from four focus group activities, the study concluded that Korean American immigrants needed more education in terms of mental health issues on a community-wide basis to prevent possible depression. Advanced coping strategies based on culturally relevant context were recommended in the study's conclusion.

The prevalence of depression among the minority older adult population is reported to be relatively higher than general older adult population. Studies indicate that Asian Pacific Islander (API) older adults are more vulnerable to depression than White older adults (Kuo, 1984; Lam et al., 1997; Ying, 1988). Also, the prevalence of depression measured by the GDS was 18% for Chinese older adults and 20% for Japanese American older adults (Shibusawa & Mui, 2001). In a study by Kuo, Chong and Joseph (2008), they critically reviewed two decades of empirically based depression studies on older Asian immigrants (OAIs) in North America published in English. The Psychosocial Model of Late-Life Depression was used to help interpret the findings in the studies. The model is also known as biopsychosocial theory (Engel, 1980), which explains the relationship between the onset and maintenance of elderly depression and the complex interplays amongst physical, psychological, social and environmental factors (Areán & Reynolds, 2005; George, 2004). By the use of multiple bibliographic databases, their review summarized findings out of 24 studies about: (a) the prevalence and severity

of depression; (b) demographic, psychosocial, cultural, and health risk factors of depression; and (c) methodological approaches and designs. The results showed that depression is prevalent among OAIs and is linked to gender, English proficiency, acculturation, service barriers, health status, relationship with children and family, and social support.

Mui and Kang (2006) examined the relationship between the stress of acculturation and depressive symptoms in a regional probability sample ($n = 407$) from six groups of Asian immigrant older adults (Chinese, Korean, Indian, Filipino, Vietnamese, and Japanese). The findings of the study described that about 40 percent of the sample were depressed with higher depression rates than older American or Asian older adult samples in other studies in the United States and Asia (Galo & Lebowitz, 1999; Haller, Weggenmans, Ferry, & Guigoz, 1996; Haller, Weggenmans, Ferry, & Guigoz, 1996; Mui, 1996; 2001; Mui, Burnette, & Chen, 2001; Shibusawa & Mui, 2001). The multiple regression analyses indicated that acculturation stress from older adults' perception of a cultural gap between themselves and their adult children was related with high depression levels. The research discovered that there are more predictors of depression, such as poor perceived health, stressful life events, religiosity, proximity of children, assistance received from adult children, and longer residence in the United States.

Research suggests that older Korean American immigrants experience even greater depression compared to long-time residents of other API populations (Kuo, 1984). Sung (1998) and Noh, Kasper, and Chen (1998) in their studies of the mental health

status of Korean older adult immigrants reported a mean score of 15.9 and 16.3 respectively in the Center for Epidemiological Studies of Depression (CES-D) Scale with a cut-off score of 16 or higher based on criteria of clinical depression by Radloff (1977). These mean scores are higher than those of White older adults (13.8) (Rogers, 1999) and older Chinese immigrants (8.9) (Casado & Leung, 2001). Furthermore, Korean older adult immigrants were identified as having the highest prevalence rate (40%) (Sung, 1998) when compared to other minority older adult groups, such as Mexican American older adults (24.3% to 27.4%) (Chiriboga et al., 2002; Frerichs et al., 1981) and Black older adults (6.15% to 21.8%) (Husaini et al., 1991; Frerichs et al., 1981). These findings clearly indicate serious mental health problems among Korean American older immigrants, which may be triggered by immigration related stresses and psycho-social adaptation issues.

Jang, Kim and Chiriboga (2005) also demonstrated the relationships between acculturation and depressive symptoms among Korean American older adults in Florida. Using both the short forms of the Geriatric Depression Scale (GDS-SF) and the CES-D scale, they performed a differential item function (DIF) analysis based on partial correlations. Their findings indicated that acculturation was significantly associated with both scales suggesting the higher likelihood of depressive symptoms among those with lower levels of acculturation. Social support is also examined as an effective personal resource for alleviating acculturative stress and achieving better mental health outcomes by Han et al. (2007). They described the relationships among acculturative stress, social support, and depression surveying 205 Korean American immigrants over 60 in a major

metropolitan city on the East coast. Hierarchical multiple regression analysis revealed that higher acculturative stress and lower social support were associated with higher depression level.

Pang and Lee (1994) investigated the prevalence of depression and somatic symptoms among 41 Korean American older adults in Washington D.C. metropolitan area. They surveyed the prevalence of major depression, generalized anxiety disorder and somatization disorder conducting Korean version of the Diagnostic Interview Schedule (KDIS). The result of the study indicated that there were no significance differences between the depressed and non-depressed groups in education, marital status, or length of time in the United States.

Jang, Chiriboga, and Okazaki (2009) also examined the attitudes toward mental health services held by younger (aged 20-45, n = 209) and older (aged 60 and older, n = 462) groups of Korean Americans. Three different variables, predisposing (age, gender, marital status and education), need (anxiety and depressive symptoms) and enabling (acculturation, health insurance coverage and personal experience and beliefs), were tested based on Andersen's (1968) behavioral health model. The result suggested that the both groups were found to have a similar level of positive attitudes toward mental health services. Those who held negative attitudes considered depression as a sign of personal weakness and had mentally ill family member(s). According to the findings, older adults tend to have more cultural misconceptions and stigma related to mental disorders. It was also described that the cultural stigma negatively affected their attitudes toward service use in the findings. The findings recommended strategies to improve access to mental

health care among minority populations. Bernstein (2007) surveyed Korean immigrants' perception and understanding of mental health and illness during four monthly mental health seminars in New York City. 34 respondents completed the survey out of 86 Korean immigrants attending the seminars. They were financially stable educated Korean women who were married, who had lived in America for more than 10 years. Most participants understood the need for mental health services but had never asked for professional help and overcame the stressors from immigrant life by endurance, patience, and religious practices. Seminar leaders who were Korean Americans working in the mental health field and/or educational settings noted the following: (a) greater seminar attendance, (b) participants' openness to their mental illness issues, and (c) the need for tailored mental health programs for Korean Americans. The findings led to an understanding of the Korean immigrants' mental health issues as complex, chronic, and serious

Vulnerability to various immigrant issues has been studied for a number of years among older adults. Kim (2009) found that integration was negatively related to depressive symptoms, whereas marginalization was positively linked to depressive symptoms when analyzing 78 Korean American adults using multiple regression. Ahn (2005) investigated principal biopsychosocial risk factors associated with depression and its somatic manifestation among older adult Korean immigrants. The study designed a cross-sectional survey and used a convenient sampling method. Two hundred thirty four community-dwelling Korean immigrants aged 55 and over were surveyed. They were residents in New York metropolitan area from May 2004 to August 2004. The 30-item GDS and the Somatization subscale derived from Symptom Checklist-90 were performed

and path analysis was used as statistical methodology. Risk factors for depression were found to include age, prior treatment for depression, stressful life events, and migratory grief.

Korean American older adults' pattern of assessing treatment was described by Kim et al. (2002). Their description interpreted Korean American older adults' use of traditional and western medicine, noting factors related with their health-seeking behavioral patterns and health service utilization. Interview data indicate that Korean American older adults used a broad spectrum of health resources, both traditional and western. Moon and Williams (1993) also used 13 scenarios to measure and compare perceptions of elder abuse and help-seeking behaviors of African- American, Caucasian American, and Korean American older adult women. Significant group differences were found and the results revealed that Korean American women were substantially less likely to perceive given situations as abusive compared to other groups.

As a significant research variable, the place of residence was studied by Moon and Pearl (1991). In the study, older Korean immigrants (n=137) completed Dean's Alienation Scale (DAS) to examine relationship of alienation to place of residence, gender, age, years of education, time in the United States, and living arrangements. The findings indicated significant relationships between DAS subscales and place of residence, age, time in the United States, and whether living with or without spouse.

As described above, diverse factors related to Korean American older adults were studied by numerous scholars in the field of aging. Based on previous research findings, it can be concluded that Korean American older adults have been limited in terms of

utilizing mental health services due to the lack of information, language barriers, financial difficulties, or physical challenges. It is obvious that there are researchable critical issues in terms of Korean American older adult depression. To assess their depression related symptoms, researchers need to carefully consider cultural, health-related, environmental, family-related and other factors as latent or manifest variables in their studies. As shown in Table 2, the relationships between acculturation, family income, relationship with children, and depression have been assessed and identified through the limited number of studies.

Even though numerous studies focused on the relationship between depression and acculturation, health condition, financial status, family issues, or environment, few of them were designed to investigate the interactive influences of the variables simultaneously.

Korean American Older Adult Immigrants in Chicago

The history of Koreans in America began as 7,000 Koreans were brought to Hawaii from 1903 to 1905 as laborers of plantation. After Chinese labor immigration, recruited Koreans who left their country to meet the labor demand on the Hawaiian plantations. Before 1924, closing the door due to the National Origins Act, about 1,100 Korean, so called "picture brides", were brought in. Before 1965, Koreans comprised about ten thousand in the United States (Takaki, 1989). Between 1970 and 1988, the population grew to nearly half a million (Min, 1990).

Table 2. Studies about Korean Depression

STUDY	SUBJECTS	RESULTS	APPRAISAL
Lee, et al. (2004)	Korean caregivers living in Seoul, Korea (n=100), Korean American (n=59) caregivers living in the Chicago and Los Angeles areas, and Caucasian American (n=78) caregivers from the Chicago metropolitan area	Wives were more depressed than daughters and daughters-in-law and Korean caregivers in Seoul were the most depressed. When caregiver relationship and cultural group were examined at the same time, Koreans in Seoul and Korean American wives were most depressed, and Korean American daughters-in-law were least depressed. Differences in culture and social role appeared to affect depressive symptoms among these caregivers.	The associations between caregivers' relationships with their care recipients and their own emotional status.
Jang, et al. (2005)	230 Korean American older adults	Low comparability in the factor structures for both the GDS-SF and the CES-D across low and high acculturation groups. A differential item function (DIF) analysis based on partial correlations indicated that older adults in the low acculturation group inhibited endorsing positive affect items; one item in the GDS-SF (#7 'feel happy') and two items in the CES-D (# 5 'felt hopeful' and # 8 'was happy').	The substantial cultural influences in expressing emotions, especially those related to positive affects. Implications are discussed from a cultural perspective.
Han, et al. (2007)	an existing survey of 205 elderly Korean immigrants over age 60	Higher acculturative stress and lower social support were associated with higher depression scores after demographics and health status were controlled for, while network size and satisfaction with support were not.	The cultural/social needs of these immigrants, not only by reinforcing their existing social network but also by providing additional support for their family members to prevent social isolation and depression in the population.
Kim (2009)	78 Korean American adults	In multiple regressions controlling for family income, integration was negatively related to	Developing an intervention program that targets increasing integration and

		depressive symptoms, whereas marginalization was positively linked to depressive symptoms.	decreasing marginalization and, therefore, decreasing depressive symptoms of Korean Americans.
Kim (2011)	176 Korean American parents of children between the ages of 5 and 10	Approximately 29% of fathers and 28% of mothers had increased depressive symptoms, which were related to parent-child acculturation conflicts over the child's social life, comparing the child with others, expressions of love, the importance of saving face, and proper Korean child's behavior.	Developing a family intervention program to decrease parental depressive symptoms by reducing parent-child acculturation conflict.
Sin (2011)	A total of 28 Korean American immigrants in four focus groups	Difficulties from immigration-related environmental changes, introverted personality, loneliness and social isolation are identified as major sources of depressive symptoms.	Community-wide education on mental health issues is needed to support Korean American immigrants.
Lee, et. al (2012)	160 older Korean immigrants completed measures of depression, stressful life events, accumulative stress, family relationships, social support, and demographic variables	As income declined, depression increased; living with one's adult children was associated with less depression; depression increased in concert with accumulative stress.	Maintaining family relationships may be a key factor in preventing and/or lessening depression in older Korean immigrants.

When it comes to Korean Americans' health-related quality of life, the available demographic and health statistics on them are usually of limited value because such research has categorized Asian Americans into one broad group, ignoring the enormous diversity (Mui & Shibusawa, 2008). It is more important to point out that Korean American older adults tend to struggle with cultural and linguistic barriers that may discourage or prevent them from accessing available health care services (Mui & Shibusawa, 2008).

To make matters worse, Korean American older adults hesitate to discuss or share anything about mental health related issues since talking about it has traditionally been a taboo in the Korean culture.

Highlighting strengths and ability leads to an understanding of the way older adults remain resilient in the face of physical, psychological, and social changes as they age (Mui & Shibusawa, 2008). As cultural values and beliefs play a significant role in shaping psychological well-being, they must be considered as key elements in the application of any psychological interventions for ethnic older adult population.

One main challenge of studying older Asian immigrants has to do with excessive numbers of subgroups in the category of Asian Americans and the difficulties of identifying inherent cultural uniqueness of each subgroup. Also, most studies included in the literature review sampled Korean American immigrants in the state of California or New York. However, there are many Korean Americans in the state of Illinois to replicate studies conducted on older Asian immigrants.

The state of Illinois ranked 7th in size in terms of the Korean American population

with 61,469 in 2010 (US Census Bureau, 2010). Because the entire Asian American older adults increased by 78% during last decade and are expected to be nearly to 7 million by 2050, the number of Korean American older adults in Chicago is projected to be increasing (Yu, Choe & Han, 2002).

In particular, 52,693 Korean Americans live in six counties that are McHenry, Lake, Cook, Will, Kane, and Dupage (Table 3). In the city of Chicago, Korean American population is 11,422 with 1,806 of those being 65 years or older (U. S. Census Bureau, 2010). Even though the figures in the table reflect the result of Korean American immigrants' tendency of moving or expanding to meet the needs for higher living standards including quality education for their children as they have become financially secured, some of them might experience marginalization and need of financial support (Kim, Hong, Treering, & Sim, 2012). As a member of a family, older people have to move to the suburbs with the rest of the family because they apparently have no choice, unless they want to be separated from their family. This pattern implies that considerable numbers of the Korean American older population must be in need of appropriate public services to meet their wide needs regardless of their places of residency, financial status, or current health conditions.

Table 3. Total Population and 65 years and over of Korean American by Counties

	Cook	Dupage	Lake	Kane	McHenry	Will
Total Population	37,008	4,758	7,334	1,095	674	1,824
65 years and over	4,979	508	632	87	66	128

In that context, there has been a meaningful and useful approach to assess how to

define and categorize Korean American older immigrants based on their life patterns.

Choi (2005) suggested practical definitions to describe Korean American older immigrants; ‘old seniors’ and ‘new seniors’. Those definitions could be imported to distinguish the older population’s various life styles and are applicable for the older immigrant population not only in Chicago but also nationwide. ‘Old seniors’ tend to spend more time helping out their children to nurture grandchildren, receive Supplemental Security Income (SSI) and Medicaid, and look for long term care, subsidized housing, assisted living, nursing home care, and Alzheimer’s prevention. ‘New seniors’ are more likely to be older Korean American immigrants who have just retired from at least ten years of working in the States, receive Social Security benefits and Medicare, search for property tax reduction on their property, Medigap insurance, pharmaceutical assistance, part-time employment, and volunteer opportunities.

Findings from Literature Review

We have an increasing number of older Korean American adults nationwide. Due to this increasing pattern, scholars have found during the last few decades that the unique cultures and values of the minority population add to manifest and latent impacts on their new life in the United States. Identifying other cross-cultural challenges to older adult life will contribute to the body of knowledge on the immigrant minority population.

Through careful literature review on immigrant older adult depression, it is suggested that there is greater prevalence of depression among minority older adult population compared to the general older adult population (Lam et al, 1997). Lack of appropriate resources to cope is described as one of the key factors making minority older

adults' life more difficult. However, Mui and Kang (2006) demonstrated the significance of the role of social and family support in adapting and acculturating to the new world. Lee et al. (2004) also included acculturation level as an important predictor for Korean American older adults' depression. The study on the relationship between the acculturation and depression of immigrant population has been performed in many aspects. Studies revealed that less acculturated older adult immigrants were likely to be more depressed than any other minority groups (Gonzalez, Haan, & Hilton, 2001).

Even though physical health issues and socio-economic status of older adult population are significant variables explaining the prevalence of depression in several studies, it is difficult for researchers to test the relationship among Korean American older adults due to the lack of ample evidence-based data; the studies on the relationships between depression and acculturation prominently outnumber the research in terms of other immigrant-related issues, such as socio-demographic factors or social support as well as SES or health conditions. Moreover, reviewing literature on respect and SES also indicated that there are few research studies about how to define 'respect' from the viewpoint of older population and how closely their residential circumstances were related to their depressive symptoms.

In conclusion, by reviewing studies, one can hypothesize that minority older adult depression is significantly related with their health and socio-economic status and the scope of their acculturation level. However, it is not yet possible to draw from any findings or implications on Korean American older adults' depressive symptoms due to the lack of a sufficient empirical database, especially those dealing with common

variables in the field of geriatric depression, such as acculturation, health and SES and the service receivers' perception of respect and their geographical background simultaneously. That will be suggested as a prominent gap between those previously performed studies and this independent research study.

Syntheses & Implications from Literature Review

As mentioned earlier, the main research question is: how do acculturation level, SES, and health condition influence depressive symptoms of Korean American older adults? To answer the question, the followings were explored based on the literature review specifically careful considerations of perceived respect and geographic residence:

1. How do acculturation level, SES, and health condition, respectively or interactively, affect depressive symptoms of older Korean American adults?
2. How do acculturation level, SES, and health condition, respectively or interactively, affect depressive symptoms of older Korean American adults by way of perceived respect?
3. Does geographic residence moderately influence in the relationships between acculturation level, SES, and health condition and depressive symptoms of older Korean American adults?

The level of acculturation, SES and health condition are considered as significant components in the processes of immigrant population's adjustment in new circumstances and also closely related with depressive symptoms. Theoretically, those reciprocal actions between people and environment are comprehended as a part of adapting behavior.

Reanalyzing and reorganizing their ways of viewing the world, people might have inevitable conflicts or side effects such as depression. To assess and identify diverse and unique depressive symptoms of a specific population, i.e., Korean American older adults, their acculturation level, SES and health conditions have been evaluated in this study. Specifically, as one of indexes of SES, the geographic residence of Korean American older adults in Chicago metropolitan area would be underscored and analyzed to evaluate the relationship between elderly depression and places of living. With the result of this evaluation, critically distinguishable factors causing depressive symptoms of older Korean American adults residing in suburban and urban areas have been detected, compared and valued in order to consider how those factors differently influence depressive symptoms by the places older adults live. Additionally, the perceived respect of older Korean American adults would be measured and analyzed to estimate how closely their depressive symptoms were related to the perceived respect in their lives.

It is also expected that the findings of this study would help not only local social service organizations but also policy makers have in-depth understandings of diverse mental health issues of Korean American older adults. Furthermore, the baseline data gathered from the result of this study will serve as a guide for other researchers in their quest for additional knowledge.

Recent studies, for example, indicate that there are more than 3,000 Korean American Protestant Christian churches, 154 Korean American Catholic parishes, and 89 Buddhist temples nationwide (Lien & Carnes, 2004; Suh, 2004). The agenda is that there are more and more Korean churches providing older adult education classes in Chicago

Suburban area, which suggests the demand in diverse programs for this older group of population. Currently, there are 212 Korean churches and 5 Buddhist temples in Chicago and suburban areas, according to 2012 Korean yellow pages. However, community change led by religious institutions is at its inceptive stage with no collaborated momentum for structural provision of inclusive and more professional services. Thus, it is assumed that the results and suggestions of this study show how the community resources could be assessed and utilized for their residents' welfare.

Defining the depressive symptoms of Korean American older adults, highlighting the uniqueness of their cultures, and making bias-free interpretations of physical symptoms have been the main implications of this study. This could help the researcher to work with well accepted theoretical frameworks and approaches and then transform ideas into testable substantive hypotheses. In an effort to prove the hypothesis that Korean American older adults' depressive symptoms are strongly influenced by acculturation level, SES and health condition, the variables were measured in mixed methodology consisting of quantitative and qualitative approaches by survey, focus groups, in-depth interviews, and GIS.

Theoretical Framework

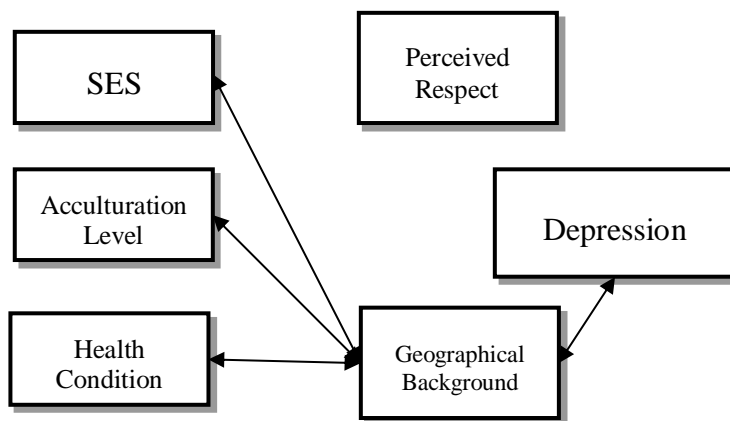
This study examines the effect of environmental and personal factors- SES, acculturation level, health condition, and perceived respect-on depressive symptoms among immigrant older population. Further more, manifest or latent factors of geriatric depression by different geographic locations, i.e. suburban and urban, were compared. In order to understand these associations, a set of theories are imported and stated in this

section. Ecological theory explains the relationship between individuals and systemized environment, Lewin's field theory is being introduced as another substantial basic instrument to assess human behavior in environment, and acculturation theory describes how people respond when exposed to foreign environment, especially, in the context of culture. Based on integration of multiple theories will guide this dissertation by providing a theoretical framework, articular in connection with treatment-oriented theories, such as selectivism, empowerment theory, and stress-coping theory.

Ecological Theory (Systems Theory)

The major causes of depression can be summarized into four factors: psychodynamic, behavioral, cognitive-behavioral, and biological views (Comer, 1992; Lowry, 1984; Papalia & Olds, 1988; Schwartz & Schwartz, 1993; Wetzel, 1984). Whether depression comes from the sense of loss, learning, thinking of distorted reality, or genetics, anybody could suffer from depression at any time in certain circumstances.

Figure 1. The Variables and Ecological Theory



The impact of the environment over individuals became stronger in the early 1970s by the studies of Germain, Meyer, and Siporin (Hepworth, Rooney & Larsen, 2002). Their ecological view point based on systems theory focuses on the transactions between the two and helps understand how people adapt to their environments, alter their environments, or a combination of those. In focusing on the inter-relatedness between people and their environment, this meta-theoretical approach based on ecological theory is an effective vehicle to understand people, families, cultures, communities, and policies in development.

According to Bronfenbrenner, ecological theory consists of five environmental systems; the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Berk, 2000). The microsystem is the setting in which an individual lives that includes the person's family, peers, school, and neighborhood. The mesosystem involves relations between microsystems or connections between contexts involving the relation of family experiences to school experiences, school experiences to church experiences, and family experiences to peer experiences. The exosystem in ecological theory involves experiences in another social setting influencing what the individual experiences in an immediate context. The macrosystem is the cultural context in which individuals live. The chronosystem symbolizes the patterning of environmental events and transitions over the course of life.

All these system-based ecological notions help to understand the immigrant population as they struggle with stress, coping, and adaptation. Ludwig von Bertalanffy, the originator of the systems theory, thought that any changes might result from 'the

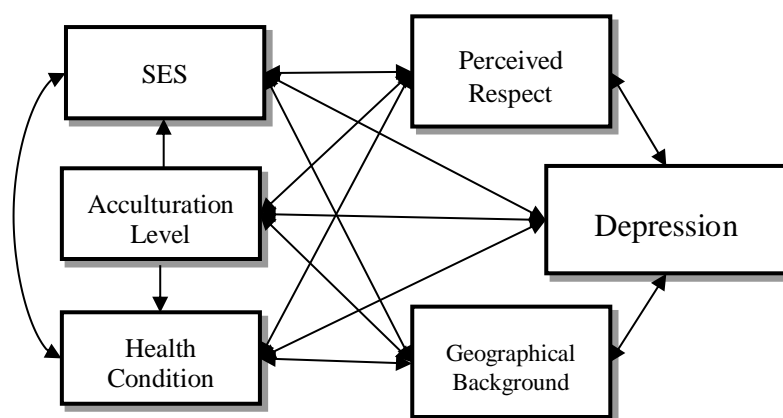
interactions between the parts of the organism' (Brandel, 1997). To initiate and exchange new interactions with unknown environment, as depicted in Figure 1, immigrant population might face numerous critical issues such variables as race, ethnicity, and SES among many factors found to be associated with depression (McInnis-Dittrich, 2005).

Field Theory

The adapting behavior as a function can be comprehended by Lewin's field theory emphasizing the importance of studying an individual by examining a person in the context of the environment (Brandel, 1997). According to Kurt Lewin's field theory, many individuals would behave differently when perceptual tensions between the self and environment were worked through (Lewin, 1951). Hall and Lindzey (1978) summarize the core features of the field theory as follows:

Behavior is a function of the field that exists at the time the behavior occurs, analysis begins with the situation as a whole from which are differentiated the component parts, and the concrete person in a concrete situation can be represented mathematically. (Hall & Lindzey, 1978, p.386)

Figure 2. The Variables and Field Theory

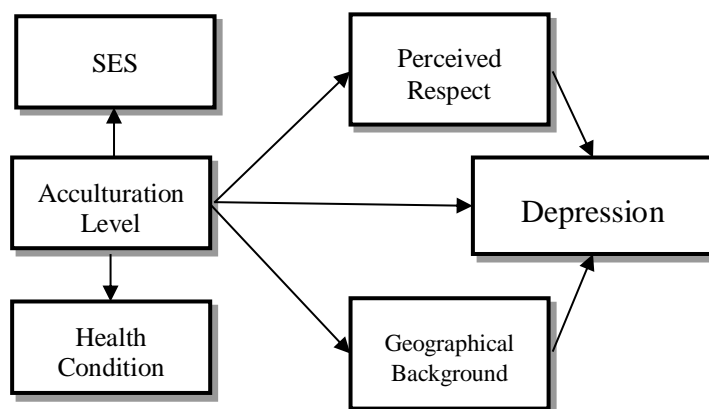


Immigrant older adults' psychological thinking and behavior can be explained by the field theory focusing on psychological fields and life spaces. From the new and fresh understandings of their environment, they try to prepare more effective strategies than before as they engage in the process of identifying their own life spaces. During the period of the engagement, they come to reanalyze and reorganize their ways of viewing the world around themselves. Hence, when two different groups of people have two or more different spaces, the realization and reactions from them need more insightful observation and understanding. This research will adumbrate the unique relationship between Korean American older adults' depression and their circumstances analyzing depressive symptoms and the anticipated causes, i. e., SES, current health status and acculturation level (Figure 2).

Acculturation Theory

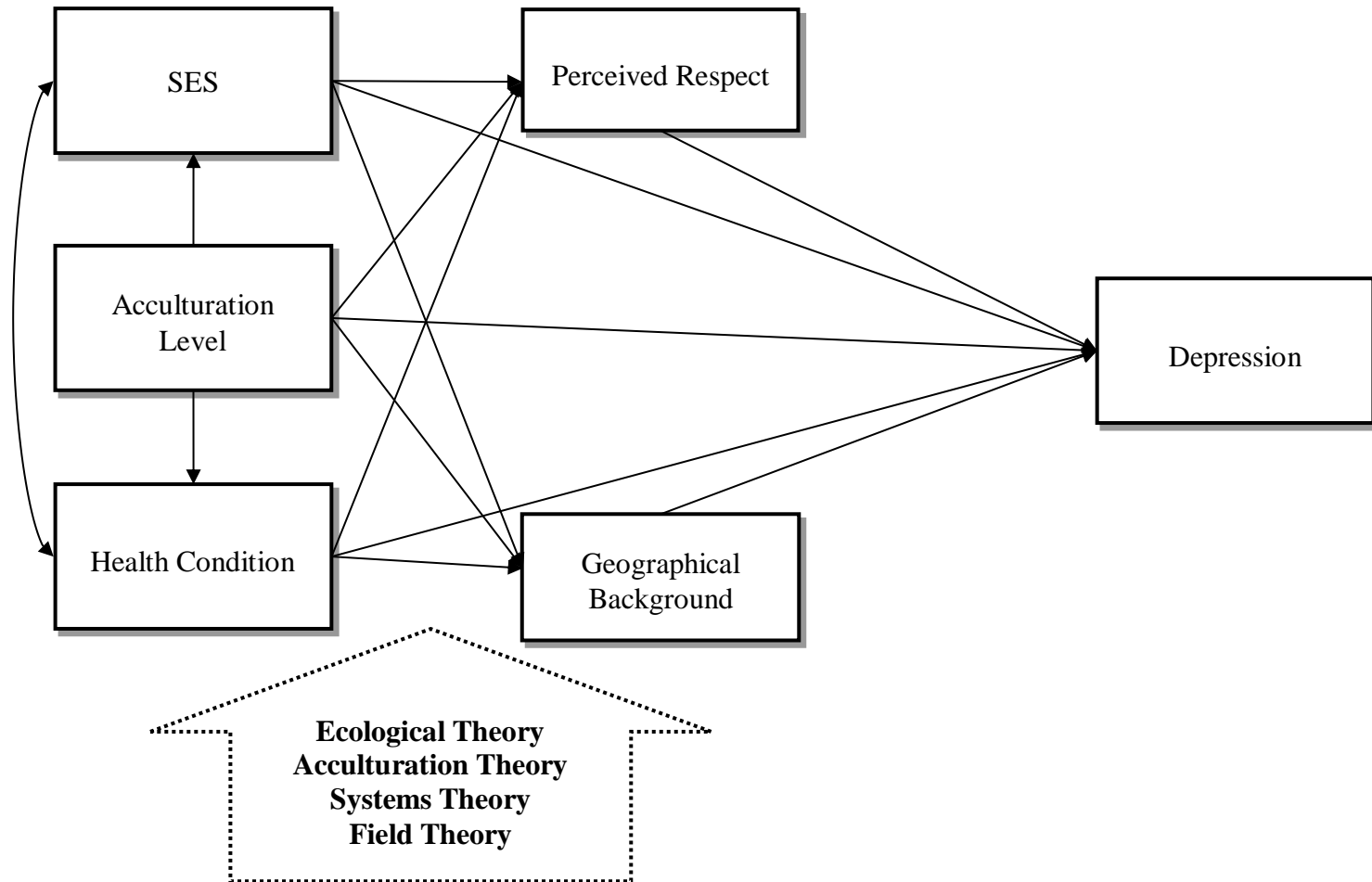
Berry conceptualized acculturation as a central component and an effective tool to understand the various experience of ethnic and cultural minorities (2002). There are studies on certain indicators measuring acculturation, such as the use of host language, friendship patterns, knowledge of appropriate behavior in different contexts, and use of media (Berry, 2002; Chiriboga, 2004). Multiple studies reported that higher levels of acculturation are related with better mental health outcomes (Berry & Kim, 1988; Chiriboga, Black, Aranda, & Markides, 2002; Myers & Rodriguez, 2003).

Figure 3. The Variables and Acculturation Theory



The integrated theoretical framework illustrated in Figure 4 for analyzing depression among Asian immigrant older adults is an attempt to understand a accurate and complete portrait of depression within an immigrant community. A set of acculturation, field, and ecological theories contextualize the dynamic relationships among depression and its causal factors. And a group of empowerment and stress-coping theories, and selectivism could guide us to optimal treatments for the illness (Figure 4).

Figure 4. The Variables and Theories



Research Questions and Hypotheses

Investigating the unique characteristics of Korean American older adults' depressive symptoms as well as conducting the test related to hypotheses, the researcher has been directed to answer the following questions:

I. How do acculturation level, SES, and health condition affect depressive symptoms of older Korean American adults?

I-1. How do acculturation level, SES, and health condition, respectively, affect depressive symptoms of older Korean American adults?

I-2. How do the interaction between acculturation level and SES affect depressive symptoms of older Korean American adults?

I-3. How does the interaction between acculturation level and health condition affect depressive symptoms of older Korean American adults?

I-4. How does the interaction between SES and health condition affect depressive symptoms of older Korean American adults?

II. How do acculturation level, SES, and health condition, respectively, affect depressive symptoms of older Korean American adults by way of perceived respect?

II-1. Does perceived respect mediate the relationships between acculturation level, SES, and health condition and depressive symptoms of older Korean American adults?

II-2. Does perceived respect moderate the relationships between acculturation

level, SES, and health condition and depressive symptoms of older Korean American adults?

III. Does geographic residence moderate the relationships between acculturation level, SES, and health condition and depressive symptoms of older Korean American adults?

It is hypothesized that Korean American older adults' depression is strongly influenced by acculturation level, SES, health condition, and perceived respect. This hypothesis is supported by a number of studies previously conducted in the literature review section. If this research is to be able to assess the hypothesized relationships between depression and acculturation level, SES, health condition, and perceived respect, it is necessary to appraise the interactions amongst the independent variables; acculturation level, SES, health condition, and perceived respect, as well for better understanding of the causal factors of Korean American older adults' depressive symptoms. To test the hypotheses proposed above, this study identified and defined three sets of null hypotheses and alternative hypotheses as follows:

[H-1]

H_0 : Acculturation level, SES, and health condition, respectively or interactively, will not affect depressive symptoms of older Korean American adults.

H_1 : Acculturation level, SES, and health condition, respectively or interactively, will negatively affect depressive symptoms of older Korean American adults.

[H-2]

H_0 : Perceived respect will not affect the relationships between acculturation level, SES, and health condition, and depressive symptoms of older Korean American adults, respectively.

H_1 : Perceived respect will affect the relationships between acculturation level, SES, and health condition, and depressive symptoms of older Korean American adults, respectively.

[H-3]

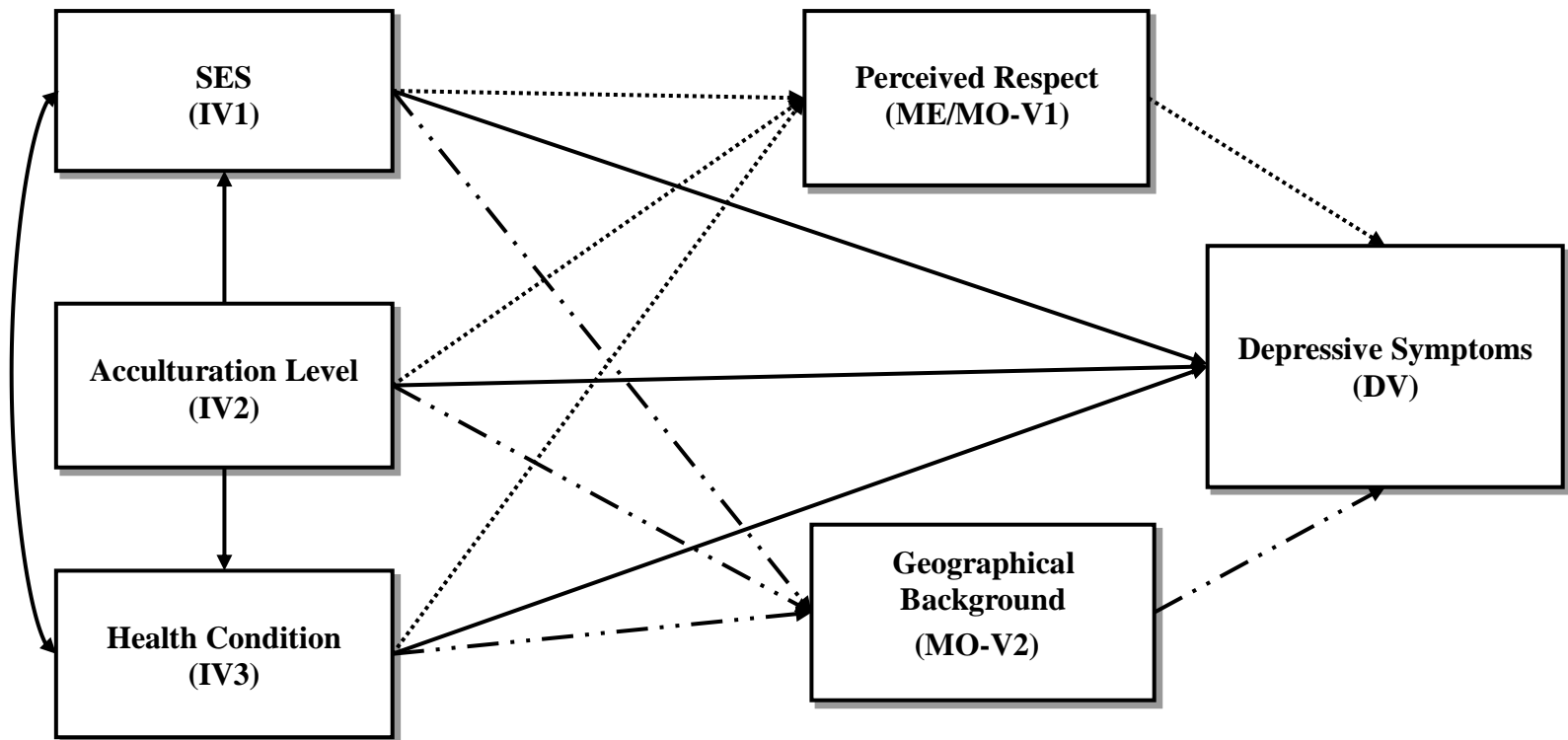
H_0 : Geographical background will not influence the effects of acculturation level, SES, and health condition.

H_1 : Geographical background will influence the effects of acculturation level, SES, and health condition.

Figure 5 shows the hypotheses being tested; as SES (IV1), acculturation level (IV2), and health condition (IV3) increase respectively and interactively depressive symptoms (DV) would be negatively influenced respectively, interactively. At the same time, perceived respect (ME/MO-V1: Mediation/Moderation Variable) and geographical background (MO-V2: Moderation Variable) would be tested as a mediator and moderator to describe the relationships between two variables and the strength of them. Especially, perceived respect was tested if it would mediate or moderate the relationships between dependent variable and independent variables. Thus, it would be examined how or why perceived respect would influence the relationship between the dependent variable and the independent variables. Then, both perceived respect and geographical background

would be measured and interpreted as a moderator used to address when it strongly predicts or causes the depressive symptoms.

Figure 5. Hypothesis Testing



CHAPTER THREE

METHODOLOGY

Introduction

This study aims to investigate the effects of acculturation level, SES, health condition, geographical environment, and perceived respect on older adult depression. Accordingly, the study has been led and managed by the research questions investigating how the independent variables, acculturation level, SES and health condition, respectively and interactively influence the dependent variable, depressive symptoms, and the hypothesis which assumes that Korean American older adults' depression is strongly affected by acculturation level, SES and health condition and, especially, that there must be correlations that cannot be ignored between depression in the elderly and where they are living. To reduce any possible bias during the research, mixed methodology has been imported and applied to measure the variables. The mixed methods introduced in this study were a blending of a survey by questionnaires, focus group sessions, in-depth interviews, and Geographical Information Systems (GIS). The survey, focus groups, and in-depth interviews were conducted at both offices of the Korean American Community Services (KACS) and one subsidizing apartment complex in Chicago.

Korean American Community Services (KACS) has allowed conducting of this study at the main office in Chicago, satellite office in Prospect Heights, and one

subsidizing apartment complex in Chicago. KACS was found in 1972 by a group of concerned Korean Americans who met to discuss solutions to the acute problems that Korean immigrants were experiencing upon arrival in the United States. Their mission is to serve Korean Americans and others who are in need of social, psychological, educational or economic support, and to provide assistance in the immigration and acculturation process, this to encourage them to live dignified and meaningful lives. KACS currently serves about 8,000 clients per year through comprehensive services across the life cycle (Korean American Community Services 2011 Annual Report). Out of the total number of clients served above, approximately 2,700 older Korean American immigrants were served in Senior Services and Public Benefits, Immigrant Family Resources Program, Supplemental Nutrition Assistance, Silver Wing Volunteer Program, Adult Computer Classes, ESL(English as a Second Language) Classes, Citizenship Classes, and more.

In this chapter, GIS and a ‘quantitative first and qualitative second’ model were introduced starting with describing multi-method approach.

Mixed (Multi) Method Approach

Tashakkori and Teddlie (1998) prefer to use the term “mixed model” because they believed that there should be synergized effects when the methods are being mixed in research. Indeed, mixing of methods may be associated with generating almost as many issues as when working across approaches (Barbour, 1998). Therefore, a researcher has to be able to establish different methods which are fully integrated in a single analysis rather than simply a sequential use of different methods (Caracelli & Greene, 1997).

Most researchers find that there is a certain method of combining qualitative and quantitative approaches. Qualitative and quantitative approaches have been distinguished on the basis of the data type, the logic, the investigation type, the analysis method, and on the basis of the presumed paradigm (Bazeley, 2002). This balancing act also is reflected in evaluation research as highlighted by Greene et al. (1989) who listed five major aspects as listed in the following:

1. *Triangulation* tests the consistency of findings obtained through different instruments.
2. *Complementarity* clarifies and illustrates results from one method with the use of another method.
3. *Development* results from one method shape subsequent methods or steps in the research process.
4. *Initiation* stimulates new research questions or challenges results obtained through one method.
5. *Expansion* provides richness and detail to the study exploring specific features of each method.

A thorough literature search was performed to investigate potential gaps between two different approaches to research. In the last two years, 2010 and 2011, while 177 articles were published on older adult depression using a quantitative method, a qualitative method was performed in 111 studies for the same agendas. However, for the relationship between Korean population and depression, the result of the analysis showed 15 studies by quantitative method and 24 studies were done by importing qualitative

instruments. This reverse pattern in research on older Korean adults indicates the newly burgeoning knowledge approaches might be interpreted that mixed methodology for the studies over immigrant population is strongly encouraged not to ignore any potential significant issues.

For the last possible methodological options, Geographical Information Systems (GIS) is introduced. GIS is a computerized database management system for capturing, storing, retrieving, analyzing and displaying information by integrating spatial data such as streets or ZIP codes with non-spatial data such as income or education (Wier & Robertson, 1998; Queralt & Witte, 1998). GIS was initially created for a land inventory in Canada during the 1960s and has been recognized gradually as a powerful research and practice tool for understanding human behaviors since GIS is able to identify the interactions between spatial and non-spatial factors affecting human behaviors (Hillier, 2007). In addition, GIS is recognized as a unique tool for exploring theoretical insight into human behaviors because it provides visual output in the form of maps and figures which reveals previously unseen spatial and non-spatial interactions among collected data. As a consequence, GIS has been utilized in various fields such as business, health care, public administration, criminal justice, urban planning and education to understand the interactions between human behaviors and spatial environment (Hillier, 2007; Queralt & Witte, 1998). For example, GIS has been used in numerous studies such as utilization pattern of health care services (Higgs, 2009), geographical characteristics of high crime neighborhood (Haining & Law, 2007), pattern of racial segregation between schools and their corresponding school districts (Sohoni & Saporito, 2009), needs of childcare

services and its disparity (Lao & Thompson, 1999), immigrant's selection of local church (Ebaugh, O'Brien, & Chafetz, 2002) and decision for location of a new homeless shelter (Loao & Murray, 2005).

Another benefit of GIS in social service field is in reducing service disparity by assessing community needs and its resources. By utilizing GIS map as a tool for identifying community's spatial factors such as public transportation routes, distances among social service agencies, racial segregation ratio and catchment areas for overlapped services, social service providers are able to discover unique patterns of service accessibility and disparity across race, income or ZIP code in a community (Wier & Robertson, 1998; Queralt & Witte, 1998; Hiller, 2007). For example, using GIS, social service professionals are able to assess the socio-economic characteristics of welfare recipient's residential area and that area's public transportation routes which hinder a welfare recipient's accessibility to service professionals. By mapping this information, then, a social service professional can identify service disparity between affluent and poor residential areas in how the services are delivered and public transportation is facilitated. With the geographical maps of service disparity and community's spatial factors, GIS can reveal certain patterns of service disparity and accessibility which may not emerge in statistics or in summary tables. Hence, GIS can assist social service professionals not only in developing most needed services in order to reduce service disparity but also in planning the location of a satellite office in order to improve service accessibility to clients and to the community (Queralt & Witte, 1998). Improvement in service accessibility and equity across communities eventually promotes social justice as well as

a client's quality of life. In this regard, GIS is imported to investigate the functioning of geographical background as a moderating variable between the independent variables and dependent variable. By mapping the analyzed associations among the variables, it will be revealed how and what geographical factors, such as infrastructure or mobility issues, can explain the relationships among acculturation level, SES, health conditions and depressive symptoms.

Research Design

The type of this study is mixed method survey research and focus group including in-depth interview with GIS mapping. Unlike longitudinal research, cross-sectional design can be considered as relevant for this study since the purpose of this study is aiming to describe the relationship between depressive symptoms and other factors of interest as they exist in immigrant older adult population at a particular time regardless what may have preceded or precipitated the health status found at the time of the study.

This design consists of a questionnaire, analysis of existing documents and observation to answer the research questions as to recognize differences in older Korean American adult depressive symptoms by regions. As described in the data collection part, the survey containing the questionnaire on depressive symptoms, health status, SES, perceived respect, and acculturation level; focus group and in-depth interviews; and GIS analyzing current data from the census were conducted to investigate the relationships among depressive symptoms and acculturation level, SES, perceived respect, and health condition based on geographic background. While focus group activities put focus on collecting broad issues over the relationship between depressive mood changes and

health condition, SES, perceived respect, and acculturation level, in-depth interviews were conducted to take a look at the interviewees' perceptions about the relation between respect and depressive symptoms.

Operationalization

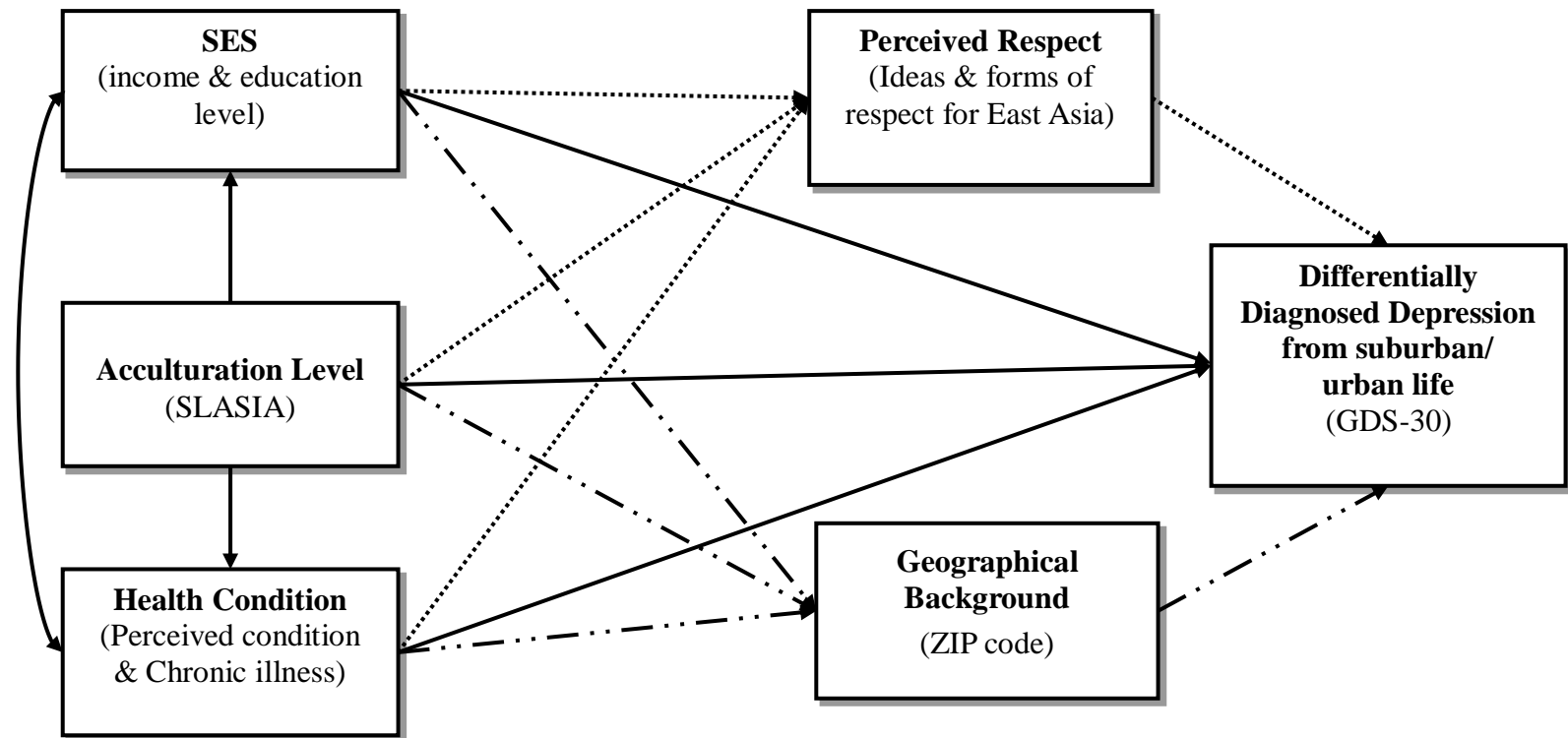
The basis for conceptualizing the comparison different factors triggering geriatric depression by residential places, urban and suburban, is to provide an evidence that can lead to a path to the most accessible, sustainable and effective treatments for Asian immigrant older population struggling from depression. The framework illustrates the conceptual foundations of the study and how dependent (depression), independent (acculturation, SES, and health), mediating (perceived respect), and moderating (geographical background and perceived respect) variables are measured in the study and proper application (Figure 6).

In this study, depressive symptoms were operationalized by measuring the population's moods with the Geriatric Depression Scale 30 which is the longer version compared to the scale of 15 questions. The scale was developed as a basic screening measure for depression in older adults. By answering 'yes' or 'no' in reference to how they felt on the day of administration, which reflected the last seven days, the participants were categorized as having 'normal', 'mild', or 'severe' depressive symptoms. Geriatric Depression Scale (GDS) contains questions regarding the participants' feelings about the future, worries about their past and future, any mood changes, perceptions of relationships with others, physical difficulties, and so on.

SES was assessed by surveying their level of education and their income

condition. SES is difficult to measure and typically the indicators of income, occupation, and education are used. However, because the population of this study is mostly retired, only their current income and their level of education were considered. The participants were asked to state their education level from elementary school to college level or higher. Monthly income was given from \$500 to more than \$2,000. To measure and estimate actual SES levels for this study, the composite value was determined by adding those two answered values.

Figure 6. The Variables and Concepts



Acculturation is a process that can occur when two or more cultures interact with each other. Therefore, there are several possible outcomes of this process including assimilation whereas a host culture absorbs the immigrant culture, or multiculturalism, and both cultures exist side-by-side (Suinn, Ahuna, & Khoo, 1992). To operate the level of acculturation, SLASIA (The Suinn-Lew Asian Self Identity Acculturation Scale) was imported using ranges of 1.00 (low acculturation) to 5.00 (high acculturation) with a twenty one-item version in its total score. In the questionnaire, the participants were asked about their knowledge and feelings about language, identification, community, music, movies, food, friends, families, and so on.

When it comes to their health condition, both perceived health condition and chronic illness status were measured to investigate whether there were any discrepancy between their perceptions of their health condition and their actual physical health condition. A thirty six-item health perception questionnaire (HPQ-36) and Functional Assessment of Chronic Illness Therapy (FACIT) which consists of seven items were used to measure two different dimensional health conditions. The questionnaire on health perception asked participants' questions in terms of perceptions of prior health, current health, health outlook, resistance/susceptibility to illness, health worry/concern, sickness orientation, denial of sickness, and attitude on doctoral visits. By answering 'yes' or 'no', the participants' perceptions of their health condition were measured scoring from 0 to 36. Higher scores indicated that the participant had a tendency to think of themselves as healthy. The FACIT measurement system was designed to assess health-related quality of life for people with chronic illness. Because the reason for using the FACIT measurement

system was to investigate the degrees of the participants' physical conditions, the FACIT-F, which was developed for measuring fatigue from chronic illness, was imported. Out of the entire questionnaire of forty specific questions, seven of the questions regarding physical well-being were adopted for this study. The questions are on a 5-point Likert scale asking the degrees of energy, illness, pains, fatigue, etc. The score ranges from 0 to 35, which indicates that the scores close to 0 mean very 'bad' physical condition and the scores near 35 represent that the participants are in very 'good' physical condition.

The participants' perceived respect was measured by asking 13 questions of a seven point Likert scale based on 'classical forms' of respect by Sung (2001). The 13 questions ask about 'care, victual, gift, linguistic, presentational, spatial, celebrative, public, acquiescent, salutatory, precedential, funeral, and ancestor' respect. According to Sung's definitions from the analysis of antient Confucian affiliated Chinese documents, each factor consisting of the 13 questions assesses as follows:

- Care respect: Providing care and services for elders.
 - Victual respect: Serving foods and drinks of elder's choice.
 - Gift respect: Bestowing gift on elders.
 - Linguistic respect: Using respectful language in speaking to and addressing elders.
 - Presentational respect: Holding courteous appearances.
 - Spatial respect: Furnishing elders with honorable seates or places.
 - Celebrative respect: Celebrating birthdays in honor of elders.
 - Public respect: Respecting all elders of society.
 - Acquiescent respect: Being obedient to elders.
 - Salutatory respect: Greeting elders.
 - Precedential respect: Giving precedential treatment to elders.
 - Funeral respect: Holding funeral rites for deceased parents.
 - Ancestor respect: Worshipping ancestors.
- (Sung, 2001, pp. 17-18)

After multiple researchers' comparison between traditional concepts of respect from Confucian literature and recent findings from studies about forms of respect widely observed among Asian peoples, which include Chinese, Japanese, and Korean, the questions were obtained as possible comparative references for studies conducted for investigation in terms of Asian respect. The score range was between 13 and 91 with higher scores indicating that they received more respect from their family and significant others while lower scores represented that they felt they received less respect than expected.

In terms of measuring the participants' geographical background, the zip codes of their current addresses were utilized. By verifying the zip codes, the participants' geographic residence was categorized by either 'Chicago (1)' or 'Suburbs (0)' and presented on the maps after careful analysis of GIS.

Method I (Survey)

The sample was drawn from Korean American older adults in Chicago metropolitan and suburban areas. To answer the research questions posed for this study, specific criteria for subject inclusion were established: they have to live within Chicago and in its suburbs, they should be over 65. Data collection consisted of gathering depression scores on surveys and conducting focus group of Korean American elders who live in Chicago and suburban areas. Since the survey explored how health (physical and mental health), SES (places they live and their incomes), and acculturation related to depression, the sample questions were asked to answer their practical or perceptual concepts. The survey contains topics such as, age, gender, address, residential types,

family, monthly income, physical and mental health condition, cultural aspects and perceived respect.

From October to November 2011, a total of 151 older Korean Americans living in one subsidized apartment complex in the city of Chicago or who were suburban residents visiting a KACS branch office were recruited as survey participants. At the subsidized apartment complex, the survey questionnaires were distributed to randomly selected Korean American residents from resident lists using a flyer introducing the research. The participants were given a week to return the completed questionnaires. The questionnaires were put into a locked ballot type box located in a manager's office.

The questionnaires were distributed to every visitor and program participant aged 65 or over in both offices with careful instructions. The participants were asked to complete and return the survey in one week. The questionnaire collecting boxes were placed at in-take desks in both offices. The researcher approached the survey participants after their classes or sessions. After introducing the research study, the questionnaires were handed to them.

The survey was continued until the number of the questionnaires reached 151 in the Chicago office, apartment complex, and Prospect Heights office, respectively.

After cleaning the data, a total of 121 older Korean American immigrants over the age of 65 were drawn. Eighty visitors at KACS main office in Chicago were selected and forty-one visitors at a branch office located in Prospect Heights, IL were collected.

The questionnaires were prepared in English and translated and back-translated into Korean by bilingual professionals to ascertain that the items were culturally valid,

and conceptually and linguistically consistent. All data gathered from participant resources were collected with explicit permission from Korean American older adults and in full compliance with Institutional Review Board (IRB) guidelines.

Instruments

The questionnaire consists of 135 items which exclusively designed just for this research. In the survey, the GDS, SL-ASIA, HPQ-36, FACIT-F, and 13-item questions on respect are combined and utilized.

The GDS is a 30-item self-report assessment designed specifically to identify depression in the older adult. Especially, it has high reliability among older Korean American adults (Cronbach Alpha=0.90) (Kim et al., 2008). The items were answered yes or no, which was thought to be simpler than scales that use a five-category response set. It is generally recommended as a routine part of a comprehensive geriatric assessment. One point is assigned to each answer and corresponds to a scoring grid. A score of 10 or 11 or lower is the usual threshold to separate depressed from non-depressed patients. However, a diagnosis of clinical depression should not be made on the GDS results alone. Although the test has well-established reliability and validity (Mui & Kang, 2006), the responses should be considered in conjunction with other results from a comprehensive diagnostic work-up. The items in GDS consist of symptoms similar to Diagnostic Statistical Manual of Mental Disorders (DSM)-IV criteria, such as depressed mood, feelings of hopelessness and worthlessness, diminished interest in activities, poor concentration, and indecisiveness. The assessment of depression in an older adult

population is more difficult than in a younger population because of the higher prevalence of somatic complaints, genuine physical problems, and medication usage. One of the strengths of the GDS is that it contains no somatic items that can introduce age bias into the depression screening scale and inflate total scores among the older adult population. Literature suggests that the GDS is a reliable measure of depression for older Asian American adult groups, and it has shown adequate internal consistency reliability (Mui & Kang, 2006).

SL-ASIA (Suinn-Lew Asian Self-Identity Acculturation) Scale was used to measure the acculturation level of older Korean American adults because SL- ASIA Scale has higher frequency than any other acculturation measuring scales in the studies for Korean population. The SL-ASIA is a 21-item multiple choice questionnaire which measures agendas, such as language, identity, friendships, behaviors, generational/geographic background, and attitudes (Suinn, Ahuna, & Khoo, 1992). Scoring of 1.00 indicates low acculturation or high Asian identity and a high of 5.00 is interpreted as high acculturation or high Western identity.

When it comes to measuring health condition, both perceived health condition and chronic illness status were measured by the HPQ-36 and FACIT-F to investigate if there were any discrepancies between those two. The HPQ-36 asked participants questions in terms of perceptions of prior health, current health, health outlook, resistance/susceptibility to illness, health worry/concern, sickness orientation, denial of sickness, and attitude toward going to the doctor while the FACIT measurement system was utilized to assess health-related quality of life for people with chronic illness. The

HPQ-36 was conducted with dichotomous questions and the FACIT measurement system consisted of a 5-point Likert scale measuring the degrees of the participants' physical conditions. The scoring systems of both instruments are the same; the higher scores indicate that the participants are in a positive and healthy condition.

The perceived respect was measured by 13 questions by Sung with 'classical forms' of respect (2001). The questions consist of care, victual, gift, linguistic, presentational, spatial, celebrative, public, acquiescent, salutatory, precedential, funeral, and ancestor respect. After multiple researchers' comparison between traditional concepts of respect from Confucian literature and recent findings from studies about forms of respect widely observed among Asians, such as Chinese, Japanese, and Korean, the questions were obtained as possible comparative references for studies conducted for investigation in terms of Asian respect. The score range was between 13 and 91 with higher scores indicating that they felt they received more respect from their family and significant others while lower scores represented that they felt they received less respect than expected (APPENDIX M).

Method II (Focus Group & In-Depth Interview)

Focus Group

The focus group is a more flexible strategy for gathering data. With this method, a moderator can use the group process and encourage more interactions among participants on a topic (Linhorst, 2002). Based on the survey analysis results, 12 older Korean Americans with depressive symptoms were drawn from 57 Chicago samples and 8 participants were drawn from 64 suburb groups for this focus group activity.

Focus groups could bring out spontaneous reactions and ideas of older Korean Americans suffering from depressive mood side effects and made the researcher observe some group dynamics as well. Since there were often major differences between what they said and what they did, direct observation of one at a time always needed to be done to supplement focus groups. Focus group activities were audio taped and transcribed using the digital media. Observations were conducted carefully with strict consideration for the participants.

Based on the analysis of quantitative survey results, 12 participants who scored 10 or higher on the GDS were selected for the focus group activities at the subsidized apartment complex. The focus group took approximately an hour in a meeting room located on the 2nd floor of the apartment complex. Suburban focus groups were also conducted in one of rooms at the KACS office located in Prospect Heights.

During the focus groups, the participants were asked to discuss critical issues in terms of elderly depression, i.e., stress, gains and losses, anxiety, and so on. At the same time, they were encouraged to talk and share their feelings on their health conditions, their financial status, respect, and their communities. All of the activities and narrations were noted, audio recorded, and transcribed using digital media (APPENDIX D).

In-Depth Interview

This interview-based method interviewed a group of older adults at the same time seeking Korean American elders' subjective reactions. Known as a type of semi-structured interview, in-depth interviewing has been used to achieve a holistic understanding of the interviewees' view point or situation (Cohen & Manion, 1994;

Hitchcock & Hughes, 1989). Even though it is a form of a conversation with an individual by trained staff that usually collects specific information about one person, Patton (1987) suggests three basic approaches to conduct a qualitative interview: (1) the informal conversational interview, (2) the general interview guide approach(guided interview), and (3) the standardized open-ended interview. By conducting these interviews with four participants who showed highly active responses in focus group activities, the researcher could collect the detailed information about their thoughts and behaviors on the relationships between perceived respect and depressive symptoms.

After grouping 12(Chicago) and 8(Suburb) participants who scored 10 or over in the GDS score, one session for each group was conducted to investigate individuals' subjective factors triggering older adult depression. With the careful analysis of the data from the focus group activities, two participants who scored higher than 10 in the GDS and another two participants who were diagnosed as not being depressed in the GDS were interviewed regarding the relationship between respect and depressive symptoms; in-depth interviews were relevant in order to collect more subjective, detailed and intuitive data from the participants (DeCarlo, et al., 1998) (APPENDIX E).

Method III(GIS)

GIS by Geocoding

After protecting the population's private information, this study utilized an individuals' home address for geocoding process to see any patterns of the participants. Geocoding is the automatic process of encoding geographic coordinates in order to create point data in its correct locations on a GIS map. Because the data cleaning is essential for

improving the accuracy of automated geocoding, this study paid special attention to consistent data formatting and cleaning when utilizing home addresses for geocoding. Additionally, this study also limited geocoding to a participant's actual residential home address and excluded P.O. Box addresses. With the analysis of integrating socio-demographic data into a GIS map, the scattered patterns of sampled older Korean American adults in both the city of Chicago and its suburban areas were verified.

GIS is a powerful tool to answer the research question investigating the different environmental patterns of older Korean American adults both in Chicago and in suburban areas. Since it has been hypothesized that the reasons of older Korean American adults' depressive symptoms are not the same pattern by the regions in which they live, the utilization of GIS by geocoding provided a blueprint for the entire research process.

The KACS client data was a rich dataset that provided diverse opportunities to analyze aspects of the client population. To show the raw numbers of KACS clients, where some point locations represent multiple people and/or visits, the Collect Events tools in ArcGIS Spatial Statistics toolbox was used to produce a single record with its representative magnitude for each unique location. Selection of records that satisfied certain criteria was the main method of analyzing this dataset.

Data Analysis

Quantitative Analysis

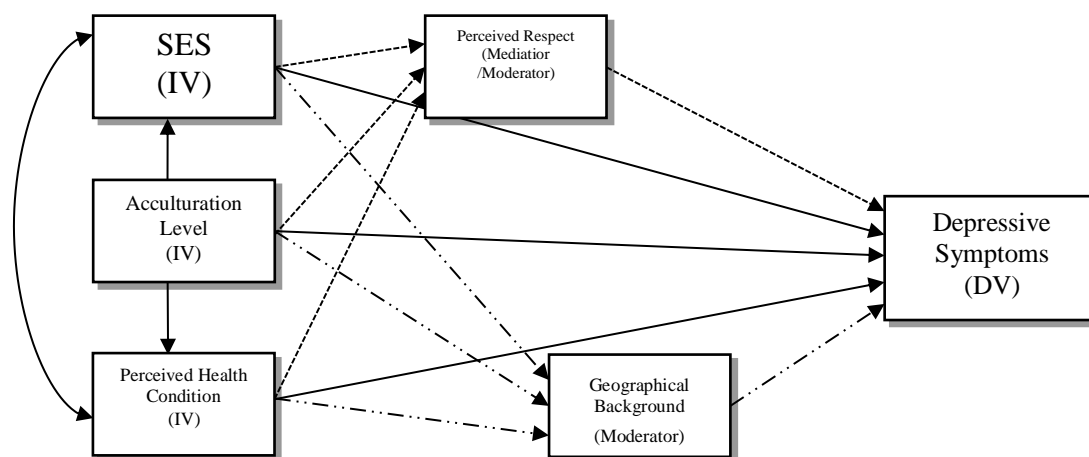
To investigate individual variables in a model, descriptive statistics including means, standard deviations, mode, and median were calculated by regions and Pearson's correlations among study variables were checked for verifying the relationships among

each variable. Correlation is a technique that can show whether and how strongly pairs of variables are related and how much of variations are related to each other.

Multiple hierarchical and stepwise regressions were used to analyse the collected data of this study measuring the various effects of variables, such as interactive, mediating, and moderating effects. Hierarchical regression was used to evaluate statistical significances between those independent variables and the dependent variables. For example, the possible relationship between the dependent variable of depressive symptoms and the independent variables, acculturation level, SES, perceived health condition were estimated first. Then, the combinations of acculturation level \times SES, acculturation level \times perceived health condition, and SES \times perceived health condition were entered to measure the extent of the effects of any interactions in the model. To find a best fitting model based on the results from the hierarchical regression, stepwise regression was imported and led to the results showing how an ideal model should be shaped (Figure 7).

In that sense, perceived respect played as a mediation variable which examines how an effect occurs based on a causal modeling. To test a mediating functioning between two different variables (IVs and DV), geographical background was utilized concerning when an effect occurs or under what conditions of geographical background, those three predictors, acculturation level, SES, and health condition, were significantly associated with depressive symptoms.

Figure 7. Modeling



The individual predictor variables were calculated, and then the variables were multiplied, i.e., acculturation level by SES, acculturation by perceived health condition, and SES by perceived health condition, to generate the interacting variables. Then, multiple regression was conducted to measure how the interactions produced by multiplying and the independent variables are associated with depressive symptoms. Mediation of perceived respect on depressive symptoms and moderation of geographical background on depressive symptoms were tested by multiple hierarchical regression also.

Qualitative Analysis

Analysis of qualitative data tends to be an ongoing and nonlinear process in research. Throughout the entire process of qualitative data analysis it is a good idea to engage in memoing which is to write memos when the researcher has ideas and insights and to include those memos as additional data to be analyzed. Next step is data entry and

storage. Qualitative researchers usually transcribe their data; that is, they type the text (from interviews, observational notes, memos, etc.) into word processing documents. Read transcribed data, the researcher could divide the data into meaningful analytical units (i. e., segmenting the data). Indeed, coding is defined as marking the segments of data with symbols, descriptive words, or category names. Whether they are called variables, themes, concepts, categories or values, responses are “coded” (Bazeley, 2002). Krippendorff described three stages to implement this analysis; being free-coded of keywords, clustering or categorizing them and linking together (2004). As a significant stage of this analytic strategy, the total frequency for codes and families of codes were evaluated for investigating the most frequently used, and was then categorized based on their similarity. Lastly, the groups of codes were connected in order to generate conceptual summaries of depression-related agendas (Hong & Hodge, 2009).

As for Computer Aided Qualitative Data Analysis (CAQDAS), ATLAS.ti 5.0 was imported. Even though quite a bit of time is needed for inputting and coding data, ATLAS.ti is known as a powerful software with effective storage systems and quick, easy, and cost-effective accessibility in which to analyzing data (Munirah, 2010). Both statistical and qualitative data analysis (QDA) programs used codes for demographic and project related information as well as to capture topic themes and concepts.

Qualitative data analysis was initiated by analyzing six ‘primary documents’, which consist of the transcriptions from two focus group and four in-depth interviews. They were coded as GDC (Group of Depressed participants from Chicago), GDS (Group of Depressed participants from Suburb), IDC (Individual of Depressed participants from

Chicago), IDS (Individual of Depressed participants from Suburbs), INC (Individual of Non-depressed participants from Chicago), and INS (Individual of Non-depressed participants from Suburbs).

The units of code were a sentence and a phrase because most of the transcribed responses were clearly understood by sentences or sometimes phrases. Coding is the process of combining data for themes, ideas, and categories and then making similar passages of text with a code label so that they could easily be retrieved at a later step for further comparisons and analysis. Coded sentences or phrases were assigned as ‘quotations’ which are an actual sentence or a group of typed sentences representing the labeled codes.

With 68 codes, eight families of codes, which were equivalent to both latent and manifest research variables; acculturation, SES, health conditions, perceived respect, depressive symptoms and religion, and newly discovered variables; hope and communication, were generated.

Then, the combinations of eight variables and their quotations were mapped, respectively, to show prominent ideas and understandings about the relationships. Lastly, the map of the relationships among the eight variables and the families of the codes was generated, delivering the complicated concepts of the relationships.

GIS Analysis

After the participants’ individual home addresses including zip codes had been verified and cleaned, four maps representing the independent variables were generated by the ArcGIS Online Address Locator for North America (ESRI, 2010). To match a single

average score to each unique location of zip codes, the Collect Events Tools in ArcGIS Spatial Toolbox was utilized (ESRI, 2008). Average scores of each variable from the qualitative data were classified into four different levels for strong variation. Then, individual maps of the independent variables were paired to compare, identify, and support the results of analysis of quantitative and qualitative data.

Plan to Protect Human Subjects

The study deals with older adult population defined as vulnerable by the IRB (Institutional Review Board). Thus, the researcher has taken steps to ensure the protection of all participants. Especially of concern are privacy, confidentiality, and informed consent.

Privacy and confidentiality have been protected by having all participants and researchers sign a statement of confidentiality. Once information has been gathered from participants, their responses were coded with a number. No identifying information has been released in any completed or tentative public reports. Despite the emphasis on confidentiality, limits of confidentiality, including a participant being a danger to self or others, were explained as well.

As a result of participating in this research, the participants might have experienced stress due to recalling emotionally traumatic or distressing current or past events. Since the narrative descriptions of the symptoms related to depressive moods were dominant methods in the focus group and in-depth interviews, it might have been an unavoidable process for the participants to talk about stressful and traumatic past experiences or episodes. However, to meet the goals of this study effectively, the

narrative methods were particularly necessary for this assessment. During the focus group and in-depth interview sessions, the participants may have been embarrassed or frustrated at revealing and sharing their private stories or past events. Due to a fact that in Korean culture, exposing and sharing personal issues have been considered a taboo. It may be possible that the some research participants were hesitant to actively join in group sessions or interviews. Taking into consideration that it might be difficult for some participants to overcome this cultural stereotype, the researcher gently encouraged them and helped them through any embarrassment or hesitation. While joining in this research, it was possible that some participants would become excessively concerned about their psychological status. It is a possible scenario that the more they learned, the more they might worry about their mental health as well as physical health issues. Unless their concerns were excessive, becoming interested in their psychological health was considered a positive turning point. Ultimately, the result of having concerns would lead the participants to receive more professional help or be referred to relevant services. In an effort to minimize the risks, the researcher tried to prevent false claims of depression, and the participants were introduced and educated briefly on the diagnostic criteria for depression including its symptoms. Due to the nature of this study, the participants were confronted with recalling and expressing their stress-related events which might had been traumatic. To minimize the risks that they might become uncomfortable, the researcher discussed the possibility of this occurring with the participants beforehand. To reduce the possibility of hesitation of participants during the focus groups and the interviews, the researcher elucidated how confidentiality would be ensued in the study.

Informed consent was obtained from each individual, as required by the Institutional Review Board. Informed consent paperwork was prepared in a fashion that was easily understood by participants according to age and potential benefits. All participants were offered a chance to decline participation at any time during the course of study.

After the first phase, a plan was formed based on a discussion between the researcher and a counselor from the department of Wellness at KACS. Both the researcher and the counselor discussed how to handle participants in the focus groups at the second phase based on the analysis of the survey data. Before starting the in-depth interviews, both of them would evaluate the results of the focus group activities to identify any possible risky situations in terms of protecting the participants. Any participants in need of counseling as a result of this research study would definitely be referred to a counselor in the Department of Wellness at KACS.

During the group discussion, there was a possibility that some participants would become angry during the focus group discussions. The participants' anger level would determine what course of action would be taken. If during the group discussion, a participant displayed a mild degree of anger, the researcher would address the anger issue and allow him/her to discuss their feelings. The researcher, with the permission of the participant, would try to help him/her find the cause of the feelings of anger. The researcher and the participants would discuss these and other possible triggers as well as ways to manage their anger. If a participant became severely upset and constituted a possible danger to him/herself or others, the focus group discussion would be momentary

halted and the participant would be led to another room. The researcher would speak privately with the participant and attempt to calm him/her down. When the participant calmed down and was confident that he/she could continue in a composed way, the group session would continue. If however, this could not be accomplished within a few minutes, the researcher would have requested the help of the Wellness Department employees on the premises to speak with the participant and then would return to the focus group to continue discussions. The researcher would utilize the eight Steps of Anger Management by Fiore and Novick (2005) and provide information for referral when needed.

At the end of the session, the researcher didn't forget to mention the code of confidentiality to prevent any participant from possibly being victimized. Additionally, the participants were notified that he/she could stop participating in the research any time he/she wanted, and be referred to a counselor at KACS, if needed.

CHAPTER FOUR

FINDINGS

Quantitative Analysis

Descriptions of the Population

A total of 121 older Korean American adults, 32 being male (26.4%) and 89 being female (73.6%), participated in this study. The range of their ages were from 65 to 95 with a mean age of 74 ($SD=7.5$). About 66 % of the participants ($n=80$) lived in Chicago, and approximately 34% ($n=41$) of the participants are suburban residents. The number of the participants from suburban areas that own their own houses was 87.8% ($n=36$) while 70.2% ($n=56$) of Chicago participants live in a subsidized apartment complex. Of the Chicago participants, 57.5% ($n=62.5$) received a high school education or higher compared to 95% ($n=39$) of suburban participants who have a high school or higher education degree. With 51.3% ($n=41$) of the Chicago participants' incomes ranging from \$501 to \$1,500, 14.6% ($n=6$) of the suburban participants live with monthly income ranging from \$501 to \$1,500 and 34.1% ($n=14$) of them marked more than \$2,000 for their monthly income. When it comes to occupation, 47.5% ($n=38$) of Chicago participants were housewives and 56.1% ($n=23$) of suburban participants were full-timers (Table 4).

Table 4. Description of Types of Resident, Education, Income of the Participants

	<i>n</i>			<i>%</i>		
	Total	Chicago	Suburb	Total	Chicago	Suburb
<i>Type of resident</i>						
Rent	15	12	3	12.4	15	7.3
Own	45	9	36	37.2	11.3	87.8
Subsidized housing	56	56	0	46.3	70	0
Others	5	3	2	4.1	3.8	5
<i>Education</i>						
Elementary school	10	10	0	8.3	12.5	0
Middle school	22	20	2	18.2	25	4.9
High school	37	30	7	30.6	37.5	17.1
College/university	40	16	24	33.1	20	58.5
Graduate or higher	12	4	8	9.9	5	19.5
<i>Income</i>						
Less than \$500	24	21	3	19.8	26.3	7.3
\$501 - \$1,500	47	41	6	38.8	51.3	14.6
\$1,505 - \$2,000	18	4	14	14.9	5	34.1
More than \$2,000	32	14	18	26.4	17.5	43.9
<i>Occupation</i>						
Self-employed	18	9	9	14.9	11.1	22.00
Full-timer	35	12	23	28.9	15	56.1
Part-timer	2	2	0	1.7	2.5	0
Housewife	44	38	6	36.4	47.5	14.6
Unemployed	14	13	1	11.6	16.3	2.4
Others	8	6	2	6.6	7.5	4.9
<i>Total</i>	121	80	41	100.0	100.0	100.0

Religious activities

The participants stated that 112 of them (92.6%) had a religion, and that 77.6% (n=94) of them make a religion related visits approximately twice (1.66 times) a week. On one hand, the participants stated that they make regular visits to religious institutions, such as churches or Buddhist temples, for worshipping (88%, n=106) and socializing (21%, n=25). On the other hand, few participants stated that they looked for social support from religion related activities (*Mean*=2.22; 1=do not receive, 5=receive strong support).

Those figures seem to reflect the traditional and historical functions of Korean American churches or other religious institutions and the participants are less likely to expect any social support from their religious activities at the institutions (Table 5).

Table 5. Reasons of Religious Activities

	Worshiping	Volunteering	Socializing	Others
Frequency	106	5	25	10
Percentage	87.6	4.1	20.7	8.3

*The participants were asked to check any items applicable.

Depressive symptoms

The GDS scale discovered that 40.5% (n=49) and 6.6% (n=8) of the participants has been diagnosed as mildly and severely depressed. Compared with the participants in Chicago (52.6%), the suburban participants had a slightly lower percentage of mild and severe depressive symptoms (42.2%) (Table 6). The mean score of the GDS score for the total participants was 9.8 ($SD=5.5$); the score for the participants in Chicago was 10.8 ($SD=5.6$), while the suburban participants scored 7.85 ($SD=4.7$). This also supports the pattern described above that shows the suburban participants had less depressive symptoms. This finding can be the baseline of this study identifying what factors make the difference between the locations.

The prevalence of depressive symptoms for this study is not different from previous studies. The figure of 47.1% (both 40.5% of mildly depressed and 6.6% of severely depressed) of the participants is higher than 27.6% and 39.3% of prevalence of depressive symptoms of community-dwelling older Koreans by the Geriatric Depression Scale – Short Form (GDS-SF) in South Korea by Park, et al. (2012) and Chung (2008), respectively. However, it is lower than the figure of 57% of older Korean women as being

depressed based on the analysis of GDS-30 in the study by Kim (2009).

Table 6. The Result of Geriatric Depression Scale (GDS) for the Participants

Depressive Symptoms(Scores)	Total(%)	Chicago(%)	Suburbs(%)
Normal(0-9)	64(52.9)	36(45.0)	28(68.3)
Mild(10-19)	49(40.5)	37(46.3)	12(29.3)
Severe(20-30)	8(6.6)	7(8.8)	1(2.4)
Total	121(100.0)	80(100.0)	41(100.0)

Acculturation level

Because a score should be obtained after dividing the summed score by 21, a final score could range from 1.00 (low acculturation) to 5.00 (high acculturation) from the analysis of the SLASIA scale. The entire group of participants had a mean of 1.95 ($SD=.416$) on the Acculturation level. The mean score of 1.95 represents that the participants were identified between ‘Asian identified (1)’ and ‘Bicultural (3)’ which meant they had a more Korean culture-oriented acculturation level. Additionally, comparing the scores of Chicago and Suburbs indicates that the suburban participants [$M=2.05$ ($SD=.877$)] were slightly more acculturated than those in Chicago [$M=1.85$ ($SD=.442$)] (Table 7).

Perceived health

The participants’ perception about their health had a mean of 20.98 ($SD=5.473$) [20.14($SD=5.588$) for the Chicago participants and 21.73($SD=5.298$) for the suburban participants]. These scores also explained that the suburban older Korean American participants tended to perceive their health more positively than the participants living in Chicago (Table 7). Considering the possible maximum score is 36, however, the

participants in both groups had an insignificant difference comparing mean scores.

Chronic illness

Likewise, the results for measuring the participants' chronic illness showed that the participants from Chicago had a mean score of 27.67 ($SD=4.724$) while the participants in the suburbs had a slightly higher mean score of 31.20 ($SD=4.001$) than the Chicago participants. When it came to the overall health conditions from looking at the result, it is assumed that the participants from the suburbs had a more positive viewpoint in both their perceptions towards health and physical healthiness than the Chicago participants did to some extent. However, the mean score of 28.88 out of 35 ($SD=4.776$) for the entire group of participants explained that they thought their physical conditions were not so critical, even though they had been suffering from chronic illnesses, such as high blood pressure, diabetes, or arthritis (Table 7).

Perceived respect

Interestingly, the participants' perception about respect was the only variable in which Chicago participants scored higher than suburban participants. The score ranges from 1 to 91 because the survey for the perceived respect consisted of 13 items of 7 point likert scales. Out of the entire group of 91, the Chicago participants had a somewhat higher mean score of 78.14 ($SD=9.025$) than the mean score of 73.95 ($SD=11.398$) for the suburban participants. Overall mean score for both groups was 75.93 ($SD=10.518$) indicating that most of participants thought that they had been relevantly treated in terms of their friends and family respecting the older population based on Korean traditional culture (Table 7).

SES

The entire group of participants had a mean of 5.66 ($SD=1.96$) on the measurement of their SES. When it comes to comparing the two groups, the participants from Chicago scored slightly lower [$M=5.0$ ($SD=1.88$)] than the suburban participants did [$M=6.25$ ($SD=1.86$)]. Unlike other scores, the SES score showed the biggest difference in comparing their modes (Chicago=3 and Suburb=7).

Measuring SES is one of most difficult tasks in research processes because there are numerous indicators to be utilized. However, due to the unique characteristics of older populations who are already retired or have low incomes, very limited factors were applied in this study, such as educational background and income. Although the applied variables were limited, the overall findings from the data analysis in terms of SES clearly present that the suburban participants have higher SES than the Chicago participants.

Table 7. Scores of Mean, Std. Deviation, Minimum, Median and Maximum by Geographical Background

	Mean (Std. Deviation)			Minimum			Median			Maximum		
	Total	Chicago	Suburbs	Total	Chicago	Suburbs	Total	Chciago	Suburbs	Total	Chicago	Suburbs
Acculturation Level	1.96 (.416)	1.85 (.442)	2.05 (.877)	1.05	1.05	1.14	1.95	1.76	2.02	2.90	2.67	2.90
SES	5.66 (1.964)	5.00 (1.880)	6.25 (1.860)	2.00	2.00	3.00	5.00	5.00	7.00	9.00	9.00	9.00
Perceived Health Condition	20.98 (5.473)	20.14 (5.588)	21.73 (5.298)	8.00	8.00	15.00	21.00	20.00	22.00	31.00	29.00	31.00
Chronic Illness	28.88 (4.776)	27.67 (4.724)	31.20 (4.001)	14.00	14.00	22.00	29.00	27.00	32.00	35.00	35.00	35.00
Perceived Respect	75.93 (10.518)	78.14 (9.025)	73.95 (11.398)	27.00	27.00	40.00	78.00	81.00	74.05	91.00	91.00	90.00

Correlations of the Variables

To understand associations among study variables, bivariate correlations were examined, and the results are presented in Table 8.

A Pearson correlation coefficient was calculated for the relationship between the participants' depressive symptoms, acculturation level, SES, perceived respect, and perceived health condition.

Table 8. Correlations between Depressive Symptoms Acculturation Level, SES, Perceived Health Condition, and Perceived Respect

			1	2	3	4	5
1	Depressive Symptoms	Pearson Correlation Sig. (2-tailed)					
2	Acculturation Level	Pearson Correlation Sig. (2-tailed)	-.146 .109				
3	SES	Pearson Correlation Sig. (2-tailed)	-.335** .000	.435** .000			
4	Perceived Respect	Pearson Correlation Sig. (2-tailed)	-.009 .924	-.336** .000	-.204* .025		
5	Perceived Health Condition	Pearson Correlation Sig. (2-tailed)	-.417** .000	.035 .701	.264** .003	-.052 .572	

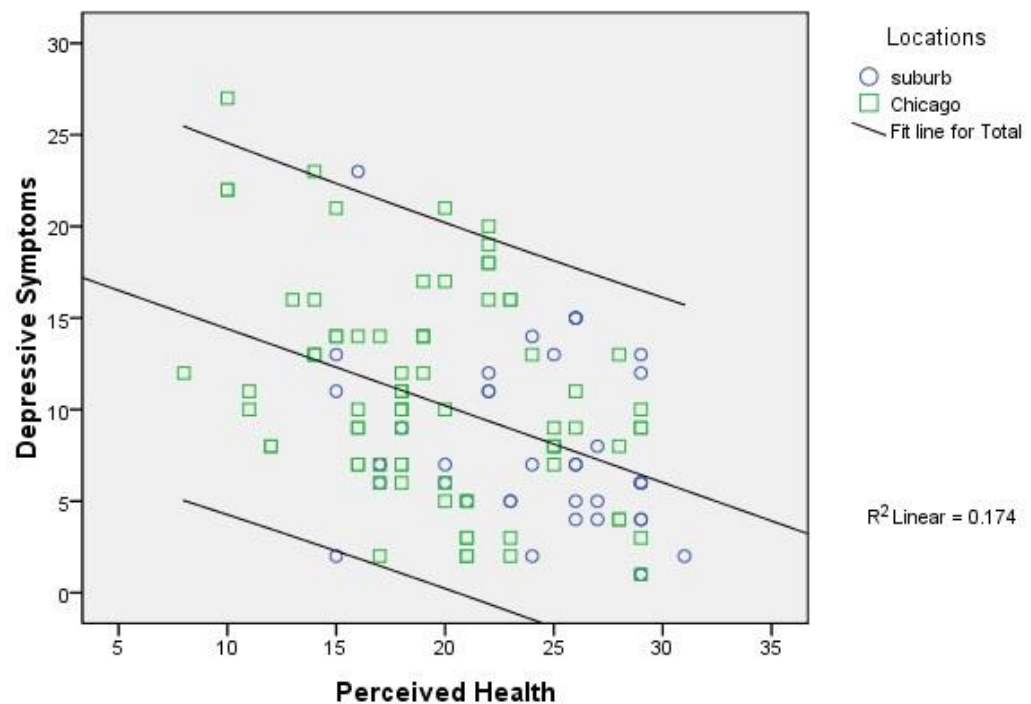
** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

The most negative correlation was found between depressive symptoms and health condition ($r(191) = -.417$, $p < .001$) indicating a statistically significant linear relationship between them. The healthier condition of participants had less depressive symptoms they suffered from. In Figure 8, the scatterplots of depressive symptoms and perceived health condition are displayed by location. More squares representing Chicago are located on the upper left, while most of circles symbolizing suburbs are scattered

evenly throughout the graph. In other words, the scatterplots support the statement mentioned above, i.e. suburban participants tend to perceive their health as being more positive and that they have less depressive symptoms, whereas Chicago participants are likely to have more depressive symptoms, and they perceive their health condition as being relatively low.

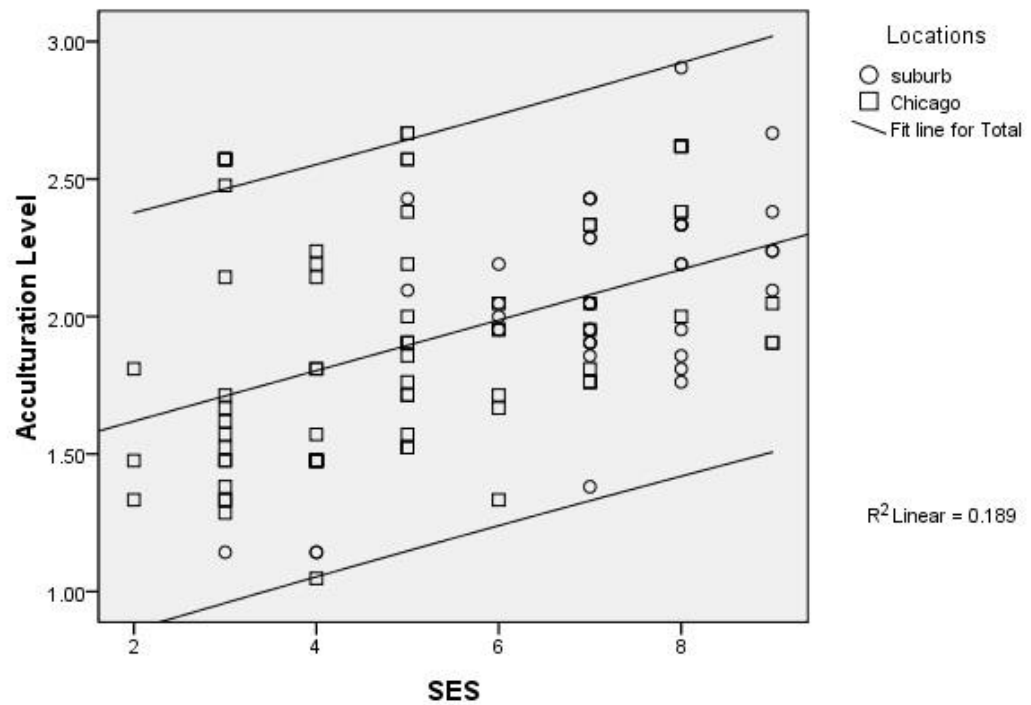
Figure 8. Scatterplots of Depressive Symptoms and Perceived Health Condition by Location



Depressive symptoms also have a negative correlation with SES ($r(191) = -.335, p < .001$). The correlation can be acknowledged that the higher the SES, the less depressive symptoms the participants experienced.

Interestingly, the correlation between respect and acculturation level had a negative influence ($r(191)=-.336, p < .001$). It can be interpreted that the participants who are more acculturated think that they receive less respect from family, friends or others. Simultaneously, it can also be interpreted that the acculturated participants might tend to ignore the influence of respect in their lives. The relationship between SES and depressive symptoms has almost the same negative impact as that of respect and acculturation ($r(191)=-.335, p < .001$).

Figure 9. Scatterplots of SES and Acculturation Level by Location



A Pearson correlation coefficient calculated for the relationship between SES and respect. A negative correlation was found ($r(191)=-.204, p < .05$), indicating a significant

linear relationship between the two variables. It can be expected that the higher in SES, the less the participants received respect from others. At the same time, it can be interpreted that someone with a higher SES might not care whether people around them show them serious respect or not. SES and health condition are slightly correlated in a positive direction indicating a significant linear relationship between those two variables ($r(191)=.264, p < .001$). The participants who lived in higher SES had a tendency to be healthier (Table 8).

A positive correlation was found between acculturation and SES ($r(191)=.435, p < .001$), indicating a significant linear relationship. This could indicate that the participants who live in higher SES tend to be more acculturated. The scatterplots of SES and acculturation level by location also show that positive relationship (Figure 9). However, they fail to prove the variance by location which means there is no significant difference by their geographical background and. The relationship between acculturation and SES also gives it a rise to the notion as to whether higher SES affects acculturation level or a higher level of acculturation generates a chance to have higher SES.

Individual and Interaction Effects on Depressive Symptoms

Table 9 summarizes the results of a hierarchical regression model that investigated the influence of acculturation level, SES, and perceived health respectively and interactively.

Table 9. Hierarchical Regression Models

Independent Variables	Model 1		Model 2		Model 3		Model 4	
	B	β	B	B	B	β	B	β
Acculturation	-.476	-.036	-2.357	-.178	4.262	.322	-.239	-.018
SES	-.630*	-.225	-1.405	-.502	-.588*	-.210	.221	.079
Perceived Health(PH)	-.358***	-.357	-.364***	-.362	.082	.082	-.113	-.113
Acculturation × SES			.382	.367				
Acculturation × PH					-.228	-.592		
SES × PH							-.043	-.449
R²	.229***		.232***		.240***		.235***	

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. B and β represent non-standardized and standardized regression coefficient, respectively.

Out of the three predictors, both SES ($p < .05$) and perceived health condition ($p < .001$) significantly explained about 23% of the variance of the participants' depressive symptoms. In other words, acculturation level did not significantly influence the depressive symptoms of the participants.

The interaction effects among acculturation level, SES, and their perceived health condition on the participants' depressive symptoms were also tested. Each interaction factor was tested and the results are shown in Table 9. Even though none of interactions were found to be statistically significant in the tests, those interaction factors influenced the independent variables and the variances in the models changed significantly (Model 1, 2, and 3). For example, in Model 2, a significant regression equation was found ($F(4,116)=8.763$, $p < .001$), with an R^2 of .232. With the interaction of acculturation level and SES, the perceived health condition can explain 23% of the participants' depressive symptoms. It is slightly higher than when it was in a model without any interaction factors. The interaction between acculturation level and perceived health condition lead SES to explain 24% of the participants depressive symptoms ($F(4, 116)=9.145$, $p < .001$),

with an R^2 of .240.

To figure out the most parsimonious set of predictors in projecting the dependent variables, stepwise multiple regression was conducted. In Table 10, two models are recommended comparing R^2 . The result of stepwise regression indicates that the model, including the interaction of perceived health and SES, will explain the relationship between depressive symptoms and other independent variables better than other models.

Table 10. Stepwise Multiple Regression Models

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.417 ^a	.174	.167	5.022	
2	.478 ^b	.228	.215	4.875	2.207

a. Predictors: (Constant), Perceived Health

b. Predictors: (Constant), Perceived Health, SES

Dependent Variable: Depressive Symptoms

Mediation of Perceived Respect on Depressive Symptoms

To test and decide if there were possibilities of mediators in the model, the variables were regressed beforehand as indicated by Baron and Kenny (1986). The four conditions to satisfy the model to have a mediation variable are explained in the following statements:

1. A predictor must be significantly associated with a hypothesized mediator.
2. The predictor must be significantly associated with a dependent variable.
3. The mediator must be significantly associated with the dependent variable.

4. The impact of the predictor on the dependent variable is less
after controlling for the mediator.

If one or more of these relationships were not statistically significant, it should be concluded that mediation is not possible or likely in a model (McKinnon, Fairchild, & Fritz, 2007).

Table 11. Simple Linear Regression between Perceive Respect and Depressive Symptoms

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.278	1	.278	.009	.924 ^a
	Residual	3632.961	119	30.529		
	Total	3633.240	120			

a. Predictors: (Constant), RESPECT
Dependent Variable: DEPRS

A simple linear regression was calculated predicting the depressive symptoms based on perceived respect of the participants (Table 11). The regression equation was not statistically significant ($F(1,119)=.009$, $p > .05$) with an R^2 of .000. Respect could not be used to predict the participants' depressive symptoms (Table 12). Accordingly, it was impossible to have any mediators in the model for this study.

Table 12. Coefficients of Model

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
(Constant)	10.149	3.676		2.761	.007
RESPECT	-.005	.048	-.009	-.095	.924

Dependent Variable: Depressive symptoms

Moderation of Perceived Respect on Depressive Symptoms

The moderating effects of perceived respect on the independent variables, acculturation level, SES, and perceived health, were tested. The moderating effects were applied on both SES and perceived health condition excluding acculturation level because the two former variables had been statistically significant in the test.

Table 13. Moderating Effect of Perceived Respect

Independent Variables	Model 1		Model 2		Model 3		Model 4	
	B	β	B	B	B	β	B	β
Acculturation	-.476	-.036	-1.015	-.077	-.268	-.020	-.946	-.071
SES	-.630*	-.225	-.651*	-.232	-.366	-.131	-.659*	-.235
Perceived Health(PH)	-.358***	-.357	-.355***	-.353	-.356*	-.354	-.331**	-.330
Perceived Respect(PR)			-1.560	-.142	2.560	.233	-.545	-.050
SES \times PR					-.701	-.383		
PH \times PR							-.048	-.097
R ²	.229***		.248***		.260***		.248***	

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. B and β represent non-standardized and standardized regression coefficient, respectively.

As shown in the Table 13, the moderating effect of perceived respect has no statistical significance. Therefore, it could be concluded that the relationships between depressive symptoms and SES, acculturation level, and perceived health are likely to be influenced by perceived respect.

Moderation of Geographical Background on Depressive Symptoms

The moderating effects of the geographical background on the independent variables, acculturation level, SES, and perceived health, were tested. The moderating effects were applied on both SES and perceived health condition excluding acculturation level because the former two variables had been statistically significant in the test.

As shown in the Table 14, adding the set of interaction between SES and

geographical background resulted in an additional 3.7% of the variance of depressive symptoms, while the inclusion of the interaction of perceived health condition and geographical background had, no significant changes occurred on the variance of depressive symptoms. Statistically significant moderating interaction was obtained for SES by geographical background.

As a moderating variable, geographical background would be utilized in the Model 3. A significant regression equation was found ($F(5,115)=8.333$, $p < .001$), with an R^2 of .266. The predictability of SES to depressive symptoms was stronger with the geographical background variable. In other words, the higher SES the suburban participants have, the less depressive symptoms they might have.

Table 14. Moderating Effect of Geographical Background

Independent Variables	Model 1		Model 2		Model 3		Model 4	
	B	β	B	β	B	β	B	β
Acculturation	-.476	-.036	-.473	-.036	-.882	-.067	-.454	-.034
SES	-.630*	-.225	-.649*	-.232	.571	.204	-.638*	-.228
Perceived Health(PH)	-.358***	-.357	-.363***	-.361	-.326***	-.324	-.327	-.325
Geographical Background(GB)			-.172	-.015	10.114*	.874	1.008	.087
SES \times GB					-1.535*	-.774		
PH \times GB							-.051	-.094
R^2	.229***		.229***		.266***		.230***	

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. B and β represent non-standardized and standardized regression coefficient, respectively.

Qualitative Analysis

Findings from qualitative data analysis by ATLAS.ti consist of two core parts; the first reports the individual results from the analysis of each variable and the second explains the relationships among the analysis of the groups and interviewees. For convenience, codes were used to represent each group or individual. They were coded as GDC (Group of Depressed participants from Chicago), GDS (Group of Depressed participants from Suburb), IDC (Individual of Depressed participants from Chicago), IDS (Individual of Depressed participants from Suburbs), INC (Individual of Non-depressed participants from Chicago), and INS (Individual of Non-depressed participants from Suburbs).

Acculturation

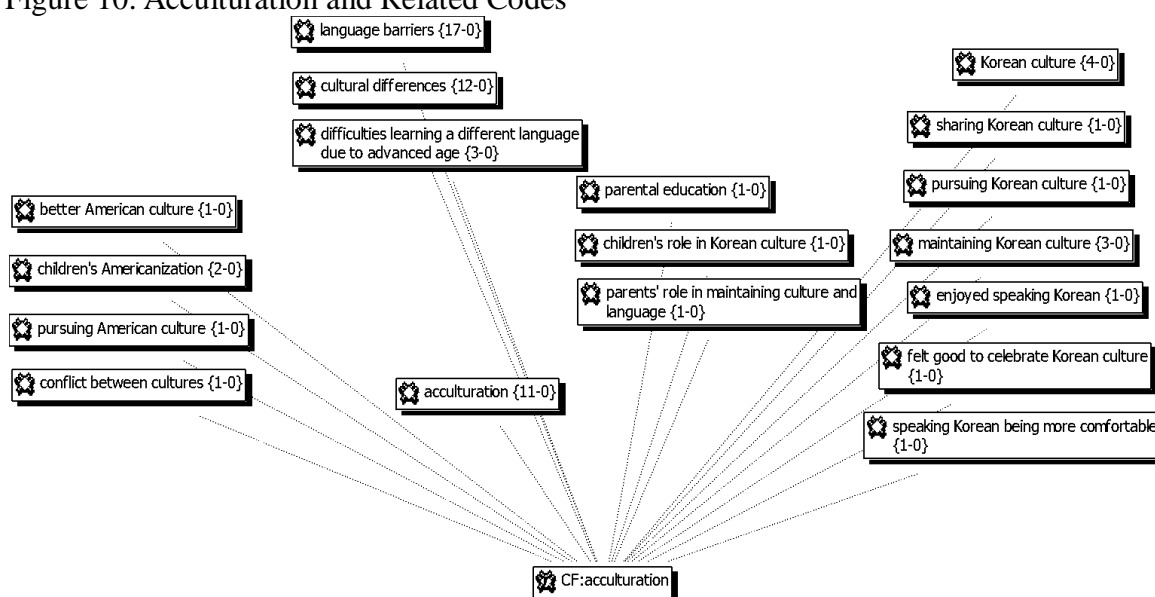
Out of twenty codes, the terms ‘language barriers’, ‘cultural differences’, and ‘acculturation’ were mentioned and were discussed during the most parts of the interviews (Figure 10). Both the Chicago and Suburb groups (GDC & GDS) identified that they have to learn and be familiar with American culture by the process of acculturation in the follow terms:

The grandfather was brought up in Korea but the grandchild is growing up in America. Now I’m starting to think that people who are growing up in America should be taught the American way, maybe. Should the grandfather have apologized to the grandchild so the grandchild wouldn’t get upset? Maybe that is the way.(GDC)

So while in America, you don’t have a choice but to live the American way. Well...no matter how hard you try to live the Korean way, how could that possibly work? That wouldn’t have worked even under former President Park’s dictatorship.(GDS)

I think, whether in Korea or here, of course the ability to speak English is important, too, but it's more important to understand their culture and get acclimated little by little. But nowadays Koreans get some exposure through the internet while in Korea and they come here and get surprised after they get here. Of course it's going to be different. Actually living among the Americans in the American society is really helpful.(GDS)

Figure 10. Acculturation and Related Codes



The theme of 'language barriers' is considered as one of hardest obstacles in any situation. One of the suburban focus group participants even pointed out that from her past experience, the ability to speak English in America is more important than speaking German in Germany. Compared to the suburban focus group, participants' responses indicating that language issues are more related with SES than any others, Chicago focus group participants stated that they had been struggling with these matters mostly when they had had communication with their family members inter-generationally as in the

following terms:

Well, cultural differences as you said before. Every English speaker calls me 'You'. I know that there's nothing wrong with that in America, but in Korean culture, we don't use that word like that, thoughtlessly. In Korean we usually call people by their surnames or position name. In addition, we have many different words for the different family members, but there are just a few designated names in English. For example, aunt means your mother's sister or father's sister. But we distinguish between those two and give each a specific word. It is very confusing and it's getting worse as my family gets bigger. I usually have absolutely no idea what words to use to address family members.(GDC)

Because this is America, working with Americans inevitably makes us feel a lot of pressure because of the language and communication and because we are older. In Germany, we got a lot of respect and good care.(GDS)

It was too much of an issue over there, but in America, the language barrier was a problem. Especially here, the ability to speak English or not was more important than it was in Germany, perhaps because we worked in a professional field.(GDS)

The conflicts from cultural differences are also significant triggers to make their lives difficult. An interesting fact is that the older Korean American population might have problems in terms of any types of conflicts generated from the different between the two cultures. The response rate and pattern in the focus group activities and interviews are very similar to those of 'language barriers', which can be verified in the Table 16. They tend to consider this cultural conflict with the involvement of 'respect' issues as illustrated below:

My children respect me very well but most people in America don't show respect to their elders the same way as

Korean people do in Korea. I think that's because they were born here, in America, they have gotten degrees, and achieved citizenship, they don't show respect because they probably feel superior to others.(INC)

After that, the American got worried about being anything done to him asked me "Let's shake hands". He should have done that from the beginning. So this is an example of how things are...finger pointing makes us feel upset....and how dare he do that to me?(GDS)

Getting close to these Americans was so difficult. As I said before, if I did a good job at work, they would respect me for it, so it gets alright...but there is a limit. You can't get as close to them and bond with them like Koreans do. Well, perhaps if I spoke better English, perhaps it may have been different?(GDS)

It might be hard for the first generation, mostly consisting of older Korean American immigrants, to forget their traditional Korean culture and adjust to new American culture. Whether consciously or unconsciously, they try to educate their children in Korean culture and traditions. They expect their children to behave according to Korean cultural standards and expect them to be proud of their Korean heritage in their daily lives. In terms of acculturation, however, they show that they have already recognized the necessities of acculturation for themselves and while keeping their own identities as Koreans in the following terms:

Communication should be more important than financial status. When having a meal, if one child said "Eat up, grandmother", the parents should correct their speech so they say it the more formal Korean way. Here's another one, if a child said "Are you gonna sleep?" again, the parents should correct the child to use formal speech. But some grandparents find it hard to speak to their children about this because they are so busy. They usually send them to Hangul school. However Hangul school teachers cannot

teach one on one. Parent's teaching is the best. (INS)

Basically, I'm a positive person so I seldom feel lonely. But sometimes I feel lonely when I have conversations with my children - I have two sons and one daughter. Since they were raised with the Korean culture, they are pretty nice to me. But, they change to act like an American when they go out of family. When they talk to me in an American way, I don't like it and then I get depressed sometimes. (IDS)

We meet at the church and also they come to my home to meet me. We always get together and eat dinner on holidays, usually Korean holidays, or around birthdays, at a fancy restaurant. (INC)

Back then under former President Park, a lot of labor force was sent to Germany. But after the work was done, those who did not want to go back to Korea went to America. When I came to America, there was shortage of nurses at that time. So those were the ones who adapted well in America and contributed to establishing the foundation of the Korean American society. (GDS)

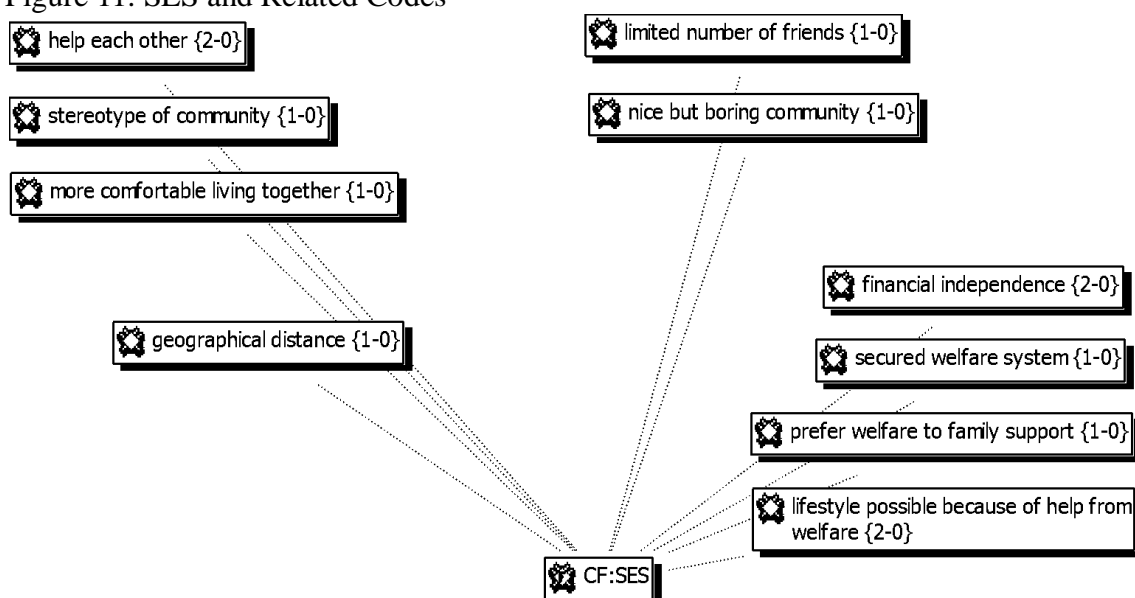
Most acculturational issues are triggered by language barriers which are strongly intertwined with inter-generational, cultural, and educational matters. Accordingly, the issue of acculturation could be defined as being associated with depressive symptoms through the matters described above rather than having a direct influence on those symptoms.

SES

Many statements of SES contain two main interests which are how they feel about their communities or neighborhoods and how they would manage their lives financially (Figure 11). In terms of financial issues, they appreciate that they've become recipients of public welfare services including social security. In typical Korean culture, it is extremely

hard for them to discuss their financial status or affiliated issues. However, the apartment complex residents did not hesitate to speak up about how they have lived in terms of income, personal properties, or the incomes and properties of their children, it is possible that this is due to the fact that the residents all live on welfare and are aware of how much welfare participants receive. This tendency was witnessed more strongly in the Chicago group than in the suburban group.

Figure 11. SES and Related Codes



Most of the research participants who agreed that their immigrant lives would not be secured without the public support pointed out that relying on the current welfare system is much better than leaning on their children; this gave them more confidence to lead financially independent lives after retirement as follow:

The government gives us about 1,000 dollars to pay for gas and utilities on a monthly basis. We use five to six hundred dollars from rest of them. But if we had to earn a living for ourselves or receive money from our children, it would be pathetic - more depressing and harder. Compared to Korea, I think it's harder for seniors in Korea to live. Bottom line,

the financial issue is the first.(GDC)

None of my children are in Korea. I have six brothers, but they are all in Korea. It's really satisfying, because I can visit my family members in Korea whenever I want. I can live without support from my children because of the government's welfare programs.(GDC)

I think the reason we now think positively comes from the financial support from the government. If we had to get support from our children, it would be miserable. Basically, the government provides some money and insurance for us, it's very helpful.(GDC)

In terms of their feelings about the communities and neighborhoods, participants at subsidized apartments showed more satisfying responses living together and helping each other as in the following terms:

We are all Korean. If someone among us is sick, we take care of him. Furthermore, we all can speak Korean.(GDC)

We are all seniors but if someone gets seriously sick, we make food for him even if we also have problems. We help each other.(GDC)

Other elderly can't feel like we do, (it is much harder for them) because they live with native English speakers. But our residents can hold conversation comfortably with each other in our native tongue, I guess.(GDC)

In terms of the community they live presently, whether the participants live in a personally owned house or rent an apartment complex, they complained about difficulties in have a positive relationship with others or fewer opportunities to socialize in their present community, These participants, in particular, were participants who were diagnosed as depressed. Therefore, it can be assumed that there is a close correlation between depressive symptoms and socializing type activities. The following staements

contain the complaints:

In my case, I only meet with a few neighbors. Sometimes making friends here is troublesome for me. Some of the residents here have really big mouths. Most things are good here at this apartment, but it's not always OK, unfortunately (IDC).

I think, it's good for people who retired but it can be boring for young adults (IDS).

On the other hand, some participants described their current geographical background positively due to the fact that they could easily get together and help each other in the following statement:

We are all Korean. If someone among us is sick, we take care of him. Furthermore, we all can speak Korean. We are all seniors but if someone gets seriously sick, we make food for him even if we also have problems. We help each other. (GDC)

Health

Most of the participants described that they had poor health as they aged. In particular, the individual participants in Chicago with depressive symptoms showed the highest frequency of mentioning poor health conditions, while the individual interviewees from the suburb expressed positive thinking about the health condition in the following statements:

My knees are not too good. My eyesight got worse. And also I have back pain. Actually, I think all of those come from aging. That is why I have to go to the hospital regularly. Otherwise... (IDC)

Sometimes good, sometimes bad. I have severe back pain. Well...almost every day. (IDC)

Most of their descriptions about health were regarding physical conditions due to

aging. Few of them would talk about any mental or psychological problems they were currently struggling with. The reason could be easily assumed that they did not want to share or discuss it with others in the Korean culture and that saving face played an important role in their relationship with others (Figure 12).

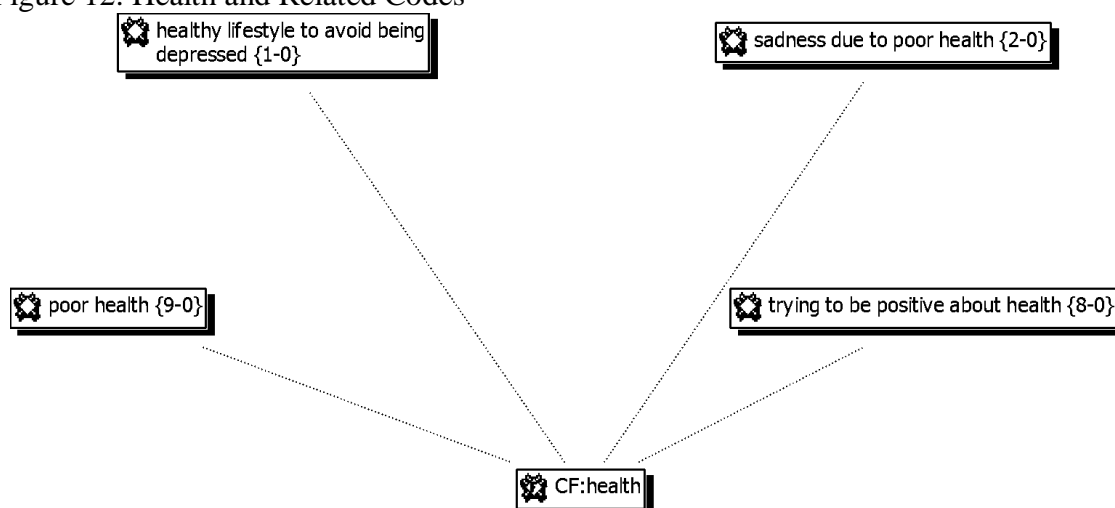
Even though participants recognized that their health and physical condition naturally got weaker as they aged and that this may be the cause of their sadness, most older Korean Americans try to be positive in their daily lives which includes being positive about their health as in the following:

As I age, my body got weaker naturally. Of course, most things are physically hard.(IDC)

It is especially hard to walk around in winter. Due to my bad lower back, I have had to stay at home a lot lately. That makes me bored and stressed.(IDC)

I don't watch television, but I read the newspaper. When I forget something, that makes me feel sad.(INS)

Figure 12. Health and Related Codes



It is true that they are struggling with a lot of problems in their daily lives, but although they are weak physically, they always try to think positively. That positive

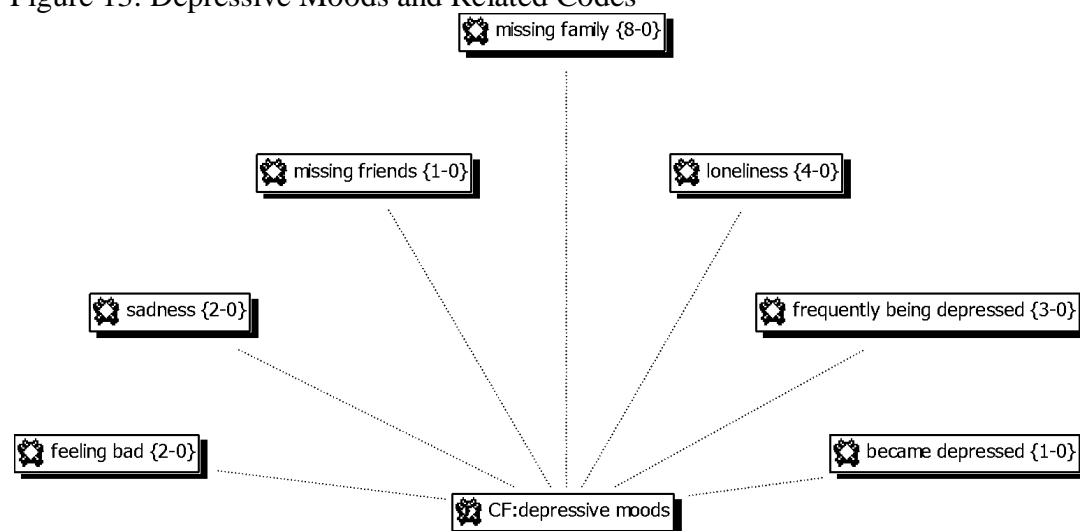
thinking might lead them to respond well to getting treatments or interventions in terms of the any physical or mental health issues.

However, there was no doubt that these health related issues had a direct influence on their depressive symptoms. This was evident by the degree of their attention and overall attitudes during the sessions which were so serious and intensive that the association was strongly identified.

Depressive Moods

Basically, the responses from the participants described a group of depression-triggering moods. The significant comments about ‘missing family’ scored the highest frequency (Figure 13). This prominent result could be interpreted that secured and robust family bonds are a strong foundation for Korean people to maintain their lives positive and active.

Figure 13. Depressive Moods and Related Codes



The following statements would help to understand unique bonds Korean people share with their families:

I try to visit often and stay with them for as many days as I can, but usually I can only see my son in the morning before he leaves for work. He comes home too late at night to stay up and wait for him. It's the same with the grandchildren. I have to wait for them until they came back from school. It was very hard for me to have a conversation with them. Most of times, I end up feeling bad. The most important reason I visit them is to see them and talk to them.(IDC)

I feel depressed lots of times, I really miss my grandchildren. As I age, I miss them more and more. But, when I visit them, for most of the time, I am alone because they are too busy. I have no choice. That is why my mood has been up and down.(IDC)

The ideas about 'loneliness' also play critical roles in 'feeling depressed'. This, of course, may come from the relationship from their families or their social relationship with others. They described their feelings about the liveness in the following statements:

Honestly, after he got married, I felt some loneliness whenever I visited him and his family. Although, I am very happy because I have grandsons. So, I try to visit often and stay with them for as many days as I can, but usually I can only see my son in the morning before he leaves for work.(IDC)

So, I feel lonely sometimes, except when I go to church to work.(IDS)

The place now makes me feel lonely because it's far from the Korean community.(IDS)

Most of the comments about depressive symptoms or mood came from individual interviews rather than in group activities. As described earlier, this trend might be explained as one aspect of their particular characteristic in which they have difficulties sharing sensitive issues with others.

Respect

Most of the participants thought that they received an appropriate degree of respect from others around them and that they needed to respect each other regardless of age (Figure 14). In other words, they did not expect people to show them respect, as given in these following examples:

My kids came here when they had been already grown up, so they didn't any problems in terms of respecting older people. I think they still have more Korean cultures than Americans trying to speak languages for older people and teach the grandchildren Korean language. Fortunately, daughter-in-law(s) and son-in-law(s) are so nice that I am happy. They are all grown up here, but they are sweet enough to be with me.(IDC)

We don't know about foreigners, you know, we hardly encounter them. But one thing I can tell you is that most Koreans give us enough respect.(GDC)

They don't talk to their children enough. Most families are nuclear families. Communication should be more important than financial status. When having a meal, if one child said "Eat up, grandmother", the parents should correct their speech so they say it the more formal Korean way.(INS)

As they try to keep Korean cultural aspect of respect, at the same time, they would like to adjust and fit that into their lives in America as stated in the following statements:

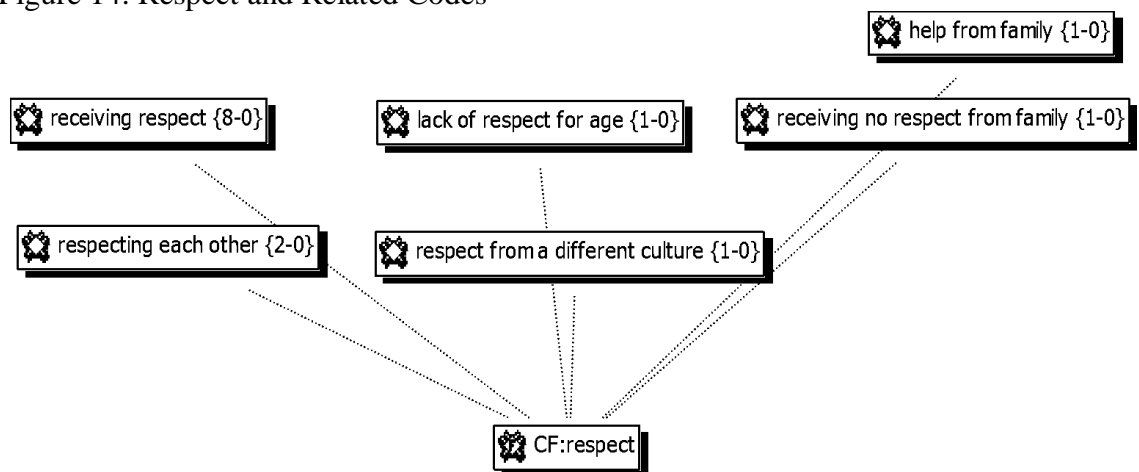
Of course, we share that idea of Korean culture. However, here, it might be better to respect each other than respect just older ones. Some of the older people might hope that, but few would listen to it. (IDC)

We are all aged. Well, younger ones might have their own thinking and older residents also have their own ideas. To live together here, we have to respect each other. That is

true and that is what I have been watching. I guess if there was anything that made a difference, it would be not age but different viewpoints. I do not have the same way of thinking as others have. Each of us have different and unique ideas.
(IDC)

One of the problems in analyzing their thoughts about respect was the confusion in distinguishing the scope of respect from the intertwined contexts. For example, in Korean culture, the normal protocols for showing respect are always delivered by way of language and customs. When someone wants to show 'respect', he or she would need those cultural tools to deliver the thoughts or feelings of respect. There is always the chance, however, that misunderstandings will occur especially if the knowledge of the language or cultural customs that define respect is not there. Is the problem coming from the notion of receiving less respect or disrespect, malfunction of language, or misunderstanding of culture? This realm in analyzing respect-associated contexts would be carefully counted in this study as the most difficult and dangerous part in minimizing any latent biased results.

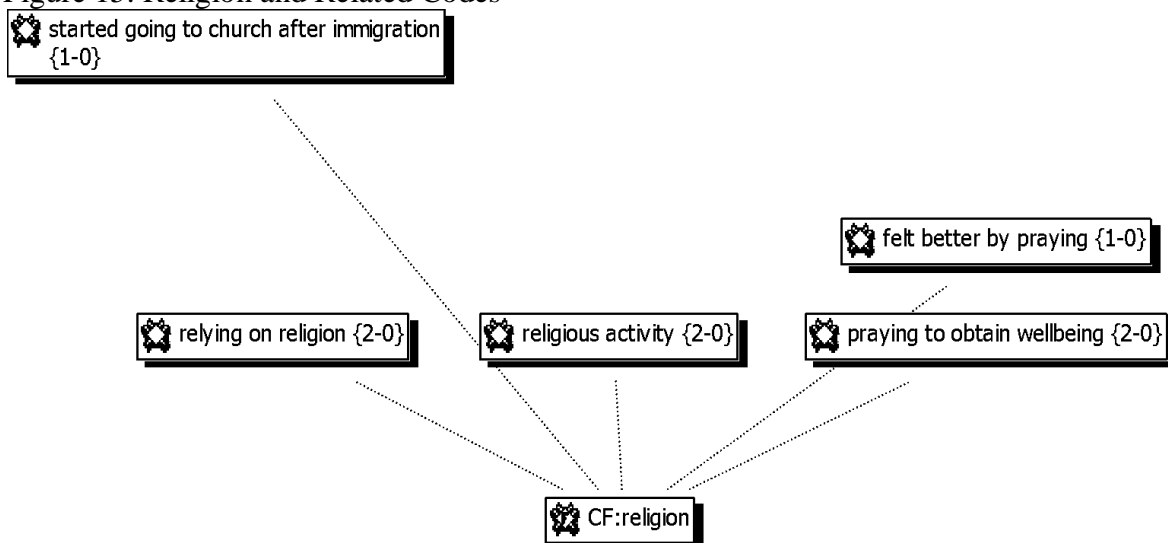
Figure 14. Respect and Related Codes



Religion

It is difficult to describe the lives and histories of Korean American immigrants without mentioning the existence of religion. Religion has played a big role in Korean American immigrants to adjust in a different world in numerous ways since the earliest time period of immigration. Practically, most of statements in the sessions were all about trying to live a spiritual life which in turn led them to live positive lives (Figure 15). At church, they could find relief from the hardships that resulted from trying to adjust to their new lives and living with others. Basically, Korean churches have played a significant role in not only Korean Americans' religious lives but also their general lives. Numerous new immigrants start their religious activities soon after they immigrate.

Figure 15. Religion and Related Codes



The participants of this study made various comments indicating that the reasons they need religion is not only to do religious activities but also to feel comfortable and satisfied as stated in the following manner:

We worship every Friday. I really like to sing trot songs (Old Korean pops) but I can't remember the lyrics. Anyway,

that makes me happy. We don't have to be greedy for profit but for learning it's OK.(INS)

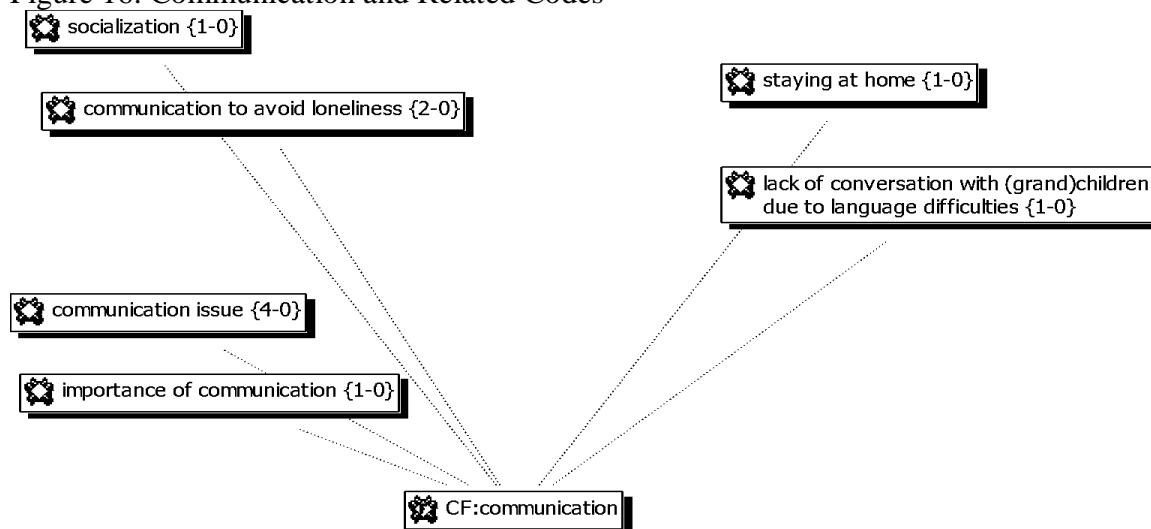
When I pray, God tells me that I have been living a better life than anyone else and has me consider that my circumstances are better than others. Then, I feel comfortable. From time to time, I would rather pray at home than visit church. Being comfortable is the best thing for me. (IDC)

When I first arrive here, I never got depressed because I had to work hard to earn a living. But now, I just work at a part time job as a pastor. So, I feel lonely sometimes, except when I go to church to work. (IDS)

Most of the statements were said with such confidence that there was no doubt that the participants believed that they felt positive in terms of their relationships with others, their near futures, and even their children's lives due to their religious activities.

Communication

Figure 16. Communication and Related Codes



It is, in fact, interesting to discover a fact that the numerous participants stated that they would like to speak more about the necessities of communication with others as

well as with their families. These communication-related issues cover a wide scope in its importance to the participants' language difficulties (Figure 16). They had a tendency to put more importance on the fact that they could communicate in Korean and that they should communicate to avoid loneliness in the following statements:

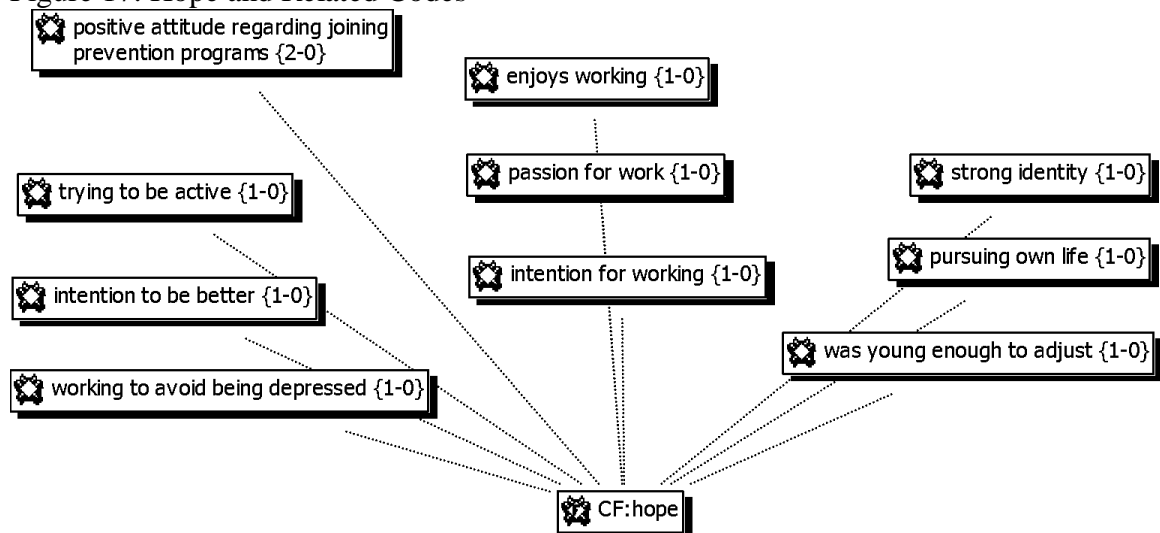
When I came to America, there was shortage of nurses at that time. So those were the ones who adapted well in America and contributed to establishing the foundation of the Korean American society. Well, over there or here, back then make a living was the main focus. But if you think about it, wherever you live, you need to be able to communicate. (GDS)

We are all compatriots. We can have a conversation with anyone in here (in Korean) so we don't feel alone. (GDC)

We don't get depressed because we talk to each other a lot and can understand each other. (GDC)

Hope

Figure 17. Hope and Related Codes



Hope is another newly found significant variable that emerged during the

interviews. It is analyzed to show a strong correlation between the participants' psychological and mental status (Figure 17). The state of 'hope' could be interpreted as an effective tool to overcome unexpected mood swings, such as depressive symptoms. Having hope, the participants are more likely to have a strong identity, intention to work, and drive to be active and positive. Additionally, even the participants with depressive symptoms would like to have more feelings of hope to make their current and future life better as stated in the following:

I worked in a completely different field. I tried quite a wide variety of positions in America. I have worked in a hair salon, managed a cleaner, and now I work in a department store. Most importantly, I like the fact that I am working. One good thing is that I do not have the time for idle thoughts. Idling at home turns into stress, which would make me get depressed...being busy eliminates those nagging thoughts.(GDS)

Of course. I've received welfare and citizenship here. But, I identify myself as a Korean. I am a Korean. Therefore, my country should be better if we want to be satisfied in our immigrant lives. (IDC)

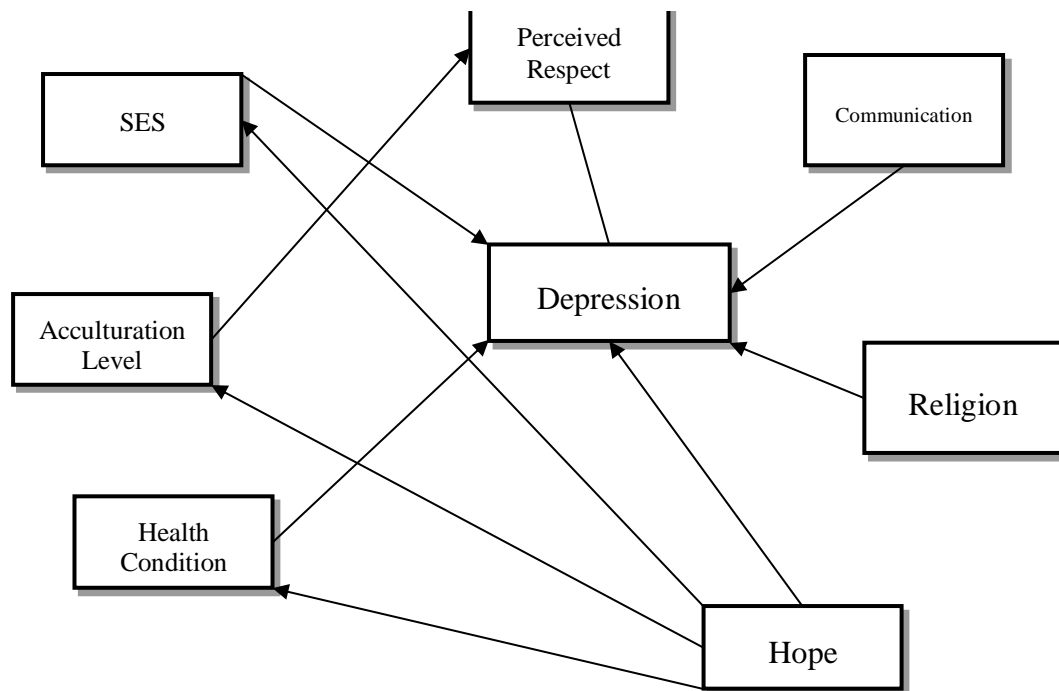
Relationship

According to Berry (2002) and Chiriboga (2004), the scope of acculturation involves language, friendship patterns, appropriate behavior patterns in a various situations, and the use of media. Because acculturation contains numerous concepts in it, a task to define it with a word or two is impossible. Therefore, drawing solid conclusions regarding relationships would be difficult. As seen in Figure 18, although it doesn't have direct influence on depressive symptoms, acculturation seems to have an impact on perceived respect. It could be estimated that acculturation indirectly affects depressive

symptoms. Acculturation is also associated with educating ethnic culture or tradition including respect. From the participants' descriptions about how to keep Korean culture and how they educated their children about Korea and its culture and traditions, it could be assumed that the participants might want to teach their children or grandchildren about respect not in a direct way but that they might want to deliver the notion of respect with Korean culture and tradition gradually, by example.

Even though there was an additional hurdle, a language barrier, the participants stated that they tried to find and have more hope by accepting their current problematic situations for the good of their future as well as their current life.

Figure 18. Relationships among the Variables



General health conditions were strongly considered to be a trigger of depressive symptoms since most of the participants stated that they were more likely to get

depressed when they were physically or mentally sick. In this regard, there were previous studies which proved that the physical and emotional health of an older population was strongly associated with the degree of depressive symptoms (Kim-Koh, 2006; Mui & Kang, 2006; Thomson, Murphy & Gallagher-Thomson, 2001).

SES was also directly associated with depressive symptoms. Although Confucianism-oriented Korean culture frowns upon a Korean individual speaking about personal property in public, the participants showed cohesive thoughts that SES was one of the critical components in leading a positive life which included a better mental health condition. It was observed that some of them were uncomfortable at times discussing the issues of SES, but they tried to make it understood that their current and future lives would not be safely protected without the solid foundation of SES in their discussions.

In terms of the participants' mood swings, a simple prayer as well as visiting a church regularly could prevent them from being down physically, socially, mentally, and psychologically. Therefore, it could be assumed that the influence of religion might reach the domain of depressive moods via positive psychological conditions. Additionally, the participants' statements regarding their religious activities indicated that those activities gave them hope in terms of their lives.

There were newly found significant variables such as hope and communication from the analysis of the qualitative data. A considerable amount of the statements from the participants was about how they needed more communication with others. That factor might indicate that they wanted to meet more new friends, as well as meeting their family members. To avoid serious loneliness, the participants indicated that they would like to

have much more communication in their daily lives. Unlike communication influencing on depressive symptoms solely, hope was diagnosed as relating significantly with SES, acculturation, and health conditions as well as depressive symptoms.

Table 15 shows the frequency of variables from qualitative data analysis.

Suburban focus group participants discussed mostly about the issues related to acculturation and language barriers. One of the major reasons an individual participant from Chicago mentioned was missing his or her family. The feeling of missing family or kinship occupied more than one third of all the codes for depressive symptoms. Both depressed individuals and group participants were almost solely interested in talking about respect issues. Out of the codes associated with respect, the most frequency was about 'receiving respect'. As already analyzed and reported, the participants' response in terms of SES was not active enough to be significant. One Chicago-individual with depressive symptoms, in particular, was most active when talking about a health related agenda.

The influence of religion was a common interest for most participants during the focus groups and in-depth interviews. Individuals from the suburban focus group and an individual from Chicago, both who were depressed, expressed more feelings and thoughts about hope than any of the other groups or individuals. The issue of communication showed a pattern similar to respect; depressed focus group and in-depth interview participants wanted to have more communication with others. They believed that it was one of the most effective ways for them to avoid being bored or depressed.

Table 15. Frequency of the Codes by Variables

Variables	Codes	Depressed				Non-depressed		TOTAL
		groups		individuals		individuals		
		Chicago	Suburbs	Chicago	Suburbs	Chicago	Suburbs	
Acculturation	acculturation	1	7	1	1	1	0	11
	better American culture	0	1	0	0	0	0	1
	children's Americanization	0	0	0	2	0	0	2
	children's roles in Korean culture	0	0	0	0	1	0	1
	conflicts between cultures	0	0	0	1	0	0	1
	cultural differences	2	4	0	4	2	0	12
	felt good to celebrate Korean culture	0	0	0	0	1	0	1
	enjoyed speaking Korean	1	0	0	0	0	0	1
	maintaining Korean culture	0	1	0	0	1	0	2
	Korean culture	0	2	0	1	0	1	4
	language barriers	3	6	3	2	3	0	17
	difficulties learning a different language due to advanced age	0	1	0	1	1	0	3
	negative Korean culture	0	3	0	0	0	0	3
	parental education	0	0	0	0	0	1	1
	parents' roles in maintaining culture and language	0	0	0	0	0	1	1
	pursuing American culture	0	0	0	0	1	0	1
	pursuing Korean culture	0	0	0	0	1	0	1
	sharing Korean culture	0	0	1	0	0	0	1
	speaking Korean being more	0	0	0	0	1	0	1

	comfortable						
	stereotype of Korean people	0	1	0	0	0	1
		7	26	5	12	13	66
depressive	feeling bad	0	0	2	0	0	2
	frequently being depressed	0	0	3	0	0	3
	became depressed	0	0	0	1	0	1
	loneliness	0	0	2	2	0	4
	missing family	0	0	8	0	0	8
	missing friends	0	0	1	0	0	1
	sadness	0	0	0	2	0	2
		0	0	16	5	0	21
respect	help from family	0	0	0	0	1	1
	lack of respect for age	0	0	1	0	0	1
	receiving no respect	1	0	0	0	0	1
	receiving respect	2	2	1	1	1	8
	respect from a different culture	0	0	0	0	1	1
	respecting each other	0	0	2	0	0	2
		3	2	4	1	3	14
SES	financial independence	1	0	0	0	1	2
	geographical distance	0	0	1	0	0	1
	help each other	2	0	0	0	0	2
	limited number of friends	0	0	1	0	0	1
	more comfortable living together	0	0	0	0	1	1
	nice but boring community	0	0	0	1	0	1
	prefer welfare to family support	1	0	0	0	0	1
	secured welfare system	1	0	0	0	0	1

	stereotype of community	0	1	0	0	0	0	1
	lifestyle possible because of help from welfare	1	0	0	0	1	0	2
		6	1	2	1	3	0	13
health	sadness due to poor health	0	0	1	0	0	1	2
	healthy lifestyle to avoid being depressed	0	1	0	0	0	0	1
	poor health	1	1	8	0	0	0	10
	trying to be positive about health	1	2	1	0	0	5	9
		2	4	10	0	0	6	22
Religion *	relying on religion	0	0	0	0	0	2	2
	felt better by praying	0	0	1	0	0	0	1
	started going to church after immigration	0	0	0	0	0	1	1
	praying to obtain wellbeing	1	0	1	0	0	0	2
	religious activity	0	1	0	1	0	0	2
		1	1	2	1	0	3	8
Hope *	was young enough to adjust	0	0	1	0	0	0	1
	enjoys working	0	1	0	0	0	0	1
	intention for working	0	1	0	0	0	0	1
	intention to be better	0	0	1	0	0	0	1
	passion for work	0	1	0	0	0	0	1
	positive attitude regarding joining prevention programs	2	0	0	0	0	0	2
	pursuing own life	0	0	1	0	0	0	1
	strong identity	0	0	1	0	0	0	1
	trying to be active	0	1	0	0	0	0	1

	working to avoid being depressed	0	1	0	0	0	0	1
		2	5	4	0	0	0	11
	communication issue	0	1	0	2	0	1	4
	communication to avoid loneliness	2	0	0	0	0	0	2
	lack of conversation with (grand)children due to language difficulties	0	0	0	1	0	0	1
	socialization	0	0	1	0	0	0	1
	staying at home	0	0	1	0	0	0	1
	importance of communication	0	1	0	0	0	0	1
		2	2	2	3	0	1	10
	TOTAL	23	41	45	23	19	14	

* Variables resulted from ONLY qualitative analysis

GIS Analysis

The purpose of this study is to investigate and comprehend the interactions among acculturation level, SES, health condition, perceived respect, and depressive symptoms pursuing if any of those independent variables, acculturation level, SES, health condition, or/and perceived respect, would contribute to Korean American older population's depressive symptoms by different geographic residence. As mediating and moderating variables, the perceived respect and geographic residence are considered as significant key factors in this study. Unlike other variables, geographical backgrounds could be visualized by mapping out. This led to a better understanding in terms of spatial factors. Because the comparisons were made between the two different regions, Chicago and suburban areas, the visualization of the comparisons showed the strongest advantages in terms of importing GIS into this research study. GIS also played an important role in visualizing the result of statistical techniques applied in this research. For example, when two variables were identified as being significantly associated with each other, the statistical significance could be displayed based on the results from GIS analysis and easily verified for better understanding.

Ultimately, through this specific effort with GIS analysis, it is expected to locate the correct service at the correct place for needy people in terms of geriatric depression.

Sociodemographic Changes of Korean American Immigrants

In this chapter, a group of maps are introduced to support previously discovered facts. The first map is from one of research studies based on the geographical change of the Korean American population in the Chicago metropolitan area (Kim et al., 2012).

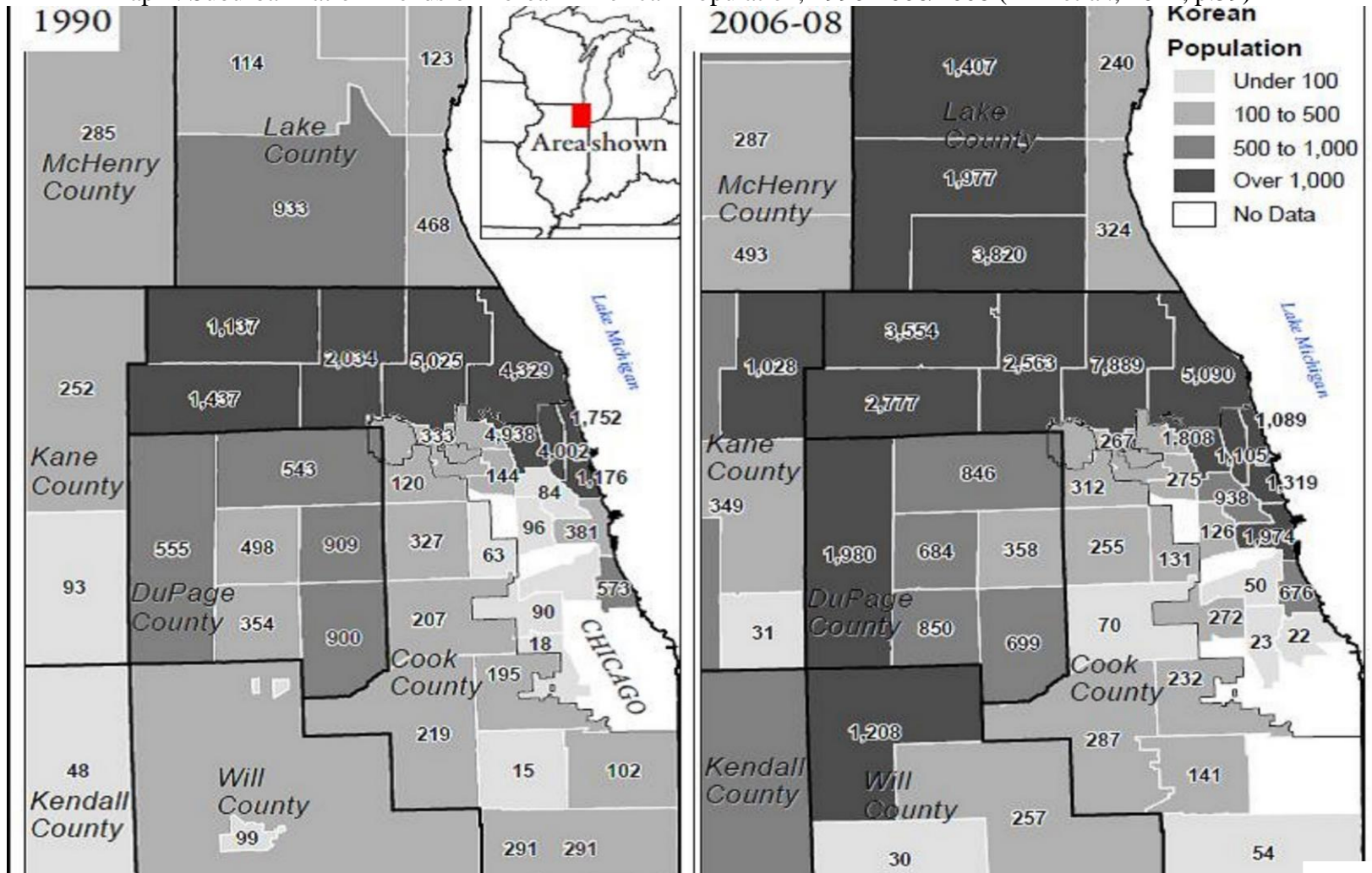
Map. 1 shows the sociodemographic changes of Korean American immigrants with their suburbanization trends between 1990 and 2006-08. Unlike the decreasing numbers of Korean Americans in the city of Chicago, their increasing influx into the suburbs of Chicago is prominently described in the map (Kim et al., 2012). Overall numbers of population in Lake, McHenry, Kane, Kendall, Dupage, and Will counties increased as well as northwestern Cook County. Although the researchers in the study pointed out the high growth rate of the Korean American population in certain sections of downtown, the overall trend of suburbanization of the Korean American population is not a new or abnormal sociodemographic change in these areas any more.

Map. 2 shows the geographical distribution of median household income of Korean Americans. Compared with 1990 median household incomes, the 2000 income level in the areas of Northwest Cook, Dupage, and Will counties prominently increased during the period. Those patterns of suburbanization in terms of household income and population changes are verified by comparing map1 and 2; approximately, the changes had made to the north, west, and north-western suburban areas from Chicago-concentrated regions. These dramatic changes in the increasing number of population and their household income has probably produced new needs to meet this changing socioeconomic status. In their study, Kim et al. (2012) proposed that local service agencies and Korean-American churches have been extending to meet the newly arising needs recently.

Through GIS analysis, the maps supported the findings from the quantitative and qualitative analysis of this study, in addition to attempting to identify any particular needs

in terms of locations of social services, behavioral incidents, surrounding environments, social service and health care facilities, geographic boundaries of communities, and other essential community infrastructures as well as identifying the patterns of suburbanization.

Map 1. Suburbanization Trends of Korean American Population, 1990-2006/2008 (Kim et al., 2012, p.59)



Map 2. Trends of Korean American Median Household Income, 1990-2000



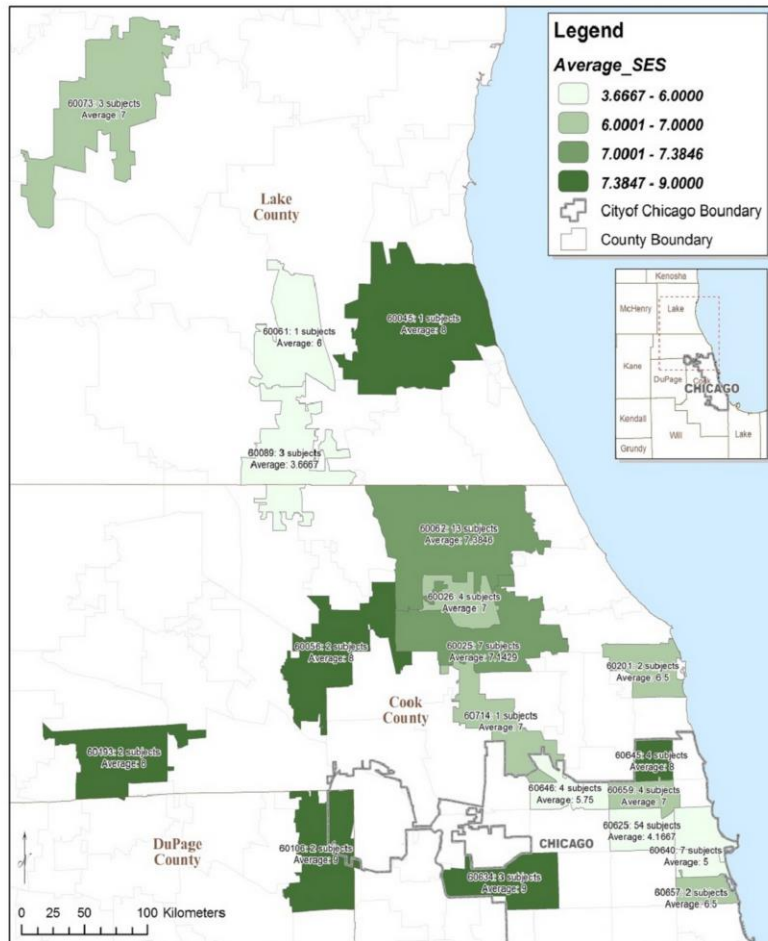
Geographical Correlations between Variables

One of main purposes of applying GIS is to support the results of qualitative and quantitative data analysis by visualization. In the findings from the analysis of both methodologies, only statistically significant relationships were verified and evaluated. By comparing statistically significant results from quantitative and qualitative data analysis on maps, GIS enables policy makers as well as social service providers to associate both social service receivers and current service delivery systems. Unlike statistics, GIS can be visualized in understanding significant social inequalities with social environments. Rather than just comparing statistical significances, verifying a specific area on a map showing a need for critical social service can make it possible to site medical facilities or to expand service area, for example.

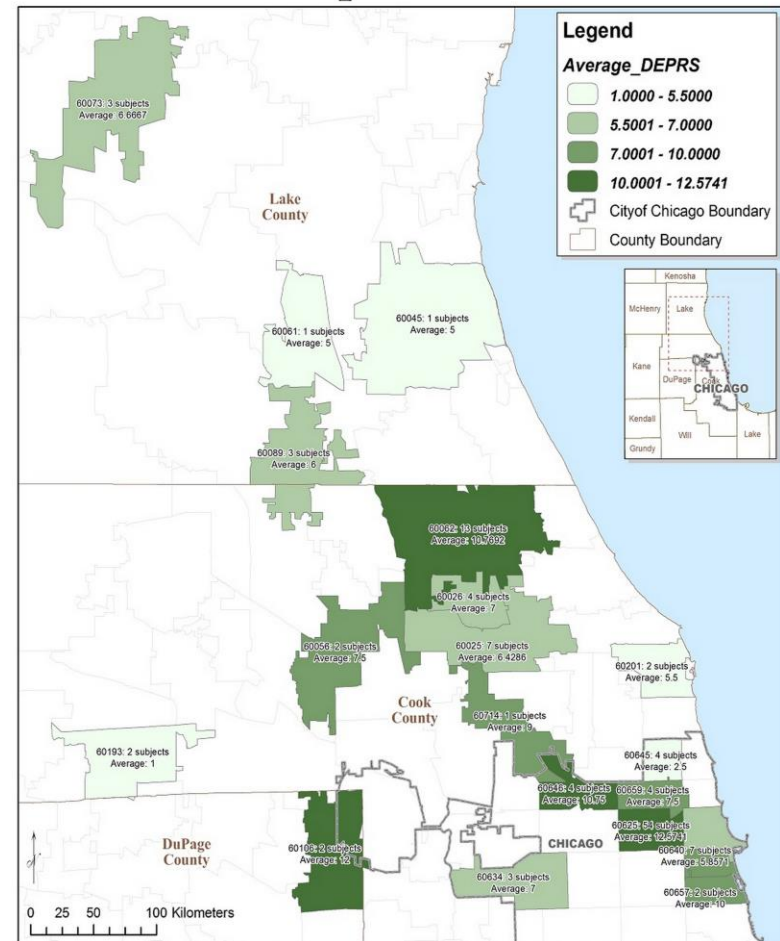
In this chapter, the correlations between SES and depressive symptoms, SES and acculturation level, SES and perceived health, and perceived health and depressive symptoms are presented. Those correlations were already identified as holding stronger and more significant associations than any other relations in previous analyses. By visualizing the correlations on maps, the significance was verified by the participants' geographical background. Simultaneously, the moderating effect of geographical background was also observed.

Map 3 Geographical Correlation between SES and Depression

Socio-Economic Status



Depression



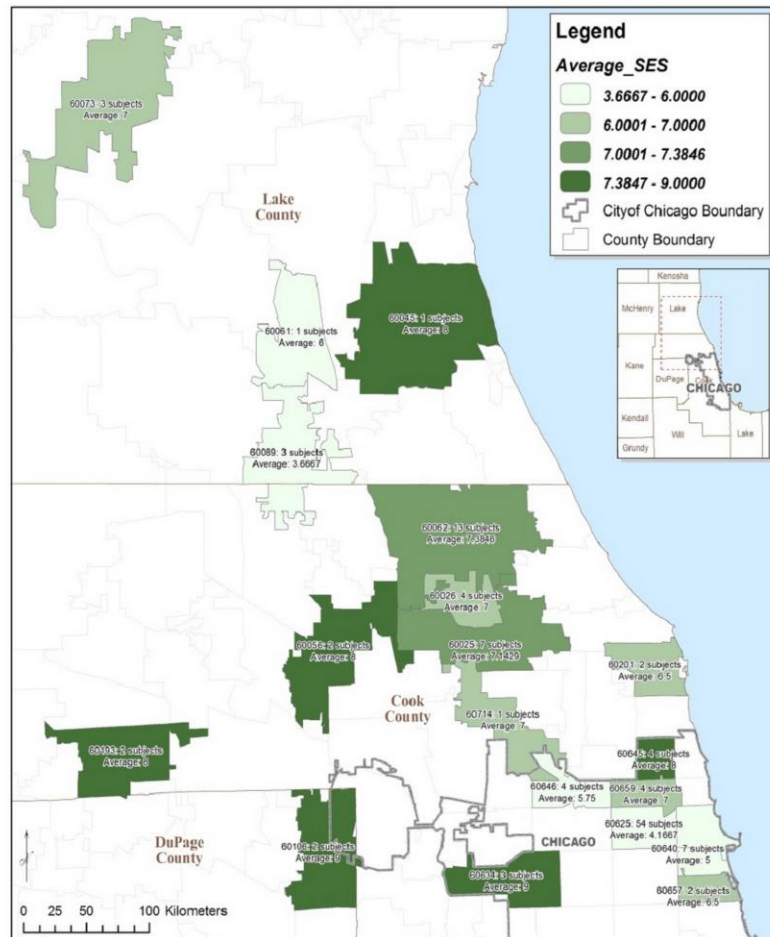
The relationship between SES and depressive symptoms

The results of correlation analysis previously performed in this study suggested that the higher in SES, the less depressive symptoms the participants experience, which was a negative correlation ($r(191) = -.335, p < .001$). In other words, the participants who lived in higher SES community were less likely to struggle with depressive symptoms, while lower SES residents were more likely to suffer from the symptoms. Additionally, they were analyzed that they were all in need of more socializing type of activities in order to get together easily and help each other when as needed whether they resided in the suburbs or Chicago.

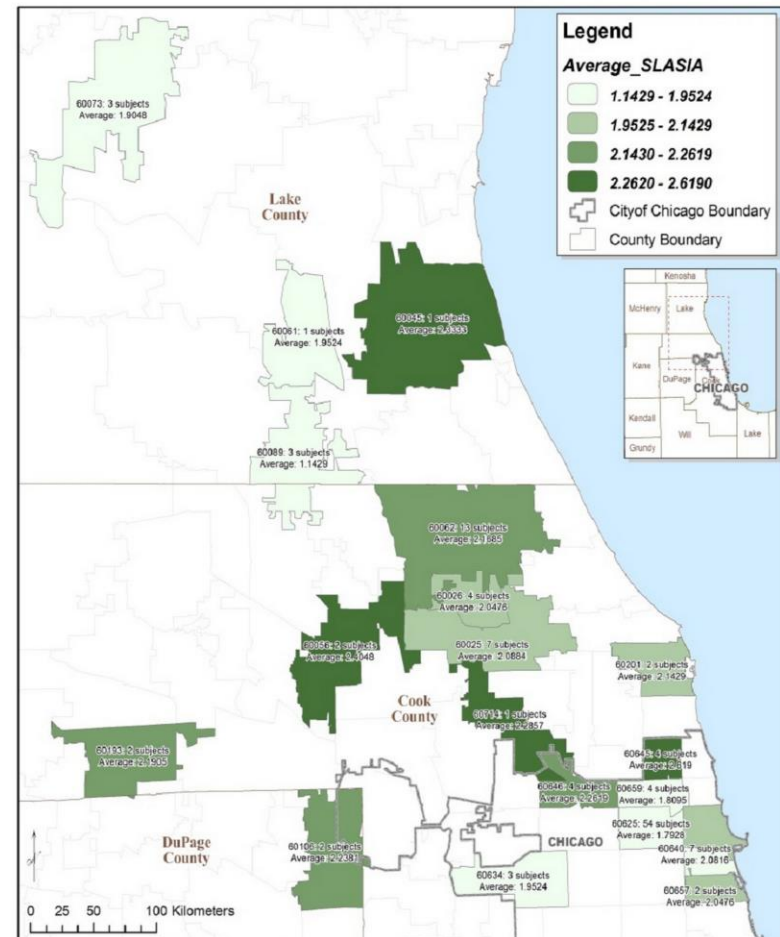
As Map. 3 shows, the relationship between between SES and depressive symptoms has been clearly identified: Most of the participants in higher SES scored lower in the screening test for depression (zip code: 60045, 60056, 60634, 60645, 60193) except those in 60106 and the participants in lower SES had higher depression screening scores (zip code: 60625, 60640, 60646, 60657). Interestingly, on the map of SES, the darker shaded parts and lighter shaded areas are obviously distinguishable by the border between Chicago and the suburbs. The suburban participants are identified as having a statistically higher SES than the Chicago participants did. However, the pattern of depressive symptoms was less substantial, which proves that the correlation between those two variables was not strong although the significant levels were meaningful in the statistics.

Map. 4 Geographical Correlation between SES and Acculturation

Socio-Economic Status



Acculturation



The relationship between SES and acculturation

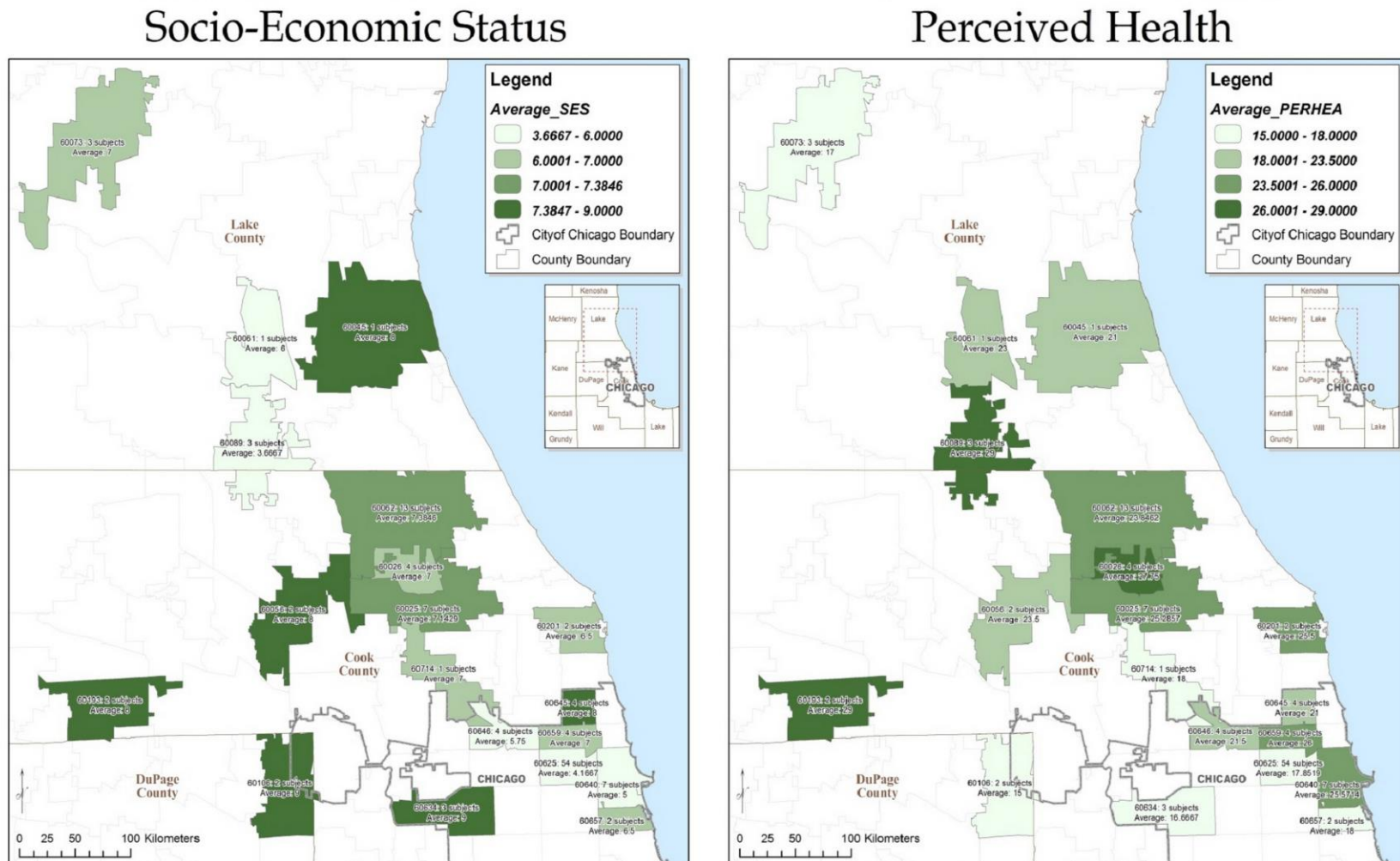
As the Pearson correlation coefficient implied, those two variables have a positive association between them ($r(191)=.435$, $p<.001$). The participants in higher SES showed a higher acculturation level in the quantitative data analysis. Accordingly, the compared patterns in the two maps are similar to each except for the areas of zip codes 60634, 60646, and 60714. On one hand, this strongly confirms the indication of the scatterplots in Figure 6. On the other hand, it is very hard to define a specific pattern in terms of differentiating locations representing squares (Chicago) and circles (suburbs). That trend can be verified with the description of analysis on acculturation level by the two locations in the quantitative analysis report section.

In the analysis of quantitative data, it is verified that SES has a positive statistical significance on acculturation and SES also has a negative statistical significance on depression. This difference in both directions is mapped and observed in both Maps 3 and 4. Seemingly, the positive pattern between SES and acculturation can be observed in Map 4 while the areas representing 60045, 60646, 60625, and 60634 have almost the opposite colors.

Unlike the results from prior studies, this study fails to prove the significant association between acculturation and depressive symptoms. Nonetheless, by analyzing the correlation and patterns on the map, it is revealed that SES and acculturation level are very much associated. Consequently, the next step will probably be to scrutinize if there are any latent or manifest geographical variables or factors contributing the residents' mental health issues based on depression in the zip codes 60193, 60106, 60634, and

60025.

Map. 5 Geographical Correlation between SES and Perceived Health



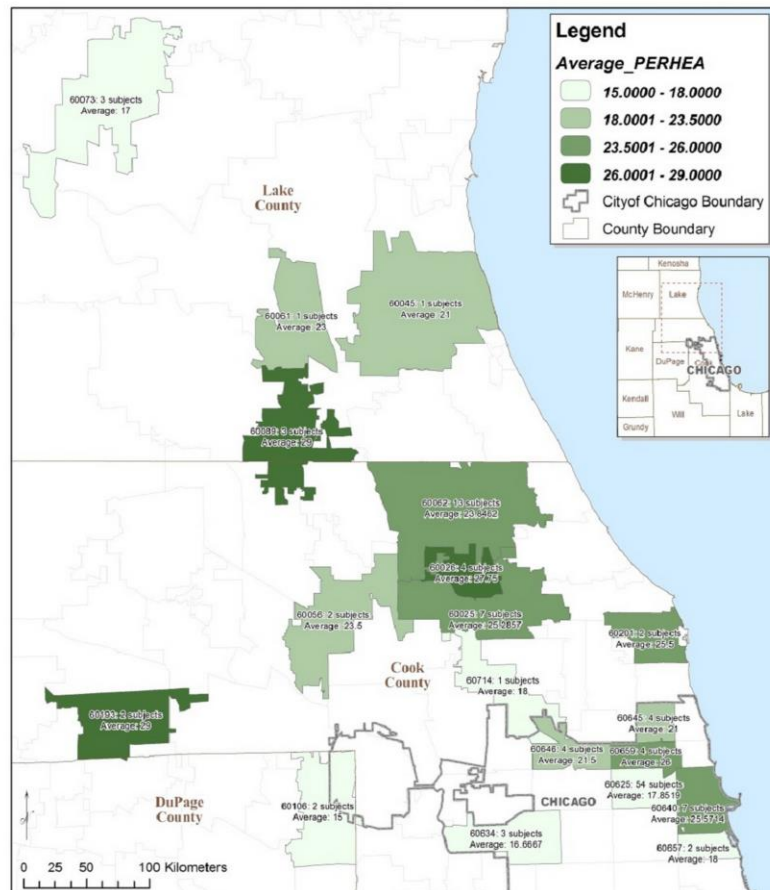
The relationship between SES and perceived health condition

The analysis of quantitative data indicates that there is a positive correlation between SES and perceived health condition ($r(191)=.264, p<.001$). Even though the correlation for the two variables has been identified as positive, the participants in higher SES (the areas of zip code 60106, 60056, 60089, 60634, 60640) show a negative relationship with their perceived health condition. The association can be interpreted that although the participants who had a higher SES might tend to perceive their health condition as higher than any other group of people, it is not necessarily occurring to most of them. Some of the participants, like the residents dwelling in zip codes 60106, 60056, 60089, 60634, and 60640 probably consider their health conditions as not being any better than others.

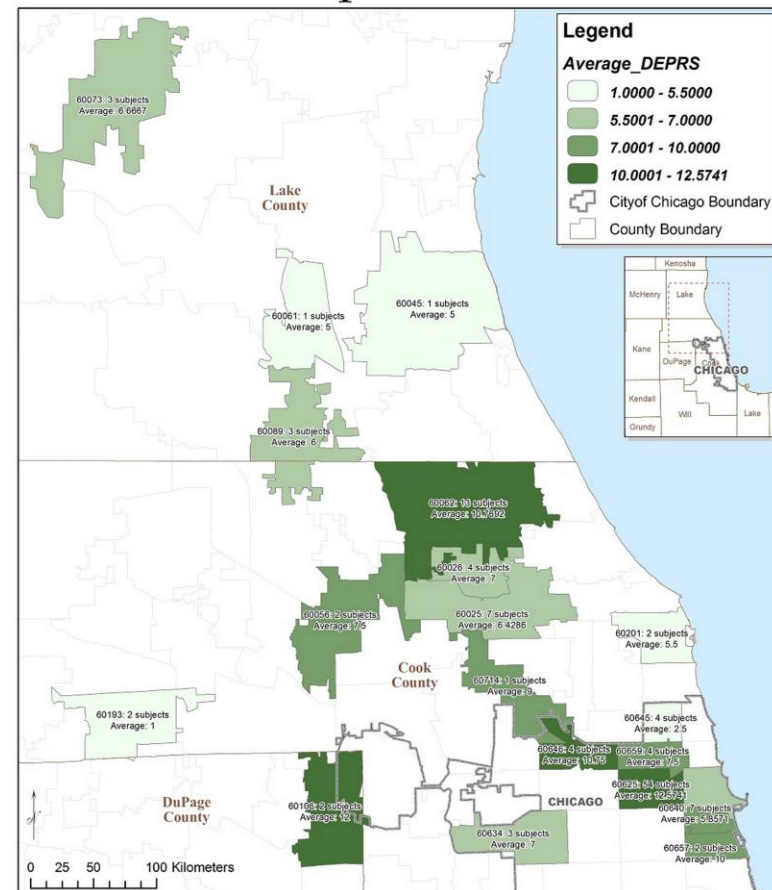
There must be a reason and causation between these things. One of strategies to figure this out would be to identify any impacts from the environmental resources in the areas. For example, it would be relevant that researchers investigate if there are any geographical factors influencing the residents' negative thinking in terms of their health conditions. The factors can include poorly maintained local parks, buildings which remind the residents of negative health, factories producing excessive noise, and so on.

Map. 6 Geographical Correlation between Perceived Health and Depression

Perceived Health



Depression



The relationship between perceived health condition and depressive symptoms

As the results from the correlation and regression analysis for the two variables indicate, it is perceived that health condition and depressive symptoms have negative associations ($r(191)=-.417, p<.001$). A higher perceived health condition level (zip codes: 60026, 60045, 60061, 60089) is associated negatively with lower rates of depressive symptoms and vice versa (zip code: 60201, 60640, 60646, 60659, 60714). If so, the environmental conditions of the areas shaded in lighter colors should be investigated in order to figure out the association with lower perceived health conditions. There might be critical geographic conditions contributing to the poor perception about their health conditions. At the same time, the association between the participants who suffer more from depressive symptoms than others and their geographical background would also be scrutinized in order to identify how their daily lives which included depressive symptoms were influenced by their living conditions and location.

CHAPTER FIVE

DISCUSSION & IMPLICATIONS

Summary of Key Findings

The findings of this study indicated whether or not the hypotheses of this study have been supported by the methods employed (Table 16).

Table 16. Findings by Methods

Hypotheses	Qualitative Method	Quantitative Method	Results
<i>H-1</i> Acculturation level, SES, and health condition, respectively or interactively, will negatively affect depressive symptoms of Korean American older adults.	YES	PARTIALLY	Supported
<i>H-2</i> Perceived respect will affect the relationship between acculturation level, SES, and health condition, and depressive symptoms of Korean American older adults, respectively.	YES	NO	Supported
<i>H-3</i> Geographical background will influence the effect of acculturation level, SES, and health condition.	YES	YES	Supported

Unlike H-1 and H-3, H-2 was not supported in quantitative analysis. However, in the analysis of qualitative data, the participants stated that perceived respect played a significant role in their relationship with others and the relationship would influence their lives both directly or indirectly. It has been ruled as being supported after giving weight to the qualitative findings. Further studies should consider perceived respect as an important variable in the diverse research on geriatric depression among Asian immigrants.

Admittedly, a series of quantitative analyses in this dissertation found that perceived health, SES, and geographical background influence depressive symptoms. And qualitative analyses added further details by locations and the depth and the context in which these variables interactively contribute to depression among Korean immigrant older adults.

Discussion of the Findings

This study explored the extent to which geographical environment and SES contributes to depressive symptomology among older Korean American immigrant adults in the Chicago metropolitan area. To answer this inquiry, a multi-method approach was imported to analyze agency-based datasets, self-collected quantitative survey data, and qualitative interview data on older adult Korean Americans in Chicago.

The finding that one out of two participants suffers from mild or severe depressive symptoms is a relatively higher prevalence than anticipated. In particular, eight (8) participants that showed severe depression were asked to see counslors at KACS for treatment. On one hand, the fact that seven of them lived at the subsidized apartment complex in Chicago opens up the possibility of physical circumstances of residency having some effects along with their geographical background. On the other hand, it is uncertain if any physical circumstances or geographical background have a direct relationship to their depressive symptoms because there could be numerous other reasons or factors which might influence their moodst. Although the prevalence rate between 30-60% has been reported in previous studies on Korean American populations, this study showed the rate of 47% which could be regarded asbeing critical. Yet, the participants

hesitated to share their mental health problems due to cultural context during the research. Ironically, however, they expressed the wish that they could have more frequent visits and closer relationships and involvements within family boundaries. Despite these findings, it might be difficult to generalize the higher prevalence rate due to sample size. Their cultural tendency to be quiet about depressive symptoms and the desire for frequent intimacy with family indicate the latent triggers of depressive mood episodes.

The research questions originally started from a curiosity in terms of the relationship between human and environment. That idea has led this study to investigate the association between depression and/or depression related symptoms and the living conditions of older Korean American immigrants, such as SES, acculturation level, and health condition. In this regard, ecological and systemic points of view as well as cultural or traditional views gave rise to the notion to include perceived respect and geographical background in order to get a deeper and more insightful understanding in terms of geriatric depression-related issues of Korean American immigrants.

While there were difficulties in identifying directly depression-associated agenda in terms of perceived respect, meaningful significance regarding geographical background was revealed. Comparing prevalence of depression by GDS presents that there is evident difference by location. When it comes to acculturation level, no matter where they lived, the participants tended to be completely Korean culture-oriented. Although this study did not find a statistically significant relationship between acculturation level and depressive symptoms, a considerable number of studies previously conducted have already found a correlation between them. Therefore, the fact

that participants are mostly Korean culture-oriented may imply possible or potential factors relating to geriatric depressive symptoms. Being Korean culture-oriented suggests that they are less acculturated. Respect is also not significantly related to depressive symptoms, but it has relationships with acculturation and SES. As described earlier, the higher the acculturation level and SESs, the less attention they pay to whether they are respected by others. Unlike acculturation and respect, SES and geographical background have a significant relationship with depressive symptoms.

Whereas the participants from the suburbs stated that their depressive symptoms were based on the level of acculturation and language barriers, the Chicago participants talked more about how much they missed family members. As hypothesized, the suburban participants showed less depressive symptoms, higher SES, and more positive perceptions on their health condition than Chicago participants did. The fact that they revealed dissimilar patterns in both groups suggests that older Korean American immigrants have unique and obvious characteristics in which they consider themselves as self-determining individuals and part of a cooperating group.

Even though Lee et al. (2004) and Gonzalez, Haan, and Hilton (2001) reported that there were significant associations between acculturation level and depression, again, the findings of this study failed to prove it. However, as indicated earlier, the finding that there is a strong relationship between health, SES, and depressive symptoms would be helpful in any future studies of Korean American population.

During the qualitative approaches, it was observed that most of the participants did not freely volunteer information regarding SES or health, but would answer questions

when asked. This could be interpreted that the issues regarding SES and health were so sensitive and personal to them that they avoided speaking up in front of others because they believed that those issues were more significant than any other matters.

Simultaneously, their hesitation might be expressly coming from the lack of adept communication skills. In other words, although they are ready to communicate and discuss issues, if they do not know what to do or how to resolve these issues, it might be too difficult for them to address these problems in front of others. The strongly hierarchical systems of Korean culture, which is based on Confucianism, can effectively explain this aspect of how older Korean American immigrants are dominated by their indigenous culture. In the hierarchical system, communication or discussion about problems or hardships are replaced by orders and obedience between upper and lower classes and those of different ages.

Nevertheless, the issues in respect to either physical or mental health should be carefully but straightforwardly treated because there is a high likelihood that clinical depression can be triggered by long-term illnesses that are common in later life, such as diabetes, stroke, heart disease, cancer, chronic lung disease, Alzheimer's disease, Parkinson's disease, arthritis, and alcohol abuse (Blazer & Hybels, 2005). Therefore, when it comes to the assessment of depressive symptoms as well as major depressive episodes, careful management of both mental and physical health should be cautiously considered to prevent policy makers and practitioners from making any mistakes in their responsible commitments.

In this regard, Korean local churches have been a very useful resource as a

gatekeeper in prevention or treatment Korean immigrant community. There are approximately 220 religious institutions and 53,000 Korean Americans around the Chicago metropolitan area. Ever since the first Korean American church was established in the early 1900s, Korean American religious institutions have played significant roles not only as religious institutions but also ethnic entities to provide diverse services to meet immigrants' needs. In this regard, the older Korean Americans who joined in the study would be described as a religious population because, when it comes to religious activities, about 93% of them stated that they had a religion and made regular visits to those institutions approximately twice a week, mainly for worship. Nevertheless, the traditional function as a social service provider or an educator should not be underestimated.

Identifying interactions among variables was another challenge in this study. When their perceptions about their health and SES were high, the participants were less likely to experience depressive symptoms. SES and perceived health condition were also found to be associated with each other. Especially, in the responses from the suburban participants, this trend was prominently detected. Interestingly, although the level of acculturation or perceived respect, respectively, did not show any significant association with depressive symptoms, acculturation level was analyzed as being negatively associated with respect perception. For the most part, SES was associated with all other variables either positive or negative. This could be interpreted, more or less, that there were close relationships between SES and the participants' overall lives.

Whereas there were no moderating and mediating effects of perceived respect on

depressive symptoms, it has been identified that there was a moderating effect of geographical background on the symptoms. In other words, most of the participants believed that perceived respect was one of the most precious values in Korean culture and tradition. However, there was no significant association with depressive symptoms. The geographical background was associated only with SES as it relates with depressive symptoms. Even though acculturation level was not significantly related with the depressive symptoms, it had a negative influence on respect and SES.

Unlike the results of quantitative data analysis, qualitative data analysis generated important ideas to reduce the prevalent rate of Korean American older adults' depressive symptoms. It was revealed that acculturation could influence the participants' depressive symptoms indirectly through respect and the depressive symptoms could be associated with hope and communication. Most of the relations or associations were strongly affiliated with hope, which were newly recognized due to careful analysis.

The result of GIS analysis confirmed most of the findings from quantitative data analysis and suggested an agenda as to how to develop and utilize community-based resources for local communities. Mainly, the existence of not only social security recipients in the city but also 'the vulnerable suburban older adults (Kim et al., 2012)' gave rise to develop more effective ways based at the community level.

Implications

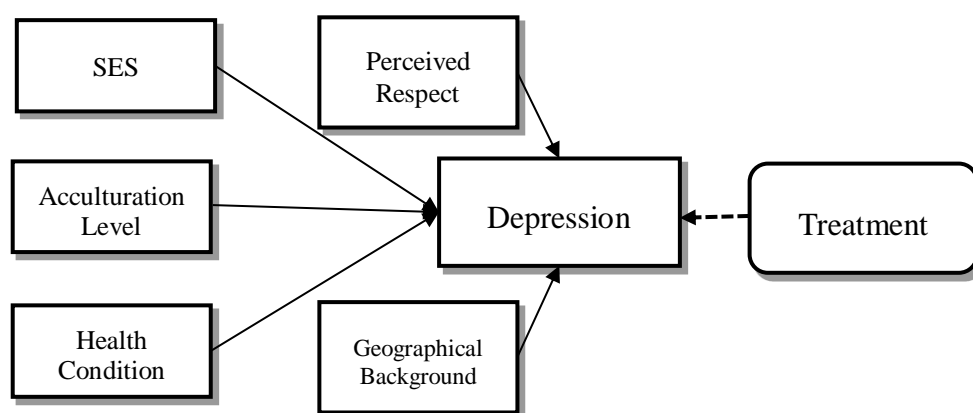
Confirming with the results of GIS analysis, both quantitative and qualitative analysis explain that depressive symptoms are significantly related with perceived health condition, SES, and geographical background. Additionally, the issues of hope and

communication were newly discovered. These findings and their relationships generate three implications based on practice, policy, and research.

Selectivism, empowerment theory, and stress-coping theory will be major frames to assess practices for treating older Korean American immigrants struggling with depressive symptoms. Due to the lack of available and sustainable resources in the process of treatments, selectivism will be an ideal platform to serve and meet specific needs from particular populations. Both empowerment and stress-coping theories will lead practitioners and clients to have sound plans and commitments in the procedures.

Selectivism

Figure 19. Practice and Selectivism

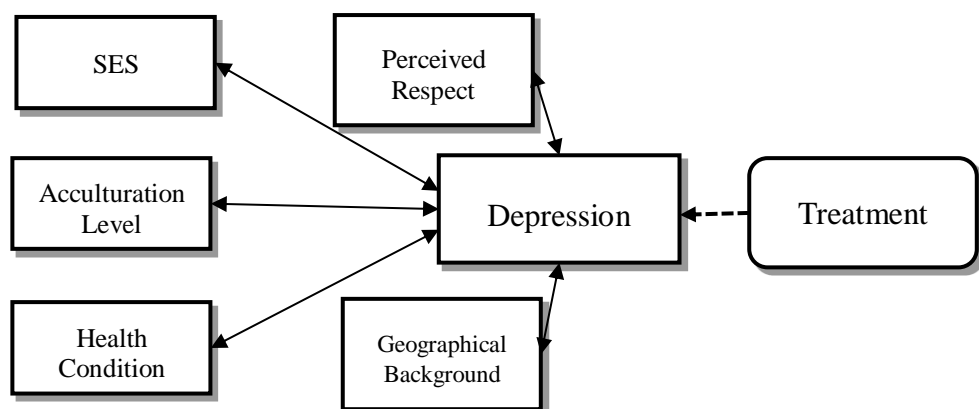


Numerous studies revealed that Asian American immigrant older adults are more vulnerable to depression due to limited resources. Due to this, they underutilize mental health services compared to all other racial/ethnic groups in the U.S. (Kitano, et al, 1997; Lai, 2001; Mui, 2001; Mui & Domanski, 1999; Tsai & Lopez, 1997). The older adults' underutilization, for example, may be strongly related to the cultural convention among Asian immigrant older adult groups as they are not familiar with western-style mental

health intervention or treatments. This is compounded by the known challenges in delivering mental health services to needy individuals in their community which derives from the scarcity of culturally sensitive services, social stigma, and differing cultural interpretations of mental illness (Mui & Shibusawa, 2008). Asian Americans are less likely than white Americans to have their psychiatric distress recognized when accessing health services, even in the cases where there are ethnic and language matches between care givers and clients (Bartels et al., 2002). This pattern then explains the difficulties that Asian immigrant older adult population has in finding proper services or programs they need; Moreover, the theory can prove how SES including geographical environment differently affect Asian immigrant older adults' depression given their source of income, types of residence, places they live, etc. (Figure 19). To reduce the difficulties and to provide support efficiently, more customized services will be designed and delivered upon the needy population's service requests.

Empowerment Theory

Figure 20. Practice and Empowerment Theory



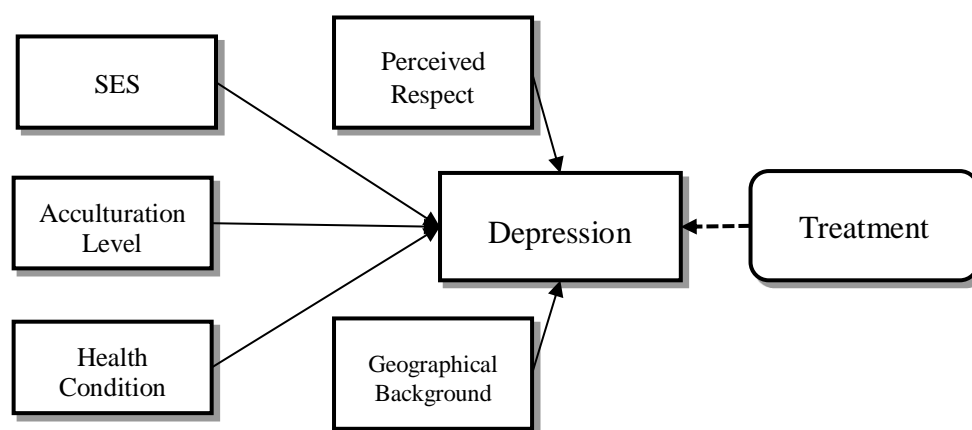
Understanding empowerment theory might help identify why certain marginalized groups of people are unable to cope effectively with stressful situations and they need to be encouraged by any kinds of supports prior to selectivism. There are ample definitions of empowerment (Perkins & Zimmerman, 1995). It is defined simply by a process in which people have control over their lives that is also considered as democratic participation in the life of their community (Rappaport, 1987), and described as a critical understanding of their environment (Zimmerman, Israel, Schulz, Checkoway, 1992). Especially, to empower older adults who need significant treatment, care givers' considerable and insightful understanding about roles or responsibilities are recommended. The service providers should attempt to carefully deliver appropriate services, understanding the empowering impact on the service recipients who receive the given supports (Figure 20)

Stress-coping Theory

Immigrant older populations may be stressed due to a number of limitations in terms of language, finance, culture, health etc. Asian immigrant older population might experience not only a successful outcome but also depressive symptoms coping with the stress. In this research, the relationship between depressive symptoms and the causes were investigated analyzing variables based on notions how and what Asian immigrant older adults make an effort to increase self-efficacy and develop new skills (Gutierrez, 1994). By empowerment, they are able to gain or regain their capacity to communicate with the environment utilizing resources to meet their needs (Hepworth, Rooney, & Larsen, 2002).

When it comes to overcoming stress from depression, classic stress-coping theory (Lazarus & Folkman, 1984) emphasizes the role of coping strategies related to one's appraisal of or response to a life stress or critical event in the manifestation of negative health outcomes (Kim, et al., 2005) . This stress-coping mechanism could be regarded as one of major concepts of ecological understanding (Figure 21).

Figure 21. The Practice and Stress-coping Theory



According to Lazarus and Folkman, coping is a way of changing cognitive and behavioral efforts to manage psychological stress (1984). At the same time, acculturative stress shouldn't be ignored in coping strategies. There is no doubt that helping the older population to become empowered and also preparing them how to cope with challenges in their lives will be significant components in a treatment process.

As Bronfenbrenner and Lewin proposed, there is a very significant association between people and the environment in which they live. Mood swings are major components that are produced when a person needs to adjust to a new world, and struggle

with the conflicts that are generated out of living in two cultures. In this study, older Korean American immigrants' specific lives were highlighted as focusing on one common mental health issue, depression.

The serious findings of this research have been obtained by statistics, experiences, and observations. In this section, those newly discovered figures, narrations, and impressions would be interpreted as solid and robust evidence. There is no doubt that each evidence-based implication will be successfully reflecting the participants' voice, value, and vision and, simultaneously, will be providing us with insight into the world of immigrant lives. Hopely, the following three implications will outline the context of the ideas from this study on the older population's mental health issue.

Practice Implication

Strong contexts from respect and self-determination

The Korean American community can be broken down into three generational categories (Song & Lee Sohng, 2004). The first is the "il-se" (first generation), composed of those who came to the United States as adults. The second is the "il-jom-o-se" (the one-and-a-half generation, born in Korea but raised in the United States), and the third is the "ee-se" (the American-born second generation). The "il-se", the target population of the research, speaks Korean and tends to think and behave like Koreans. This first generation of Korean immigrants already has a strong, positive Korean identity, because their own upbringing was in Korea, where they were part of an established culture. They have the courage and self-esteem necessary to venture into new territory despite their cultural and linguistic disadvantages. In this study, the participants who are the first

generation tended to show more Korean culture-oriented acculturation level, Confucianism-based internalizing logics, and respect-centered behaviors when describing themselves. Therefore, it is very critical cultural contexts for older Korean Americans that a man must always make a final decision and the old deserve to be respected by the young at any situations. Although most of strong and traditional Confucianism-based aspects have diminished, the first generation of Korean American immigrants still depend on it when they encounter the stimulations from outside.

Therefore, it is very critical tasks for service providing professionals to show older Korean American immigrants more respect and encourage them to make a decision by themselves in their practice. In this regard, it should be evident to prove the effectiveness of respect for further application in treating Korean American older adults.

Impact of religion

Not to mention about the histories of the Charity Organization Society and the Settlement House, religion has been played significant roles in social work practice. Therefore, it was not surprising that the participants' statements about their religious lives evidently proved the positive relationship between them. Due to the close, deep, and strong association, older Korean American immigrants could be empowered against difficulties out of their daily lives. Over the last decades, numerous studies already highlighted that people who suffering from mental or physical illness experienced positive effects of religion in coping their problems (Nelson-Becker, 2005). In the study, Nelson-Becker (2005) pointed out the multiple-dimensional roles reflecting older population's religious lives, such as family roles, community roles, service provider roles,

and social work roles. Out of them, community roles and social work roles could lead the result of this study to more effective practices.

There are approximately 200 Korean religious institutions in Chicago and suburban areas (Korean yellow pages, 2012). To achieve a goal to support older Korean American population considering the community and social work roles, those scattered religious institutions might be very useful as both vehicles for service delivery and community-based service providers. As the participants stated about the positive functions of religious activities, numerous studies previously conducted also described the efficacy of religion-related approaches over physical and mental health illnesses (Albaugh, 2003; Chow & Nelson-Becker, 2010; Heo & Koeske, 2010; Pickard & Nelson-Becker, 2011; Propst, Ostrom, Watkins, Dean, & Mashburn, 1992).

Communication to prevent social isolation

Importing qualitative method in this study gives a rise to understanding why establishing theories on an inductive basis is so important in learning social science (Rubin & Bobbie, 2005). Through the grounded theory method, new and latent variables or needs were discovered in this study; the necessity of communication and hope. Out of both, communication could be evaluated as an effective tools or vehicles to make conversations occur and continue. Highlighting the importance of narrative study, Spira and Wall also described how the narratives should be identified and utilized in studies for diverse population with case examples (2009). In their study, the characteristics of the participants' narrations seems to be interpreted in respect of the mixture of both narratives because the biggest reason they want more communication with family members, friends,

or someone else was coming from familism within their cultural context and being produced by their understandings about family dynamics. Additionally, Spira underscored the benefit from molding narrative coherence in a multi-generational family in the light of supporting older adults (2004).

In their narrations, most of the participants also expressed that they felt loneliness a great deal of the time, whether they had depressive symptoms or not, and that more communication or conversations were required to avoid the feeling which might make them consider themselves as being isolated or disconnected from the world. Especially, when it comes to older population's feeling, social isolation is definitely associated with critical health conditions, such as depression, dementia, substance abuse, elderly abuse (McInnis-Dittrich, 2005), losing social roles, and mobility (Biordi & Nicholson, 2008).

More than half of the participants did not have a car and identified themselves as being depressed and in need of more communication or conversation. Even though the associations among them were not major components of this study, their influence should be carefully researched and identified as significant factors which contribute to geriatric depression.

Policy Implication

Sustainable mental healthcare management

There is the general agreement in the United States that older people deserve publicly supported care (Dinitto, 2000). The tripling of the proportion of the older population during this century has meant the need for greater planning and more services

to ensure that they receive proper treatment. The largest social welfare programs in the United States are Social Security and Medicare (Dinitto, 2000). The vast majority of recipients of these programs are the older population. Because of rising medical costs and the development of new procedures over the past 40 years, the cost has become a major policy problem. The average annual expenditure for healthcare for a person over 75 years old is almost three times more than for a person 25 to 34 years old (U.S Census Bureau, 2007).

The number of the old living in poverty or low income has been declining in recent decades (Karger & Stoesz, 2010). However, poverty rates differ by age and gender in the older population. According to Karger and Stoesz's research, older women (12 %) were more likely than older man (7 %) to live in poverty in 2006. Also, those aged 65 to 74 had a poverty rate of 9 %, compared with 10 % of those aged 75 and over. Race and ethnicity are also related to poverty in the older population. As such policymakers must calculate the impact of the increasing numbers of older citizens in determining the future funding needs of health and income based social programs.

The U. S. healthcare system is driven by ideological and fiscal concerns (Karger, Midgley & Brown, 2003). Primary among these is whether access to healthcare should be a right or a privilege. Conservatives, for example, generally believe that health is not a right but a privilege that citizens must earn through past or present labor-force participation. Despite differing orientations, most astute commentators agree that U.S. healthcare is in crisis and that changes are necessary. Social workers are called upon to develop and advocate policies that reflect the values of their profession (NASW, 2000).

Through the Delegate Assembly of the National Association of Social Workers, the profession has adopted an official position on the need for a national healthcare policy: “NASW supports a national healthcare policy that ensures the right to universal access to a continuum of health and mental healthcare....NASW supports efforts to enlarge healthcare coverage to uninsured and underinsured people until universal health and mental health coverage is achieved” (NASW, 2000, p.152).

In this regard, the interests in mental health, especially for the older immigrant population, should be underscored. The perceptions of the relationship between physical health and mental health have been changed widely; they are complex, reciprocal, and multi-dimensional (WHO, 2003). An older immigrant population with mental health issues is more likely to have an increased risk of suffering from physical illness because of a malfunctioning of immune system, lack of interest in treatment, or barriers to being treated appropriately, i.e., language difficulties or vocational issues (WHO, 2003). As long as there is passion among those who agree that the older population should not be treated unfairly and that their income and health conditions deserve to be protected, a well-organized and sustainable mental healthcare system can be designed and managed to prevent them from being marginalized, fragmented, or excluded from society.

Selectivism-based collaboration between public and private

Older adult immigrant populations live in very diverse circumstances and the number of this population is increasing (Paral & Norkewicz, 2003). Discussion regarding providing appropriately customized and tailored services could raise the issue of equity. In terms of ideologically dealing with older adult depression, selectivism can be

considered for higher efficiency: this approach delivers subsidies to individuals rather than through institutions until the budget permits and social policy focuses on people or populations with specific necessities in the social, economic or political orders (Titmuss, 1974). Like Titmuss asserted, a series of treatments for depression can be provided residually and selectively to maximize their efficiency. Even though selectivism might put more weight on individuals' responsibilities, there is an advantage to delivering the correct services to the right people in need. Additionally, suburbanization of immigrant populations might bring unexpected and unbalanced situations. For example, on one hand, a new life in the suburban areas might urge them to try for better economic status because suburban communities might not have accumulated acknowledgement or experience in dealing with immigrant populations especially older immigrant groups. On the other hand, the suburban environment might provide the new comers with more opportunities or resources in which to enhance their living (Lewis & Paral, 2002). This discrepancy might result in generating more various needs in terms of their overall individual achievements than before. From a perspective of the liberal regime, it is relevant that they need to pursue a more efficient way to meet diverse needs from populations with multiple backgrounds. The more needs service recipients produce, the less options policy makers can provide because possible resources always encounter unavoidable limitations in supporting a needy population. To reduce the possibility of leaving vulnerable people behind due to the lack of sufficient resources, it could be a highly encouraged option to collaborate proportionably with both parties, public and private similar to how Long-term care insurance currently does. According to Marks, Flannery, and Spillane (2001), long-

term care insurance programs have been trying to enhance efficiency of their programs and to reduce the financial burden by way of a partnership with private sectors. As a result, the types of service provisions tend to be more deinstitutionalized, decentralized, and more community-based than before. By following this benchmark, policy makers would be led to insue a more ideal and appropriate direction.

Deinstitutionalization, decentralization, and community-based approach to meet multiple local needs

As the results and findings of this study indicate, older Korean American population's depression-related mood swings have been influenced by not only SES and health conditions but also the relationships with others and acculturation at diverse degrees. Most of them live on SSI (Supplemental Security Income), are supported by either Medicare or Medicaid, and benefit from Food Stapms in order to maintain their minimum income and sound health. If welfare policies considered of solely cash benefits, governments would not necessarily need to spend such a vast effort and so much time for better policies or services. Older immigrant populations, unfortunately, have more complicated, carefully treated, and culture-related needs in terms of their mental healthcare as well as physical healthcare. As Bar (2001) described, in the context, the "Piggy Bank" function, a mechanism for smoothing benefits over the life cycle, could have been more effective than the "Robin Hood" function which is simply representing redistribution from rich to poor in identifying social policy. Social policies should be geared up with wider resources to meet diverse needs from welfare recipients under harsh limits.

Another rationale for treating the older population's mental health issues is that mentally- ill persons who are in need of appropriate services probably have different SES backgrounds. In other words, the policy makers should focus on not vertical distribution between people with different incomes but similar medical needs but horizontal redistribution between people with similar incomes but different medical needs (Sefton, 2008). As proved in the findings of this study, for example, although they are all Koreans, the Chicago participants and suburban participants showed different patterns of needs in respect of their psychosocial matters. Through decentralization and community-based approaches, local governments will promote individuals' role in the service scheme, provide services for people suffering from mental health problems, and place equal importance on programs in effective, proactive, and inclusive strategies.

Research Implicaiton

Mixed method typology

Off setting the weaknesses of both quantitative and qualitative methodologies, mixed-method approach has gained its popularity in the field. It has been estimated that quantitative research method is less likely to understand the context or setting in which people talk while qualitative is weak in prevent interference of personal interpretation from ideal result analysis processes (Cresswell & Clark, 2011). This study also intended to pursuit the advantages from applying a mixed methodological design and triargulation. It is true that taking multiple different methods in a study really helpful to reduce any possible and anticipated harms or risks. However, it needs more time and resource_ consumption. Needless to say more bundles of paper were needed for manuals for each

method, there were serious delays in moving forward. From IRB approval to the process of translation and back-translation, the invested amount of hours becomes more than triple compared with the original plans. Therefore, it is the most important factor for researchers who are going to import mixed methodology in their research studies to set an effective and robust plan in terms of utilizing and controlling time.

New technology in research typology

Although online surveys have been criticized as producing negative and problematic issues in terms of accessibility, the skewing of samples, and some technical issues, the method should be welcomed and encouraged in diverse research studies focusing on its strong and prominent advantages (Monnette, Sullivan, & Dejong, 2008). Implying multiple research methods with more variables in a research study than before is currently a trendy situation. Conducting investigations based on that type of research foundation requires more time, money, and effort. The disadvantages of mixed-method application as described above would be one of examples.

Fortunately, there is an alternative way to possibly reduce the disadvantages. As long as the online surveys could be adopted and well maintained for studies which do not consider probability samples as critical, the online surveys will be a practical choice to save researchers' time and money. A challenge might be given to design a research model which includes online surveys from researchers who are skeptical about it. Nevertheless, all possibilities should be tested and verified if was even a slim chance to make progress in an effective research study.

Physical investigation over geographic evidence

As the last piece of the research methods, GIS was introduced and applied in this study. One of main purposes of GIS application is to identify associations between people and environment. For this research, GIS has contributed by helping figure out how closely the variables, such as depressive symptoms, SES, acculturation level, and health conditions are related to each other based on the analysis of the participants' geographical backgrounds. The ultimate goal of this study is, as indicated in Figure 2, to provide a relevant service prototype to treat geriatric depression from the findings and results. To meet this goal, researchers put the highest priority on distinguishing the available resources and other infrastructure in the community as critical steps in the processes. In addition, it is the researcher's opinion that, if possible, an on-site visit to the area in which the study is concentrated would greatly enhance the analysis in terms of GIS. The researcher would be able to get a greater feel for the participants environment and their mobility in that environment. This is really only possible as long as research studies are conducted locally rather than nationally. Additionally, the observations from the visits could be utilized as a significant method of qualitative data collection.

Limitation

This study focused on the relationships between SES, acculturation level and health condition, and depressive symptoms of older Korean American immigrants living around Chicago metropolitan area. Additionally, their perceived respect and geographic residence were also investigated together. The research has been conducted at two different locations in Chicago and Prospect Heights for better accessibility of the research. During the time all of the components of this study were processed step by step, on one

hand, the goals of the research have been met and the significance of this study gained, too. On the other hand, a group of limitations were also detected and brought up the issues of generalizability. In this chapter, several issues out of those limitations will be presented in order to share the concerns and enhance the quality of further studies focusing on the similar topics.

Sample size

Originally, about 200 individuals were collected and surveyed from both KACS offices. 200 samples were relatively a enough sampe size to generalize the results of study. However, after data cleaning and controlling missing data, only 121 cases left. One of main reasons is poor survey conducting. Due to the limit of time allowanced at the apartment complex, the survey with the Chicago participants were not processed as planned; it was impossible to explain every question in the survey because they complained about the number of questions. The survey consisted of 135 questions. Another reason is low response or return rate. It happened at the saterlite office at which more participants decided to do the survey at their home than the Chicago participants. A week was given for returning as planned, but their returnins rate was as low as less than 50%. Although the study was processed and generated significant results with the returned 121 samples, it will be difficult to ensure and generalize the immature results considerably.

Homogeneous background of the participants

Unlike the suburban participants who live relatively scattered over the areas, most of the Chicago participants live in the same apartment complex which means they share

not only demographic background but also sociocultural circumstances. It have been found that a significant association between SES and health conditions, and depressive symptoms. The fact that most of the Chicago participants depend on SSI and Midecaid living in the same apartment building might limit the scope of the association or provide a possibility to hardly generalize the result to the entire population.

Lack of prior research studies on the topic

It is obviously good news for a researcher to have few studies previously conducted because it might imply an important opportunity to describe the need for further study. However, due to the lack of prior studies, this research study failed to have a solid foundation for understanding problems proposed and to form the basis of literature review. Relatively, there are plenty of studies about gerontological depression and Asian population focused research studies in the field while there are few depression related studies about specifically older Korean American population in the Midwestern area. This trend resulted in producing entirely new research typology for this study which consumed more time and paper works than anticipated.

Potential bias in inpterpretation

Due to the unique characteristics of sample population and the nature of this research, this study was expected conducted bilingual, English ans Korean. The target population is older Korean American population in Chicago and its suburban areas and this study related researchers and volunteers consist of the first generation Korean American who is the researcher, one point five generation Korean Americans who volunteered as interptetors, and an experienced ESL teacher who is American. This group

of people have worked together to get this study completed in many ways from interpreting to proof reading over one goal. In this regard, it is not difficult to expect there must be a kind of bias or risks regarding translation or interpretation of significant contexts. For example, there was an argument about how to interpret the concept of “respect” during the data collection and analysis because each group of participants would have different definitions of respect including the older Korean American participants. To make matters worse, due to the lack of ample evidence previously established about the concept of respect, it was more difficult than expected to conduct this research containing sensitive cultural contexts. In conclusion, it is very highly recommended that any researchers who are planning to study over a topic involving any sensitive issues, such as cultural contexts to be interpreted, should be very careful in delivering a specifically fine cultural meanings.

Relevance for Social Work and Recommendations

The result of this study reports that the moderating influence of geographical background is more significant than the influence of perceived respect regarding the relationships between acculturation level, health condition, SES, and depressive symptoms.

The variance of geographical background of the research participants resulted in discrete dissimilarities in that the suburban participants considered acculturation level and language skills to be critical components triggering their depressive symptoms, whereas the Chicago participants tended to believe that the lack of family bond might be a reason for their depressive symptoms. Based on the analysis of the geographical background, it

is relevant for service providers to design and utilize multiple strategy plans by various tendencies and needs of service receivers. For example, to meet suburban participants' service needs about preventing depressive symptoms, the practitioners might be able to import educational and individual counseling methods based on a psychotherapeutic approach to enhance the participants' acculturation level and language skills (Barlam & Soares, 1997). When it comes to preventing the Chicago participants from experiencing depressive symptoms, the practitioners might apply an intergenerational approach involving the family's history as well as current gathering to avoid their feelings of isolation and loss.

Although perceived respect was not as strong of an influence as expected in this research model, constructing the concept of respect, a significant part of their own culture, was just as important as investigating the extent to which geographical background was influential. Defining a culture is one of challenges for researchers to accomplish in every study. Cultural contexts have all different positions, angles, and colors in social science. Nevertheless, the researchers must always try to define the culture which is associated with the topic of the study in various ways i.e., objectively, evidently, and relevantly.

In this study, there have been difficulties in how to define unique Korean culture-related terms and concepts, such as respect, communication, religion, and depression. Additionally, another consideration that came to be discussed was that most of the samples were older Korean American immigrants. They were born and had grown up in Korea then immigrated in their 20s or later. Most of them were familiar with American culture because they have lived in the States for more than 20 years. Due to this reason, it

was more difficult than anticipated to define their culture, which was a mixture of Korean, American, in some cases German, even Japanese, and so on.

To reduce all of the possibilities in terms of misdefining the complicated cultural contexts, forming a definition of their culture after a substantial amount of pre-conversations with research participants prior to the beginning of the research is highly recommended for further research studies. It is extremely difficult to have a conversation or discussion with the research participants due to limited time and opportunities. Regardless if the conversations are by phone, one-on-one interviews or group discussions, the important thing is to have a conversation with the participants in order to obtain a definition of the cultural context. With this process, pre-discussion for defining a culture, a researcher would prevent the study from generating any potential misunderstandings regarding cultural contexts.

Additionally, it is strongly recommended to discuss an ideal number of samples in a mixed method design. In this study, 121 participants were surveyed in the first phase, then 20 were asked to join a focus group and in-depth interview. In respect to regression analysis, the number of 121 was not a large enough figure to produce generalizable results. Two different focus groups and four different individual in-depth interviews were also an insufficient numbers of activities, relatively. However, as a whole, the overall size of study was not too small to conduct a mixed method typology. Each questionnaire had 135 questions and 38 question-related probes were prepared for the focus group discussions. Collecting both quantitative and qualitative data, in addition to analyzing the data was an extremely large project for one individual to perform in a limited period. Of

course, the decisions regarding a research project were made by the researcher. The researcher must take all the responsibility during the research project. However, more and more researchers will try to conduct their studies with mixed-method typology because it has numerous advantages of bringing ideal results for generalization. For those prospective researchers who might import the mixed-method in their studies, a certain number of samples might be studied and researched with accumulated evidence for the future.

Although Onwuegbuzie and Collins (2007) already indicated appropriate numbers of samples by the types of research design/methods, the number seems to represent ideal numbers for individual research method; there are no clues about mixed-method related figures at all. Again, to expect and promote better mixed-method types of research studies, it is necessary for researchers to accumulate more academic results retaining high reliability and validity based on evidence in their further studies.

Lastly, more cooperation among social service institutions or agencies at a local level is highly encouraged. This issue might have a direct association with an agenda regarding the size of the research study. There are numerous social service agencies for the Korean population in the Chicago metropolitan area. Major institutions, such as KACS or Hanul Alliance provide a relatively wider scope of services and programs, while minor agencies only have the ability to provide limited service. These agencies have been serving the Korean American population over the past two or three decades funded from private as well as public sources. Regardless of the sizes or scopes of their activities, those agencies have kept information that would be invaluable for research

studies. Nonetheless, it is very difficult for researchers to obtain this precious data and conduct their research studies as planned. It is highly encouraged and recommended that most data should be made available for external research studies except the extremely confidential data. If further studies could benefit the recipients, the results and generalizability would be highly evaluated. This expanding the number of institutions that could provide data would help to solve the problems in terms of size of study. We have to keep in mind that our ultimate goal is to help vulnerable populations regardless of their age, race, or gender.

CHAPTER SIX

CONCLUSION

This research study is to investigate the relationships among critical factors, such as acculturation level, SES, health condition, respect, geographical conditions, and geriatric depressive symptoms of older Korean American immigrants in Chicago and its suburban areas. Interesting researchable issues have been revealed by numerous studies previously conducted in terms of Asian American immigrants as well as Korean American immigrants with depressive symptoms (Gallo & Lebowitz, 1999; Hovey, 2000; Husaini et al., 1991; Krause, 2004; Mui & Kang, 2006). Those issues include the associations between depressive symptoms and their immigrant related lives in the United States.

According to the analysis of quantitative, qualitative, and GIS data from 121 samples, it was discovered that the participants' perceived health, SES, and geographical background heavily contribute to the depressive symptoms of Korean American older adults. In the analysis of quantitative data, it is revealed that those with the better condition of perceived health and higher SES in the suburban areas are more likely to be less depressed. Whereas perceived respect hardly moderates or mediates in the relationships, the participants' geographical background significantly moderates the relationships between acculturation level, health condition, SES, and depressive symptoms in this study. The evidence discovered by qualitative analysis indicates that

Korean American older adults in the Chicago metropolitan areas are more likely to be less depressed when they have enough communication. At the same time, they state that 'hope' is another significant factor which can reduce any possibility of being depressed.

As hypothesized, Korean American older adults in the suburbs might have different tendencies or preferences in dealing with depressive symptoms than those in the city of Chicago. For example, the suburban residents' acculturation level and perceived health are more significant factors in understanding their depressive symptoms than anything else while the urban dwellers considered a strong intergenerational connection as the most valuable entity to keep themselves from geriatric depression.

Therefore, practitioners should attempt to provide "appropriate treatment" to each individual who experiences troubles coping with depression or depressive symptoms. To provide the treatment successfully, the practitioners need to consider how self-determination, and religion influence the Korean American older population's lives. Simultaneously, it is also highly recommended that the practitioners must understand how they will not only identify and apply perceived respect but also provide the definition of hope for the older population, and the need for communication in the process of service delivery.

APPENDIX A
INFORMED CONSENTS – SURVEY (ENGLISH)

Project Title: Depression in Korean American older adults: The effects of acculturation, health, socioeconomic status, perceived respect

Researcher(s): Kyungsoo Sim

Faculty Sponsor: Dr. Philip Y. P. Hong

Introduction:

You are being asked to take part in a research study being conducted by Kyungsoo Sim for a dissertation under the supervision of Dr. Philip Y. P. Hong in the School of Social Work at Loyola University of Chicago.

You are being asked to participate because you are a Korean American living in Chicago metropolitan areas.

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Purpose:

The purpose of this study is exploring the extent to which geographical environment, socio-economic status (SES), and a culture contribute to depressive symptomology among Korean American immigrant older adults in Chicago metropolitan area and its suburban areas.

Procedures:

If you agree to be in the study, you will be asked to participate in a cross-sectional survey. In this survey, you will be asked to respond to the questions in terms of your acculturation level, SES, health condition, respect, and the feelings of sadness by checking 120-item questionnaire. The questionnaire will be distributed at KACS (Korean American Community Services) offices with careful instructions. One week will be given to finish and return it. The survey will continue until the total number of participants scoring reaches at about 200.

You may also be asked to participate in focus groups and in-depth interviews after this survey for further study.

Risks/Benefits:

Risks

As a participant in this research, you might experience a stressful situation from recalling emotionally traumatic or distressing current or past events.

During the focus group and in-depth interview sessions, the participants might be embarrassed or frustrated at revealing and sharing their private stories or events.

Benefits

You can receive a depression screening test at no cost as participate in the study.

You can have opportunities to learn more about elderly depression and depression related symptoms.

There are no direct benefits to participants from participating in this research.

Confidentiality:

Information about you will be coded by three digit numbers (CH-001~CH-100 / PH-001~PH-100). Your name will not appear on the questionnaire. The information gathered will be accessible only by the researcher and it will be kept in a locked facility at KACS. You will not be identified by name in any publications that result from this research. All information from this study will be destroyed in 1 year after this study ends.

Voluntary Participation: *Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty. Your decision to participate or not will have no effect on the current relationship with the services you are currently receiving.*

Contacts and Questions:

If you have questions about this research study, please feel free to contact Kyungsoo Sim at 817)689-2715 or kyungsoos@gmail.com or the faculty sponsor Dr. Philip Y. P. Hong at 312)915-7447 or phong@luc.edu.

If you have questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at (773) 508-2689.

Statement of Consent: *Your signature below indicates that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this research study. You will be given a copy of this form to keep for your records.*

Participant's Signature

Date

Researcher's Signature

Date

APPENDIX B
INFORMED CONSENTS – SURVEY (KOREAN)

프로젝트 명: 문화 동화 정도, 건강 상태, 사회경제적 상황, 그리고 존경심 인식 정도를 중심으로 본 한인 연장자 우울증 연구

연구자: 심 경수 박사과정

지도교수: 홍 영표 박사

소개:

이 동의서는 시카고 로올라 대학교 사회복지학과 홍 영표 교수의 지도로 진행되고 있는 박사과정 심 경수의 박사학위 논문을 위한 연구 참여의사를 귀하께 확인하기 위한 것입니다.

귀하께서는 시카고 메트로폴리탄 지역에 살고 계시는 거주자의 신분으로 연구에 참여하시는 것입니다. 연구 참여를 결정하시기 전에, 이 동의서를 주의 깊게 잘 읽어 보시고, 궁금한 점을 먼저 확인 하시기 바랍니다.

연구 목적:

본 연구의 목적은 시카고와 그 교외(서버브) 지역에 거주하시는 한인 연장자들의 우울증(상)이 지리적인 조건이나 사회경제적인 환경으로부터 얼마나 많은 영향을 받는지를 탐구하는 것입니다.

연구 절차:

연구 참여가 결정되었다면, 귀하께서는 단면적 설문조사 과정에 참여하시게 될 것입니다.

귀하는 문화동화 정도, 사회경제적 수준, 건강 상태, 존경심과 슬픔/슬픈 감정과의 관계에 대한 총 135항목의 설문지에 답하시게 될 것입니다.

설문지는 한인사회복지회에서 자세한 설명과 함께 배부되고 일 주일 후에 반납하시면 됩니다. 이 설문은 전체 조사 참여자가 약 100~200명이 될 때까지 지속될 것입니다.

귀하는 또한 다음 단계의 연구를 위해 포커스 그룹이나 심층인터뷰에의 참여를 요구 받으실 수도 있습니다.

연구참여의 장점과 단점:

단점

- 연구 참여자로서, 귀하께서는 연구의 특성상, 현재 혹은 지난 과거에 경험했던 감정적으로 불편한 기억을 떠올림으로써 감정 혹은 정신적인

스트레스를 경험할 수도 있습니다.

- 포커스 그룹과 심층면담 중에 개인적인 이야기나 일 등을 노출하고 나눔으로써 창피하거나 당황스런 느낌을 가질 수도 있습니다.

장점

- 우울증 선별 검사를 무료로 받으실 수 있습니다.
- 연구에 참여하심으로써 노인성 우울증(상)에 대한 보다 많은 지식을 접하실 수 있는 기회를 제공받게 됩니다.
- 본 연구에 참여함으로써 얻게 되는 직접적인 이익(우울증 검사 결과에 따른 추후 상담 등)은 없습니다.

비밀보장: 수집된 정보들은 각각 세자리 숫자(CH-001~CH-100/PH-001~PH-100)로 코드화됩니다. 따라서 귀하의 이름은 절대 설문지에 나타나지 않습니다. 수집된 정보들은 연구자만이 접근할 수 있고 한인사회복지회의 안전한 장소에 보관될 것입니다. 이 연구조사의 결과에 따라 만들어지는 연구논문들에서 귀하의 신분은 절대 드러나지 않을 것입니다. 이 연구조사에서 얻어지는 모든 정보는 이 연구가 종료되는 시점에서 1년 후에 소멸됩니다.

자발적 참여: 이 연구에 참여하시는 것은 자발적이어야 합니다. 만약 본인이 원치 않으신다면, 참여하지 않으실 수 있습니다. 참여를 결정했다 하더라도, 질문에 대답하지 않을 수도, 그리고 또한 언제든지 참여를 거부할 수 있습니다. 물론 그에 따른 어떠한 처벌도 없습니다. 귀하의 참여 여부에 대한 결정은 현재 제공받으시는 어떠한 서비스에도 영향을 미치지 않습니다.

연락처: 본 연구조사에 궁금한 점이 있으시다면, 심경수[(817) 689-2715 혹은 이메일: kyungsoos@gmail.com] 또는 지도교수 홍영표 박사[(312) 915-7447 혹은 이메일: phong@luc.edu]에게로 연락 주시기 바랍니다.

또한 연구 참여자로서의 권리에 대한 질문사항이 있으시다면, 로올라 대학교 리서치 서비스 사무실 [(773) 508-2689]로 연락하시기 바랍니다.

동의서: 아래 귀하의 서명은 귀하께서 위에 설명된 정보를 다 읽으셨고, 그에 따른 질문을 위한 기회가 있었으며, 이 연구조사에 참여함을 의미합니다. 귀하의 기록을 위해 이 동의서 사본이 제공됩니다.

참가자 서명

날짜

연구조사자 서명

날짜

APPENDIX C
INFORMED CONSENTS – FOCUS GROUP (ENGLISH)

Project Title: Depression in Korean American older adults: The effects of acculturation, health, socioeconomic status, perceived respect

Researcher(s): Kyungsoo Sim

Faculty Sponsor: Dr. Philip Y. P. Hong

Introduction:

You are being asked to take part in a research study being conducted by Kyungsoo Sim for a dissertation under the supervision of Dr. Philip Y. P. Hong in the School of Social Work at Loyola University of Chicago.

You are being asked to participate because you are representing one of three groups labeled as normal, mild, and severe feelings of sadness based on the analysis of the survey conducted at the first phase.

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Purpose:

The purpose of this study is exploring the extent to which geographical environment, socio-economic status (SES), and a culture contribute to depressive symptomology among Korean American immigrant older adults in Chicago metropolitan area and its suburban areas.

Procedures:

If you agree to be in the study, you will be asked to participate in a focus group. The session will be facilitated to discuss and share experiences, thoughts, or feelings of sadness based on the relationships with acculturation, SES, health, and perceived respect. Focus group activities will be audio recorded using digital media. It will take less than an hour.

Risks/Benefits:

Risks

As a participant in this research, you might experience a stressful situation from recalling emotionally traumatic or distressing current or past events.

During focus group sessions, you might be embarrassed or frustrated at revealing and sharing your private stories or events.

Benefits

You can receive a depression screening test at no cost as participate in the study.

You can have opportunities to learn more about elderly depression and depression related symptoms.

There are no direct benefits to participants from participating in this research.

Confidentiality:

In this focus group, you will be asked to discuss about critical issues in terms of elderly depression, i.e., stress, lost and gain and anxiety so on. All of the activities and narrations will be noted, audio recorded, and transcribed using digital media. Your name will not be identified or revealed in any piece of information recorded or transcribed. The information gathered will be accessible only by the PI and it will be kept in a locked facility at KACS. You will not be identified by name in any publications that result from this research. The PI cannot control what other participants will keep confidential. All information from this study will be destroyed in 1 year after this study ends.

Voluntary Participation: *Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty. Your decision to participate or not will have no effect on the current relationship with the services you are currently receiving.*

Contacts and Questions:

If you have questions about this research study, please feel free to contact Kyungsoo Sim at 817)689-2715 or kyungsoos@gmail.com or the faculty sponsor Dr. Philip Y. P. Hong at 312)915-7447 or phong@luc.edu.

If you have questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at (773) 508-2689.

Statement of Consent: *Your signature below indicates that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this research study. You will be given a copy of this form to keep for your records.*

Participant's Signature

Date

Researcher's Signature

Date

APPENDIX D

INFORMED CONSENTS – FOCUS GROUP (KOREAN)

프로젝트 명: 문화 동화 정도, 건강 상태, 사회경제적 상황, 그리고 존경심 인식 정도를 중심으로 본 한인 연장자 우울증 연구

연구자: 심 경수 박사과정

지도교수: 홍 영표 박사

소개:

이 동의서는 시카고 로올라 대학교 사회복지학과 홍 영표 교수의 지도로 진행되고 있는 박사과정 심 경수의 박사학위 논문을 위한 연구 참여의사를 귀하께 확인하기 위한 것입니다. 이번 연구에서 첫 번째로 이루어진 설문조사 결과에서 귀하의 응답이 슬픈 감정의 정도를 각기 다르게 느끼는 세 그룹(상, 중, 하) 중 한 그룹에 해당하셨기 때문에 이번 연구 조사의 2단계인 포커스 그룹 참여를 권고 받으셨습니다. 참여를 결정하시기 전에, 이 동의서를 주의 깊게 잘 읽어 보시고, 궁금한 점을 먼저 확인 하시기 바랍니다.

연구 목적:

본 연구의 목적은 시카고와 그 교외(서버브) 지역에 거주하시는 한인 연장자들의 우울증(상)이 지리적인 조건이나 사회경제적인 환경으로부터 얼마나 많은 영향을 받는지를 탐구하는 것입니다.

연구 절차:

연구 참여가 결정되었다면, 귀하께서는 포커스 그룹에 참여하시게 될 것입니다. 만약 귀하께서 전 단계의 설문 중 GDS점수가 10점 혹은 그 이상으로 진단되었다면 시카고와 프로스펙트 하이츠에 위치한 한인사회복지회에서 실시 예정인 포커스 그룹에의 참여를 권유 받으실 것입니다. 포커스 그룹에서는 문화동화 정도, 사회경제적 상황, 건강 상태, 그리고 존경심 등과 관련된 슬픈 감정/느낌에 얽힌 경험, 생각, 또는 느낌들에 대해서 얘기하고 나누게 될 것입니다. 포커스 그룹에서의 대화 내용은 디지털 레코더에 녹음이 될 것입니다. 이 그룹활동은 한 시간을 넘지 않도록 진행될 것입니다.

연구참여의 장점과 단점:

단점

- 연구 참여자로서, 귀하께서는 연구의 특성상, 현재 혹은 지난 과거에 경험했던 감정적으로 불편한 기억을 떠올림으로써 감정 혹은 정신적인 스트레스를 경험할 수도 있습니다.
- 포커스 그룹과 심층면담 중에 개인적인 이야기나 일 등을 노출하고

나눔으로써 창피하거나 당황스런 느낌을 가질 수도 있습니다.

•

장점

- 우울증 선별 검사를 무료로 받으실 수 있습니다.
- 연구에 참여하심으로써 노인성 우울증(상)에 대한 보다 많은 지식을 접하실 수 있는 기회를 제공받게 됩니다.
- 본 연구에 참여함으로써 얻게 되는 직접적인 이익(우울증 검사 결과에 따른 추후 상담 등)은 없습니다.

비밀보장: 수집된 정보들은 각각 세자리 숫자(CH-001~CH-100/PH-001~PH-100)로 코드화됩니다. 따라서 귀하의 이름은 절대 설문지에 나타나지 않습니다. 수집된 정보들은 연구자만이 접근할 수 있고 한인사회복지회의 안전한 장소에 보관될 것입니다. 이 연구조사의 결과에 따라 만들어지는 연구논문들에서 귀하의 신분은 절대 드러나지 않을 것입니다. 그룹 내의 다른 참여자들의 비밀 보장 여부는 연구자가 통제할 수 없습니다. 이 연구조사에서 얻어지는 모든 정보는 이 연구가 종료되는 시점에서 1년 안에 소멸됩니다.

자발적 참여: 이 연구에 참여하시는 것은 자발적이어야 합니다. 만약 본인이 원치 않으신다면, 참여하시지 않으실 수 있습니다. 참여를 결정했다 하더라도, 질문에 대답하지 않을 수도, 그리고 또한 언제든지 참여를 거부할 수 있습니다. 물론 그에 따른 어떠한 처벌도 없습니다. 귀하의 참여 여부에 대한 결정은 현재 제공받으시는 어떠한 서비스에도 영향을 미치지 않습니다.

연락처: 본 연구조사에 궁금한 점이 있으시다면, 심경수[(817) 689-2715 혹은 이메일: kyungsoos@gmail.com] 또는 지도교수 홍영표 박사[(312) 915-7447 혹은 이메일: phong@luc.edu]에게로 연락 주시기 바랍니다.

또한 연구 참여자로서의 권리에 대한 질문사항이 있으시다면, 로올라 대학교 리서치 서비스 사무실 [(773) 508-2689]로 연락하시기 바랍니다.

동의서: 아래 귀하의 서명은 귀하께서 위에 설명된 정보를 다 읽으셨고, 그에 따른 질문을 위한 기회가 있었으며, 이 연구조사에 참여함을 의미합니다. 귀하의 기록을 위해 이 동의서 사본이 제공됩니다.

참가자 서명

날짜

연구조사자 서명

날짜

APPENDIX E

INFORMED CONSENTS – IN-DEPTH INTERVIEW (ENGLISH)

Project Title: Depression in Korean American older adults: The effects of acculturation, health, socioeconomic status, perceived respect

Researcher(s): Kyungsoo Sim

Faculty Sponsor: Dr. Philip Y. P. Hong

Introduction:

You are being asked to take part in a research study being conducted by Kyungsoo Sim for a dissertation under the supervision of Dr. Philip Y. P. Hong in the School of Social Work at Loyola University of Chicago.

You are being asked to participate because you are one of focus group participants who showed more understandings over topics than any other participants during the sessions.

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Purpose:

The purpose of this study is exploring the extent to which geographical environment, socio-economic status (SES), and a culture contribute to depressive symptomology among Korean American immigrant older adults in Chicago metropolitan area and its suburban areas.

Procedures:

If you agree to be in the study, you will be asked to participate in in-depth interviews. If you are one of focus group participants who show the highest response to the topics of each variables, i. e., acculturation level, SES, health condition, and perceived respect, you will be interviewed over the topics. You are asked to express and show more subjective, detailed, and intuitive notions, sentiments, or views related with the feelings of sadness and acculturation, SES, and health in their life as well as individual immigrant history. This interview will also take less than an hour and audio recorded by digital media.

Risks/Benefits:

Risks

You might falsely identify yourself as having depression.

As a participant in this research, you might experience a stressful situation from recalling emotionally traumatic or distressing current or past events.

During in-depth interview sessions, you might be embarrassed or frustrated at revealing and sharing your private stories or events.

Benefits

You can receive a depression screening test at no cost as participate in the study.

You can have opportunities to learn more about elderly depression and depression related

symptoms.

You can be satisfied with helping others by contributing to identify possible depressive symptoms and reasons.

Confidentiality: This interview will also take less than an hour and audio recorded by digital media. You will be coded by two digit numbers (C1, C2, or C3/P1, P2, or P3) on recorded sound file. All of the activities and narrations will be noted, audio recorded, and transcribed using digital media. Your name will not be identified or revealed in any piece of information recorded or transcribed. The information gathered will be accessible only by the PI and kept in a locked facility at KACS. You will not be identified by name in any publications that result from this research. All information from this study will be destroyed in 1 year after this study ends.

Voluntary Participation: Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty. Your decision to participate or not will have no effect on the current relationship with the services you are currently receiving.

Contacts and Questions:

If you have questions about this research study, please feel free to contact Kyungsoo Sim at 817)689-2715 or kyungsoos@gmail.com or the faculty sponsor Dr. Philip Y. P. Hong at 312)915-7447 or phong@luc.edu.

If you have questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at (773) 508-2689.

Statement of Consent: Your signature below indicates that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this research study. You will be given a copy of this form to keep for your records.

Participant's Signature

Date

Researcher's Signature

Date

APPENDIX F

INFORMED CONSENTS – IN-DEPTH INTERVIEW (KOREAN)

프로젝트 명: 문화 동화 정도, 건강 상태, 사회경제적 상황, 그리고 존경심 인식 정도를 중심으로 본 한인 연장자 우울증 연구

연구자: 심 경수 박사과정

지도교수: 홍 영표 박사

소개:

이 동의서는 시카고 로올라 대학교 사회복지학과 홍 영표 교수의 지도로 진행되고 있는 박사과정 심 경수의 박사학위 논문을 위한 연구 참여의사를 귀하께 확인하기 위한 것입니다. 귀하는 이번 연구 조사의 2단계인 포커스 그룹에서 다른 참여자에 비해 주제에 대한 깊은 이해를 보여주었기 때문에 3단계인 심층 면담에의 참여 여부를 권고 받으셨습니다. 연구 참여를 결정하시기 전에, 이 동의서를 주의 깊게 잘 읽어 보시고, 궁금한 점을 먼저 확인 하시기 바랍니다.

연구 목적:

본 연구의 목적은 시카고와 그 교외(서버브) 지역에 거주하시는 한인 연장자들의 우울증(상)이 지리적인 조건이나 사회경제적인 환경으로부터 얼마나 많은 영향을 받는지를 탐구하는 것입니다.

연구 절차:

연구 참여가 결정되었다면, 귀하께서는 심층면담 과정에 참여하시게 될 것입니다. 만약 귀하께서 포커스 그룹에서 문화 동화 정도, 사회경제적 환경, 그리고/혹은 건강 상태에 대한 가장 활발한 참여를 보이셨다면 해당 변수에 대한 심층 면접에 참여를 권유 받으실 수 있습니다. 심층 면담에서는 개인적인 이민역사 외에 문화 동화 정도, 사회경제적 환경, 그리고/혹은 건강상태와 관련된 우울증(상)에 대해 보다 주관적이고 자세하고 직관적인 생각들과 느낌들 그리고 시각들을 표현하실 수 있습니다. 이 인터뷰 역시 한 시간 미만 정도 걸리며 디지털 레코더에 인터뷰 내용들이 녹음될 것입니다.

연구참여의 장점과 단점:

단점

연구 참여자로서, 귀하께서는 연구의 특성상, 현재 혹은 지난 과거에 경험했던 감정적으로 불편한 기억을 떠올림으로써 감정 혹은 정신적인 스트레스를 경험할 수도 있습니다.

포커스 그룹과 심층면담 중에 개인적인 이야기나 일 등을 노출하고 나눔으로써 창피하거나 당황스런 느낌을 가질 수도 있습니다.

장점

우울증 선별 검사를 무료로 받으실 수 있습니다.

연구에 참여하심으로써 노인성 우울증(상)에 대한 보다 많은 지식을 접하실 수 있는 기회를 제공받게 됩니다.

본 연구에 참여함으로써 얻게 되는 직접적인 이익(우울증 검사 결과에 따른 추후 상담 등)은 없습니다.

비밀보장:

심층 면담은 한 시간 미만의 시간이 걸릴 것이고 디지털 미디어에 녹음될 것입니다. 수집된 정보들은 각각 두 자리 숫자(C1, C2, 혹은 C3/P1, P2, 혹은 P3으로 코드화됩니다. 모든 활동은 노트에 작성되고, 기록될 것입니다. 귀하의 이름은 절대 어떤 기록 혹은 자료에도 나타나지 않습니다. 수집된 정보들은 연구자만이 접근할 수 있고 한인사회복지회의 안전한 장소에 보관될 것입니다. 이 연구조사의 결과에 따라 만들어지는 연구논문들에서 귀하의 신분은 절대 드러나지 않을 것입니다. 이 연구조사에서 얻어지는 모든 정보는 이 연구가 종료되는 시점에서 1년 안에 소멸됩니다.

자발적 참여: 이 연구에 참여하시는 것은 자발적이어야 합니다. 만약 본인이 원치 않으신다면, 참여하지 않으실 수 있습니다. 참여를 결정했다 하더라도, 질문에 대답하지 않을 수도, 그리고 또한 언제든지 참여를 거부할 수 있습니다. 물론 그에 따른 어떠한 처벌도 없습니다. 귀하의 참여 여부에 대한 결정은 현재 제공받으시는 어떠한 서비스에도 영향을 미치지 않습니다.

연락처: 본 연구조사에 궁금한 점이 있으시다면, 심경수[(817) 689-2715 혹은 이메일: kyungsoos@gmail.com] 또는 지도교수 홍영표 박사[(312) 915-7447 혹은 이메일: phong@luc.edu]에게로 연락 주시기 바랍니다.

또한 연구 참여자로서의 권리에 대한 질문사항이 있으시다면, 로올라 대학교 리서치 서비스 사무실 [(773) 508-2689]로 연락하시기 바랍니다.

동의서:

아래 귀하의 서명은 귀하께서 위에 설명된 정보를 다 읽으셨고, 그에 따른 질문을 위한 기회가 있었으며, 이 연구조사에 참여함을 의미합니다. 귀하의 기록을 위해 이 동의서 사본이 제공됩니다.

참가자 서명

날짜

연구조사자 서명

날짜

APPENDIX G
LETTER FROM COOPERATING INSTITUTION

June 29, 2011

To whom it may concern,

It is my pleasure to write a letter in support of Kyungsoo Sim's research at Korean American Community Services (KACS).

As Executive Director of KACS, I would like to encourage Kyungsoo Sim to conduct his research on "Depression in Korean American Older Adults: The Effects of Acculturation, Health, Socioeconomic Status (SES), and Respect: through surveys at the main office and two subsidized apartment complexes in Chicago as well as our satellite office in Prospect Heights.

Since the purpose of this study is relevant enough in working with older Korean American immigrants, it is assured that the Korean American community will benefit from the study analyzing quantitative and qualitative research will consist of surveys, focus groups, and in-depth interviews.

It will be my pleasure to cooperate with the researcher for the study. If you have any questions or need more information, please contact me at (773) 583-5501 ext. 101.

Thank you.

Sincerely,

Inchul Choi
Executive Director

APPENDIX H
RECRUITING FLYERS (ENGLISH)

Volunteers Needed

We are recruiting older Korean Americans to participate in **a research study on depression as well as mood changes.**

For this research study, any Korean American adult who is 65 years or older is eligible. This research is being done to see how closely **the feelings of sadness are related to geographical environment, socioeconomic status, and perceived respect** in an older adult's lives.

In this survey, you, as a participant, will be asked to respond to questions in terms of your feeling **how closely fit to American culture (acculturation), your social and economic status (SES), health condition, respect, and the feelings of sadness.**

The questionnaire will be distributed **at the manager's office** with careful instructions. One week will be given for you to answer the questions and return the questionnaire **to the manager's office.**

This study will consist of three phases: **the survey questionnaires, focus group, and an in-depth interview.** If you are diagnosed as eligible for further study after the first phase, we will ask you to join a focus group activity and an in-depth interview.

Each group interview and individual interview will **take less than an hour.**

If you are interested in participating, feel free to sign the consent form which is included and complete the questionnaire! Thank you.

Kyungsoo Sim
Principal Investigator
Ph. D Candidate
School of Social Work
Loyola University Chicago
ksim@luc.edu
817)689-2715

APPENDIX I
RECRUITING FLYERS (KOREAN)

자원봉사자 모집합니다.

우울증이나 감정 변화에 대한 연구에 참여하실 한인 연장자 분들을 모집합니다.

65세 이상의 한인 연장자 분은 누구든 이 연구에 참여하실 수 있습니다.

이 연구는 슬픈 감정/느낌이 사는 지역의 환경, 사회경제적 상태, 존경심에 대한 인식 등과 얼마나 밀접한 관계를 맺고 있는가를 보기 위한 것입니다.

연구 참여자로서 귀하는 미국문화가 편하게 느껴지는 정도 (문화동화),

사회경제적인 상태, 건강 상태, 존경심과 슬픈 감정/느낌 등에 대한 질문을 받을 것입니다.

설문지는 아파트 **매니저 사무실**에서 배부될 것입니다. 설문지는 각 질문에 응답하신 후 일 주일 뒤에 **매니저 사무실로 반환**하시면 됩니다.

이 연구는 세 단계로 진행됩니다: **설문지, 포커스 그룹, 그리고 심층 인터뷰.**

만약 귀하께서 첫 번째 단계인 설문지를 이용한 조사 및 분석을 통해서 다음 단계의 연구에 참여하실 자격이 되신다면, 포커스 그룹이나 심층 인터뷰에의 참여 여부를 여쭙어 볼 것입니다.

각 그룹 인터뷰와 개별 인터뷰는 **약 한 시간 미만**이 소요될 것입니다.

참여에 관심 있으시다면, 설문지에 포함된 동의서에 사인하신 후에 나머지 질문들에 답해주시면 됩니다. 감사합니다.

심 경 수

연구조사자

시카고 로올라 대학교

사회사업학과

이메일: ksim@luc.edu

전화번호: 817)689-2715

APPENDIX J

HANDOUT OF ANGER MANAGMEENT AND REFERAL (ENGLISH)

Are you angry? There are 8 steps guiding you as to how you can manage and control your anger as follow:

Anger Management Technique #1 — Recognize Stress.

This anger control tool emphasizes the importance of understanding how stress underlies anger and how to reduce stress before it turns into anger.

Anger Management Technique #2 — Develop Empathy.

This anger control skill focuses on the relationship between empathy and anger management and how one can reduce his/her anger by learning how to see things from the perspective of others.

Anger Management Technique #3 — Respond Instead of React.

This anger management technique enables one to *respond* rather than automatically *react* to anger/stress triggers. Human beings have the capacity to *choose* how to express their anger and therefore can learn new ways to more effectively communicate their needs, feelings or requests.

Anger Management Technique #4 — Change That Conversation With Yourself.

This anger control technique involves learning to recognize and modify one's inner conversations. Learning to change that "self-talk" empowers you to deal with anger more effectively in terms of how strongly you feel the anger, how long you hold onto your anger, and how you express your anger.

Anger Management Technique #5 — Communicate Assertively.

This anger management skill is about being able to honestly and effectively communicate how you feel and to respond to things without getting angry or hostile about it.

Anger Management Technique #6 — Adjust Expectations.

Anger is often triggered by a discrepancy between what we expect and what we get. Learning to adjust those expectations—sometimes upward and other times downward—

can help us cope with difficult situations or people or even cope with ourselves.

Anger Management Technique #7 — Forgive, but Don't Forget!

Resentment is a form of anger that does more damage to the holder than the offender.

Making a decision to “let go” (while still protecting ourselves) is often a process of forgiveness—or at least acceptance—and a major step toward anger control.

Anger Management Technique #8 — Retreat and Think Things Over!

This anger management tool consists of removing yourself from the situation and taking a temporary “time-out”.

(Source: Fiore, T. & Novick, A. (2005). *Anger Management for the 21st Century*. Century Anger Management.)

Still need more help? You can contact the department of Wellness at KACS. They will provide you with psychotherapy based counseling for your depressive symptoms as well as anger management information.

KOREAN AMERICAN COMMUNITY SERVICES

773)583-5501

APPENDIX K

HANDOUT OF ANGER MANAGMEENT AND REFERAL (KOREAN)

화가 나셨나요? 귀하의 ‘화’를 다스릴 수 있는 8가지의 단계를 알려드립니다:

화를 다스리는 기술#1 — 스트레스 인식

이것은 스트레스가 어떻게 화를 불러일으키고, 화를 내지 않기 위해 어떻게 스트레스를 줄여야 하는 지에 대한 이해의 중요성을 강조하는 기술입니다.

화를 다스리는 기술#2 — 감정이입의 개발

이것은 감정이입과 화를 제어하는 것과의 관계와, 객관적인 관점으로 사물을 인식하는 것을 배움으로써 화를 감소시키는 방법에 초점을 맞춘 기술입니다.

화를 다스리는 기술 #3 — 반작용보다는 반응을

이것은 화 또는 스트레스에 대한 즉각적인 ‘반작용’보다는 ‘반응’을 하도록 하는 기술입니다. 사람은 어떻게 화를 표출할지를 *선택*할 수 있는 능력이 있어서 요구, 느낌 혹은 부탁을 효과적으로 주고 받을 수 있습니다.

화를 다스리는 기술 #4 — 자신과 대화하는 방법의 변화

이것은 내적인 대화를 깨닫고 변화시키는 기술입니다. ‘자기 대화(Self-Talk)’에 변화를 주는 것에 대한 학습은 얼마나 강하게 화를 느끼고, 얼마나 오랫동안 그 화를 참아내며, 그 화를 어떻게 나타내느냐 하는 문제와 관련하여 더욱 효과적으로 대처하도록 도와줍니다.

화를 다스리는 기술 #5 — 단정적인 대화

이것은 상대방에게 화를 내거나 적대적이지 않고 어떻게 느끼고 반응하는지 솔직하고 효과적으로 대화할 수 있도록 하게 하는 기술입니다.

화를 다스리는 기술 #6 — 기대감에 대한 적응

화는 종종 기대와 실제의 불일치에서 시작되기도 합니다. 그런 기대들에 조화롭게 적응하는 것은 우리들이 어려운 상황이나 사람 혹은 우리 자신을 극복할 수 있도록 도와줍니다.

화를 다스리는 기술 #7 — 용서할 것, 하지만 잊지는 말것!

분노는 다른 누구보다 본인을 힘들게 하는 화의 일종입니다. 그 모든 것들을 ‘그저 지나가도록’ 하는 결정을 하는 것은 종종 용서(최소한 수용)의 과정이고(우리 스스로를 보호하면서) 화를 다스리는 길로 가는 의미 있는 발걸음입니다.

화를 다스리는 기술 #8 — 한 발짝 물러나 곰곰히 생각하기!

이것은 어떤 상황에서 자신을 제외하고 나서 일시적으로 중지하는 순간을 갖는 기술입니다. (Source: Fiore, T. & Novick, A. (2005). *Anger Management for the 21st Century*. Century Anger Management.)

도움이 좀 더 필요하십니까? 한인사회복지회의 상담부서로 연락해 주십시오. 귀하의 ‘화’를 조절하기 위한 정보와 더불어 우울증상에 대한, 심리치료에 기반한 상담이 제공됩니다.

한인사회복지회

KOREAN AMERICAN COMMUNITY SERVICES

(773)583-5501

APPENDIX L
QUESTIONNAIRES – SURVEY (ENGLISH)

- | | | Yes | No |
|----|--|-----|----|
| 1 | Are you basically satisfied with your life? | | |
| 2 | Have you dropped many of your activities and interests? | | |
| 3 | Do you feel that your life is empty? | | |
| 4 | Do you often get bored? | | |
| 5 | Are you hopeful about the future? | | |
| 6 | Are you bothered by thoughts you can't get out of your head? | | |
| 7 | Are you in good spirits most of the time? | | |
| 8 | Are you afraid that something bad is going to happen to you? | | |
| 9 | Do you feel happy most of the time? | | |
| 10 | Do you often feel helpless? | | |
| 11 | Do you often get restless and fidgety? | | |
| 12 | Do you prefer to stay at home, rather than going out and doing new things? | | |
| 13 | Do you frequently worry about the future? | | |
| 14 | Do you feel you have more problems with memory than most? | | |
| 15 | Do you think it is wonderful to be alive now? | | |
| 16 | Do you often feel downhearted and blue? | | |
| 17 | Do you feel pretty worthless the way you are now? | | |
| 18 | Do you worry a lot about the past? | | |
| 19 | Do you find life very exciting? | | |
| 20 | Is it hard for you to get started on new projects? | | |
| 21 | Do you feel full of energy? | | |
| 22 | Do you feel that your situation is hopeless? | | |
| 23 | Do you think that most people are better off than you are? | | |
| 24 | Do you frequently get upset over little things? | | |
| 25 | Do you frequently feel like crying? | | |
| 26 | Do you have trouble concentrating? | | |
| 27 | Do you enjoy getting up in the morning? | | |
| 28 | Do you prefer to avoid social gatherings? | | |
| 29 | Is it easy for you to make decisions? | | |
| 30 | Is your mind as clear as it used to be? | | |

III. INSTRUCTIONS: Choose the one answer which best describes you.

1. What language can you speak?
 1. Asian only (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
 2. Mostly Asian, some English
 3. Asian and English about equally well (bilingual)
 4. Mostly English, some Asian
 5. Only English
2. What language do you prefer?
 1. Asian only (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
 2. Mostly Asian, some English
 3. Asian and English about equally well (bilingual)
 4. Mostly English, some Asian
 5. Only English
3. How do you identify yourself?
 1. Oriental
 2. Asian
 3. Asian-American
 4. Chinese-American, Japanese-American, Korean-American, etc.
 5. American
4. Which identification does (did) your mother use?
 1. Oriental
 2. Asian
 3. Asian-American
 4. Chinese-American, Japanese-American, Korean-American, etc.
 5. American
5. Which identification does (did) your father use?
 1. Oriental
 2. Asian
 3. Asian-American
 4. Chinese-American, Japanese-American, Korean-American, etc.
 5. American
6. What was the ethnic origin of the friends and peers you had, as a child up to age 6?
 1. Almost exclusively Asians, Asian-Americans, Orientals
 2. Mostly Asians, Asian-Americans, Orientals
 3. About equally Asian groups and Anglo groups
 4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
 5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

7. What was the ethnic origin of the friends and peers you had, as a child from 6 to 18?
 1. Almost exclusively Asians, Asian-Americans, Orientals
 2. Mostly Asians, Asian-Americans, Orientals
 3. About equally Asian groups and Anglo groups
 4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
 5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

8. Whom do you now associate with in the community?
 1. Almost exclusively Asians, Asian-Americans, Orientals
 2. Mostly Asians, Asian-Americans, Orientals
 3. About equally Asian groups and Anglo groups
 4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
 5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

9. If you could pick, whom would you prefer to associate with in the community?
 1. Almost exclusively Asians, Asian-Americans, Orientals
 2. Mostly Asians, Asian-Americans, Orientals
 3. About equally Asian groups and Anglo groups
 4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
 5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

10. What is your music preference?
 1. Only Asian music (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
 2. Mostly Asian
 3. Equally Asian and English
 4. Mostly English
 5. English only

11. What is your movie preference?
 1. Asian-language movies only
 2. Asian-language movies mostly
 3. Equally Asian/English English-language movies
 4. Mostly English-language movies only
 5. English-language movies only

12. What generation are you? (circle the generation that best applies to you:)
 - 1 1st Generation = I was born in Asia or country other than U.S.
 - 2 2nd Generation = I was born in U.S., either parent was born in Asia or country other than U.S.
 - 3 3rd Generation = I was born in U.S., both parents were born in U.S, and all grandparents born in Asia or country other than U.S.

4 4th Generation = I was born in U.S., both parents were born in U.S, and at least one grandparent born in Asia or country other than U.S. and one grandparent born in U.S.

5 5th Generation = I was born in U.S., both parents were born in U.S., and all grandparents also born in U.S.

13. Where were you raised?

1. In Asia only
2. Mostly in Asia, some in U.S.
3. Equally in Asia and U.S.
4. Mostly in U.S., some in Asia
5. In U.S. only

14. What contact have you had with Asia?

1. Raised one year or more in Asia
2. Lived for less than one year in Asia
3. Occasional visits to Asia
4. Occasional communications (letters, phone calls, etc.) with people in Asia
5. No exposure or communications with people in Asia

15. What is your food preference at home?

1. Exclusively Asian food
2. Mostly Asian food, some American
3. About equally Asian and American
4. Mostly American food
5. Exclusively American food

16. What is your food preference in restaurants?

1. Exclusively Asian food
2. Mostly Asian food, some American
3. About equally Asian and American
4. Mostly American food
5. Exclusively American food

17. Do you

1. Read only an Asian language?
2. Read an Asian language better than English?
3. Read both Asian and English equally well?
4. Read English better than an Asian language?
5. Read only English?

18. Do you

1. Write only an Asian language?
2. Write an Asian language better than English?
3. Write both Asian and English equally well?

4. Write English better than an Asian language?
5. Write only English?

19. If you consider yourself a member of the Asian group (Oriental, Asian, Asian-American, Chinese-American, etc., whatever term you prefer), how much pride do you have in this group?

1. Extremely proud
2. Moderately proud
3. Little pride
4. No pride but do not feel negative toward group
5. No pride but do feel negative toward group

20. How would you rate yourself?

1. Very Asian
2. Mostly Asian
3. Bicultural
4. Mostly Westernized
5. Very Westernized

21. Do you participate in Asian occasions, holidays, traditions, etc.?

1. Nearly all
2. Most of them
3. Some of them
4. A few of them
5. None at all

22. Rate yourself on how much you believe in Asian values (e.g., about marriage, families, education, work):

1	2	3	4	5
do not believe				strongly believe in Asian values

23. Rate yourself on how much you believe in American (Western) values:

1	2	3	4	5
do not believe				strongly believe in Asian values

24. Rate yourself on how well you fit when with other Asians of the same ethnicity:

1	2	3	4	5
do not fit				fit very well

25. Rate yourself on how well you fit when with other Americans who are non-Asian (Westerners):

1	2	3	4	5
do not fit				fit very well

26. There are many different ways in which people think of themselves. Which ONE of the following most closely describes how you view yourself?

1. I consider myself basically an Asian person (e.g., Chinese, Japanese, Korean, Vietnamese, etc.). Even though I live and work in America, I still view myself basically as an Asian person.
2. I consider myself basically as an American. Even though I have an Asian background and characteristics, I still view myself basically as an American.
3. I consider myself as an Asian-American, although deep down I always know I am an Asian.
4. I consider myself as an Asian-American, although deep down, I view myself as an American first.
5. I consider myself as an Asian-American. I have both Asian and American characteristics, and I view myself as a blend of both.

(Source: Suinn, R. M., The Suinn-Lew Asian self identity acculturation, 1992)

IV. INSTRUCTIONS: After careful reading the statements below, please rank by circling a number on a scale of 1 to 7. A score of 1 indicates strong agreement to the statement, '7' indicates strong disagreement, and '4' indicates neutral.

1. My family and friends care about me.

1	2	3	4	5	6	7
always			sometimes			never

2. My family and friends provide me with food and drinks I enjoy.

1	2	3	4	5	6	7
always			sometimes			never

3. My family and friends give me presents.

1	2	3	4	5	6	7
always			sometimes			never

4. My family and friends use respectful language when speaking to me.

1	2	3	4	5	6	7
always			sometimes			never

5. My family and friends dress appropriately in front of me.

1	2	3	4	5	6	7
always			sometimes			never

6. My family and friends make sure I am given the seat of honor.

1	2	3	4	5	6	7
always			sometimes			never

- 12 I was so sick once I thought I might die
 - 13 I've never had an illness that lasted a long period of time
 - 14 I have never been seriously ill
 - 15 I seem to get sick a little easier than other people
 - 16 Most people get sick a little easier than I do
 - 17 My body seems to resist illness very well
 - 18 When there is something going around I usually catch it
 - 19 I think my breath will be better in the future than it is now
 - 20 I will probably be sick a lot in the future
 - 21 In the near future, I expect to have better health than other people I know
 - 22 I expect to have a very healthy life
 - 23 Most of the people I know will probably have fewer health problems than I will in the future
 - 24 I think my health will be worse in the future than it is now
 - 25 I never worry about my health
 - 26 I worry about my health more than other people worry about their health
 - 27 My health is a concern in my life
 - 28 Other seem more concerned about their health than I am about mine
 - 29 Getting sick once in a while is a part of my life
 - 30 I accept that sometimes I'm just going to be sick
 - 31 I try to avoid letting illness interfere with my life
 - 32 When I'm sick I try to keep it to myself
 - 33 When I'm sick I try to just keep going as usual
 - 34 When I think I am getting sick, I fight it
 - 35 I don't like to go to the doctor
 - 36 It doesn't bother me to go to the doctor
- (Source: Ware, J. E., Health perception questionnaire, 1976)

V-2. INSTRUCTION: Below is a list of that other people with your illness have said are important. By circling one (1) number per line, please indicate how true each statement has been for you during the past 7 days.

1. I have a lack of energy.

1	2	3	4	5
Not at all	A little bit	Somewhat	Quite a bit	Very much

2. I have nausea.

1	2	3	4	5
Not at all	A little bit	Somewhat	Quite a bit	Very much

3. Because of my physical condition, I have trouble meeting the needs of my family.

1	2	3	4	5
Not at all	A little bit	Somewhat	Quite a bit	Very much

4. I have pain.

1	2	3	4	5
Not at all	A little bit	Somewhat	Quite a bit	Very much

5. I am bothered by side effects of treatment.

1	2	3	4	5
Not at all	A little bit	Somewhat	Quite a bit	Very much

6. I feel ill.

1	2	3	4	5
Not at all	A little bit	Somewhat	Quite a bit	Very much

7. I am forced to spend time in bed.

1	2	3	4	5
Not at all	A little bit	Somewhat	Quite a bit	Very much

[Source: Cella, D., Functional assessment of chronic illness therapy (FACIT), 1993]

H. Read each item carefully. Using the scale shown below, please select the number that best describes you and put that number in the blank provided.

1 = Definitely False 2 = Mostly False 3 = Mostly True 4 = Definitely True

I can think of many ways to get out of a jam.	1	2	3	4
I energetically pursue my goals.	1	2	3	4
I feel tired most of the time.	1	2	3	4
There are lots of ways around any problem.	1	2	3	4
I am easily downed in an argument.	1	2	3	4
I can think of many ways to get the things in life that are most important to me.	1	2	3	4
I worry about my health.	1	2	3	4
Even when others get discouraged, I know I can find a way to solve the problem.	1	2	3	4
My past experiences have prepared me well for my future.	1	2	3	4
I've been pretty successful in life.	1	2	3	4
I usually find myself worrying about something.	1	2	3	4
I meet the goals that I set for myself.	1	2	3	4

[Snyder et al., Hope Scale, 1991]

Thank you very much for your co-operation. I appreciate how valuable your time is and I am grateful that you are willing to take the time to participate in the study. It is anticipated that the results of this study will contribute to Korean American immigrant studies as well as Korean American older populations in the future.

APPENDIX M
QUESTIONNAIRES – SURVEY (KOREAN)

I. INSTRUCTIONS: 아래의 질문들은 귀하의 가족 및 본인에 대한 일반적인 사항을 여쭙는 것입니다. 귀하를 가장 잘 표현하는 설문 하나에 표시해주시기 바랍니다.

1. 성별: ① 여자 ② 남자
2. 나이: ()
3. 주소 및 Zip Code: ()
4. 주거 형태: ① 렌트 ② 소유 ③ subsidized part(노인아파트) ④ 기타
5. 교육수준:
① 초등학교 졸업 ② 중학교 졸업 ③ 고등학교 졸업 ④ 대학 졸업 ⑤ 대학원 이상
6. 월수입
① \$500 미만 ② \$501-\$1,500 ③ \$1,501-\$2,000 ④ \$2,001 이상
7. 이전 직업
① 자영업 ② 정규직 ③ 비 정규직 ④ 전업주부 ⑤ 무직 ⑥ 기타 ____
8. 종교생활을 하십니까? 예 () 아니오 ()
 - 8-1. 종교생활을 하신다면, 일주일에 몇 번 참여하시나요? ()
 - 8-2. 참석하시는 이유는 무엇입니까? 해당되는 사항을 모두 표시해 주십시오.
 ① 예배 ② 자원봉사 ③ 친교/사교 ④ 기타 ()
 - 8-3. 종교와 관련된 활동으로부터 받는 사회적 지지의 정도를 표시해 주십시오.

1	2	3	4	5
(거의 받지 않음)				(매우 강하게 받음)

II. INSTRUCTIONS: 지난 한 주 동안의 귀하의 기분과 가장 가깝게 표현될 수 있도록 ‘예’ 혹은 ‘아니오’ 중 하나를 선택해 주시기 바랍니다.

예 아니오

- 1 귀하는 일상생활에 기본적으로 만족하고 계신지요?
- 2 귀하는 귀하의 취미와 활동 중의 많은 부분을
포기하셨는지요?
- 3 인생이 허무하다고 느끼십니까?
- 4 싫증이 자주 나십니까?

- 5 미래에 희망적이십니까?
- 6 강박관념으로 고생하십니까?(생각 않고 잊어버리려고
해도 자꾸 떠오르는 생각으로 괴로워 하십니까?)
- 7 평상 기분이 좋으십니까?
- 8 좋지 않은 일이 생길까봐 두려워하십니까?
- 9 일상 시 거의 기분 좋게 느끼십니까?
- 10 귀하는 자주 무력감에 젖습니까?(수시로 어찌할 줄
모르실 때가 자주 있습니까?)
- 11 자주 불안하고 속 태우십니까?
- 12 야간에 출타하여 새로운 일을 하는 것보다 집에
계시는 편이 낫습니까?
- 13 귀하는 귀하의 장래에 대하여 자주 걱정하십니까?
- 14 대부분의 사람들 보다 귀하가 더 기억력 문제를
가지고 계시다고 생각하십니까?
- 15 귀하께서는 현재 살고 계시다는데 대하여 매우
흡족하게 생각하십니까?
- 16 귀하는 자주 맥이 풀리며 우울하십니까?
- 17 귀하는 현재의 자신이 매우 가치 없는 존재라고
느끼시는지요?
- 18 과거에 일어났던 일들에 대하여 많이 번민하십니까?
- 19 귀하는 인생을 즐기시고 계십니까?
- 20 새로운 일을 시작하시기가 힘드십니까?
- 21 귀하는 자신이 원기 왕성하다고 생각하시는지요?
- 22 귀하는 귀하의 처지가 희망적이 아니라고 보십니까?
- 23 귀하는 대부분의 사람들이 자신보다 더 나은 생활을
하신다고 생각하십니까?
- 24 사소한 일들에 자주 화가 나십니까?
- 25 귀하는 울 것 같은 심정을 자주 가지십니까?
- 26 무엇에 집중하기가 곤란하십니까?

- 27 아침에 즐겁게 일어나십니까?
 - 28 사람들과 어울리는 것을 피하는 편입니까?
 - 29 일을 쉽게 결정하십니까?
 - 30 귀하의 심정은 예전과 다름 없이 맑습니까?
- (Source: Yesavage, J. A., Geriatric depression scale, 1982)

III. INSTRUCTIONS: 귀하를 가장 잘 설명하는 하나를 고르시기 바랍니다.

- 1. 귀하께서는 어떤 언어를 사용하십니까?
 - 1. 오직 한국어만 사용
 - 2. 주로 한국어를 사용하고, 약간의 영어 사용
 - 3. 한국어와 영어 모두 능통
 - 4. 주로 영어를 사용하고 약간의 한국어 사용
 - 5. 오직 영어만 사용
- 2. 귀하께서는 어떤 언어를 더 선호하십니까?
 - 1. 오직 한국어만 사용
 - 2. 주로 한국어를 사용하고, 약간의 영어 사용
 - 3. 한국어와 영어 모두 능통
 - 4. 주로 영어를 사용하고 약간의 한국어 사용
 - 5. 오직 영어만 사용
- 3. 귀하께서는 본인을 어떻게 구분하시겠습니까?
 - 1. 오리엔탈
 - 2. 아시안
 - 3. 아시안 아메리칸
 - 4. 한국계 미국인
 - 5. 미국인
- 4. 귀하의 어머니께서는 어떤 구분을 사용하십니까?
 - 1. 오리엔탈
 - 2. 아시안

3. 아시안 아메리칸
 4. 한국계 미국인
 5. 미국인
5. 귀하의 아버지께서는 어떤 구분을 사용하십니까?
1. 오리엔탈
 2. 아시안
 3. 아시안 아메리칸
 4. 한국계 미국인
 5. 미국인
6. 귀하는 6살까지 어떤 친구들과 어울리셨습니까?
1. 오직 대부분 아시안, 아시안 아메리칸, 오리엔탈
 2. 대부분 아시안, 아시안 아메리칸, 오리엔탈
 3. 아시안과 백인이 거의 비슷한 정도
 4. 대부분 백인, 흑인, 히스패닉, 또는 아시안이 아닌 다른 민족
 5. 오직 대부분 백인, 흑인, 히스패닉, 또는 아시안이 아닌 다른 민족
7. 귀하는 6살에서 18살까지 어떤 친구들과 어울리셨습니까?
1. 오직 대부분 아시안, 아시안 아메리칸, 오리엔탈
 2. 대부분 아시안, 아시안 아메리칸, 오리엔탈
 3. 아시안과 백인이 거의 비슷한 정도
 4. 대부분 백인, 흑인, 히스패닉, 또는 아시안이 아닌 다른 민족
 5. 오직 대부분 백인, 흑인, 히스패닉, 또는 아시안이 아닌 다른 민족
8. 귀하는 현재 거주지역에서 어떤 분들과 교류하십니까?
1. 오직 대부분 아시안, 아시안 아메리칸, 오리엔탈
 2. 대부분 아시안, 아시안 아메리칸, 오리엔탈
 3. 아시안과 백인이 거의 비슷한 정도
 4. 대부분 백인, 흑인, 히스패닉, 또는 아시안이 아닌 다른 민족
 5. 오직 대부분 백인, 흑인, 히스패닉, 또는 아시안이 아닌 다른 민족

9. 귀하는, 만약 선택하신다면, 거주지역의 어떤 분들과 교류하기를 원하십니까?

1. 오직 대부분 아시안, 아시안 아메리칸, 오리엔탈
2. 대부분 아시안, 아시안 아메리칸, 오리엔탈
3. 아시안과 백인이 거의 비슷한 정도
4. 대부분 백인, 흑인, 히스패닉, 또는 아시안이 아닌 다른 민족
5. 오직 대부분 백인, 흑인, 히스패닉, 또는 아시안이 아닌 다른 민족

10. 귀하는 어떤 음악을 선호하십니까?

1. 오직 한국음악
2. 거의 한국음악
3. 한국음악과 미국음악 비슷한 수준으로
4. 거의 미국음악
5. 오직 미국음악

11. 귀하는 어떤 영화를 선호하십니까?

1. 오직 한국어로 된 영화만
2. 거의 대부분 한국어로 된 영화만
3. 한국어와 영어로 된 영화 두 가지 비슷하게
4. 거의 대부분 영어로 된 영화만
5. 오직 영어로 된 영화만

12. 귀하는 어떤 세대입니까? (귀하를 가장 잘 설명하는 한 가지에 동그라미 하세요.)

1. 1세대 = 본인이 한국 혹은 미국이 아닌 다른 나라에서 출생
2. 2세대 = 본인은 미국에서 출생, 부모님 두 분 중 한 분이 한국 혹은 미국이 아닌 다른 나라에서 출생
3. 3세대 = 본인은 미국에서 출생, 부모님 두 분 모두 미국에서 출생, 조부님 모두 한국 혹은 미국이 아닌 다른 나라에서 출생
4. 4세대 = 본인은 미국에서 출생, 부모님 두 분 모두 미국에서 출생,

조부님 두 분 중 한 분은 미국에서 다른 한 분은 한국 혹은 미국이 아닌 다른 나라에서 출생

5. 5세대 = 본인, 부모님, 그리고 조부님 모두 미국에서 출생

13. 귀하는 어디에서 성장하십니까?

1. 아시아에서만
2. 거의 아시아에서, 약간 미국에서
3. 아시아와 미국 거의 비슷
4. 거의 미국에서, 약간 아시아에서
5. 미국에서만

14. 한국과의 관계를 어떻게 설명하시겠습니까?

1. 1년 혹은 그 이상 한국에서 자랐다
2. 한국에서 1년 미만 살았다
3. 가끔 방문한다
4. 가끔 편지나 전화로 한국에 있는 사람들과 교류한다
5. 한국에 있는 사람들과는 교류가 전혀 없다

15. 귀하가 집에서 선호하는 음식은?

1. 오직 한국 음식
2. 대부분 한국 음식, 가끔 미국 음식
3. 한국 음식과 미국 음식 비슷하게
4. 거의 미국 음식
5. 오직 미국 음식

16. 귀하가 식당에서 선호하는 음식은?

1. 오직 한국 음식
2. 대부분 한국 음식, 가끔 미국 음식
3. 한국 음식과 미국 음식 비슷하게
4. 거의 미국 음식
5. 오직 미국 음식

17. 귀하는

1. 오직 한국어만 읽습니까?
2. 한국어를 영어보다 더 잘 읽습니까?
3. 한국어와 영어 두 가지를 모두 잘 읽습니까?
4. 영어를 한국어보다 더 잘 읽습니까?
5. 오직 영어만 읽습니까?

18. 귀하는

1. 오직 한국어만 씁니까?
2. 한국어를 영어보다 더 잘 씁니까?
3. 한국어와 영어 두 가지를 모두 잘 씁니까?
4. 영어를 한국어보다 더 잘 씁니까?
5. 오직 영어만 씁니까?

19. 귀하는 미국에 거주하는 한국인으로서 어느 정도의 자부심을 갖습니까?

1. 굉장한 자신감
2. 어느 정도의 자신감
3. 약간의 자신감
4. 자신감은 없으나 한국인에 대해 부정적인 느낌이 없는 정도
5. 자신감도 없고 한국인에 대한 부정적인 느낌도 있는 정도

20. 귀하는 본인을 어떻게 평가하겠습니까?

1. 매우 한국적
2. 거의 한국적
3. 한국적이면서도 동시에 미국화된
4. 거의 미국화된
5. 매우 미국화된

21. 귀하는 한국 공휴일이나 경축일을 지키십니까?

1. 거의 모두
2. 대부분

3. 어느 정도
4. 약간
5. 거의 지키지 않음

22. 귀하는 자신이 한국 가치관을 어느 정도 따른 다고 생각하십니까? (예, 결혼, 가족, 교육, 일 등에 대해서):

1	2	3	4	5
(거의 받지 않음)				(매우 강하게 받음)

23. 귀하는 미국가치관을 어느 정도 따릅니까? :

1	2	3	4	5
(거의 받지 않음)				(매우 강하게 받음)

24. 귀하는 한국사람들과 어울릴 때 얼마나 잘 어울리십니까?

1	2	3	4	5
(거의 받지 않음)				(매우 강하게 받음)

25. 귀하는 미국인들과 어울릴 때 얼마나 잘 어울리십니까?

1	2	3	4	5
(거의 받지 않음)				(매우 강하게 받음)

26. 사람들은 보통 여러 가지 방법으로 자기 자신을 평가합니다. 다음 중 귀하를 가장 잘 설명하는 하나는?

1. 나는 나 자신을 기본적으로 한국인이라고 생각한다. 비록 내가 미국에 살고 일하고 있지만 결국 난 한국인이라고 여긴다.
2. 나는 나 자신을 기본적으로 미국인이라고 생각한다. 비록 내가 한국적인 배경과 특징을 갖고 있지만, 나는 결국 미국인이라고 여긴다.
3. 나는 나 자신을 한국계 미국인이라고 생각한다. 그럼에도 불구하고 나는 내가 한국인이라는 것을 알고 있다.
4. 나는 나 자신을 한국계 미국인이라고 생각한다. 그럼에도 불구하고

나는 내가 기본적으로는 미국인이라고 생각한다.

5. 나는 나 자신을 한국계 미국인이라고 생각한다. 나는 한국과 미국 양쪽의 특성을 모두 갖고 있어서 내 자신으로부터 양쪽 모두의 특성을 잘 발견할 수 있다.

(Source: Suinn, R. M., The Suinn-Lew Asian self identity acculturation, 1992)

IV. INSTRUCTIONS: 귀하의 생각과 가장 가까운 정도를 1(매우 잘)~7(전혀 그렇지 않다) 중에서 골라 주시기 바랍니다.

1. 내 가족이나 친구들은 나에 대해 마음을 쓴다.

1	2	3	4	5	6	7
매우 잘			때때로			전혀 그렇지 않다
2. 내 가족과 친구들은 내가 즐기는 음식과 마실 것을 제공한다.

1	2	3	4	5	6	7
매우 잘			때때로			전혀 그렇지 않다
3. 내 가족과 친구들은 내게 선물을 한다.

1	2	3	4	5	6	7
매우 잘			때때로			전혀 그렇지 않다
4. 내 가족과 친구들은 나에게 말할 때 존경하는 말투를 사용한다.

1	2	3	4	5	6	7
매우 잘			때때로			전혀 그렇지 않다
5. 내 가족과 친구들은 적절한 복장을 입고 나를 대한다.

1	2	3	4	5	6	7
매우 잘			때때로			전혀 그렇지 않다
6. 내 가족과 친구들은 나에게 상식을 제공한다.

1	2	3	4	5	6	7
매우 잘			때때로			전혀 그렇지 않다
7. 내 가족과 친구들은 내 생일을 챙겨준다.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

- | | 매우 잘 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
|--------------------------------------|------|---|---|---|-----|---|---|---|-----------|
| | | | | | 때때로 | | | | |
| | | | | | | | | | 전혀 그렇지 않다 |
| 8. 내 가족과 친구들은 나를 포함한 연장자들을 존경한다. | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 9. 내 가족과 친구들은 내 말을 잘 따른다. | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 10. 내 가족과 친구들은 나에게 존경을 담은 인사를 한다. | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11. 내 가족과 친구들은 나를 우선적으로 대우해 준다 . | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12. 내 가족과 친구들은 돌아가신 부모님에 대한 장례식을 한다. | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13. 내 가족과 친구들은 조상을 추모하고 존경한다. | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

(Source: Sung, K. T., Elder respect exploration of ideals and forms in East Asia, 2001)

V-1. INSTRUCTION: 귀하를 가장 잘 설명할 수 있도록 ‘예’ 혹은 ‘아니오’ 중 하나를 선택해 주시기 바랍니다.

- | | | 예 아니오 |
|---|------------------------------------|------------|
| 1 | 내가 만나본 의사들에 의하면, 내 건강은 아무런 문제가 없다. | |
| 2 | 내가 아는 사람들은 나보다 건강해 보인다. | |

- 3 나는 이전 어느 때보다 현재 건강하게 느껴진다.
4 나는 약간 아프다.
5 나는 이전보다 현재 건강하지 않다.
6 나는 내가 아는 다른 사람들만큼 건강하다.
7 나는 매우 건강하다.
8 나는 최근에 느낌이 좋지 않다.
9 의사 말에 의하면 지금 나의 건강상태는 좋지 않다.
10 나는 그 어느 때보다 현재 느낌이 좋다.
11 나는 과거에 질병으로 오랜 시간을 입원했던 경험이 있다.
12 나는 과거에 죽음에 이를 만큼 심각한 병을 한 번 경험한 적이 있다.
13 나는 오랜 기간 지속된 어떤 질병도 경험한 적이 없다.
14 나는 병으로 인해 심각히 아파 본 것이 없다.
15 나는 다른 사람들보다 더 쉽게 아픈 것 같다.
16 대부분의 사람들이 나보다 더 쉽게 아픈 것 같다.
17 나의 몸은 질병에 대한 저항력이 강하다.
18 나는 어떤 병이 유행하면 보통 잘 걸린다. (감기, 독감 등등)
19 내 숨쉬기(호흡)는 곧 현재보다 나아질 것이라고 생각한다.
20 나는 미래에 분명히 아플 것이다.
21 가까운 미래에, 나는 내가 아는 사람들보다 보다 더 건강할 것으로 생각된다.
22 나는 매우 건강한 삶을 살 것으로 예상한다.
23 내가 아는 대부분의 사람들은 앞으로 나보다 적은 건강상의 문제를 가질 것이다.
24 내 건강은 앞으로 지금보다 더 나빠질 것이라고 생각한다.

- 25 나는 내 건강에 대해서 걱정하지 않는다.
- 26 나는 다른 사람들보다 건강에 대한 염려를 더욱 더 많이 한다.
- 27 나의 건강은 내 인생의 주된 관심사이다.
- 28 다른 사람들은 나보다 더 자신들의 건강에 대해 관심을 갖는 것 같다.
- 29 가끔씩 아픈 것은 내 인생의 일부이다.
- 30 나는 가끔 내가 곧 아플 것이라는 생각을 한다.
- 31 나는 내 인생이 질병으로 인해 방해 받지 않도록 노력한다.
- 32 나는 아플 때, 남에게 알리지 않는다.
- 33 나는 아플 때, 크게 신경을 쓰지 않는다.
- 34 나는 내가 아프다고 생각되면 그에 맞서 싸운다.
- 35 나는 의사에게 가고 싶지 않다.
- 36 나에게 의사를 만나는 것은 전혀 문제되지 않는다.

(Source: Ware, J. E., Health perception questionnaire, 1976)

V-2. INSTRUCTION: 다음은 귀하와 동일한 병을 앓고 계신 분들이 중요하다고 한 내용입니다. 지난 7일 동안에 해당되는 귀하의 응답을 각 줄에 하나씩 숫자에 동그라미를 하거나 표시하여 나타내십시오.

1. 기운이 없다.

1	2	3	4	5
전혀 그렇지 않다	조금 그렇다	보통이다	꽤 그렇다	매우 그렇다

2. 속이 메스꺼린다.

1	2	3	4	5
전혀 그렇지 않다	조금 그렇다	보통이다	꽤 그렇다	매우 그렇다

3. 몸 상태 때문에 가족의 요구를 들어주는데 어려움이 있다.

1	2	3	4	5
전혀 그렇지 않다	조금 그렇다	보통이다	꽤 그렇다	매우 그렇다

4. 통증이 있다.
- | | | | | |
|-----------|--------|------|-------|--------|
| 1 | 2 | 3 | 4 | 5 |
| 전혀 그렇지 않다 | 조금 그렇다 | 보통이다 | 꽤 그렇다 | 매우 그렇다 |
5. 치료의 부작용 때문에 괴롭다.
- | | | | | |
|-----------|--------|------|-------|--------|
| 1 | 2 | 3 | 4 | 5 |
| 전혀 그렇지 않다 | 조금 그렇다 | 보통이다 | 꽤 그렇다 | 매우 그렇다 |
6. 몸이 아픈 느낌이 있다.
- | | | | | |
|-----------|--------|------|-------|--------|
| 1 | 2 | 3 | 4 | 5 |
| 전혀 그렇지 않다 | 조금 그렇다 | 보통이다 | 꽤 그렇다 | 매우 그렇다 |
7. 자리(침대)에 누워 있어야만 한다.
- | | | | | |
|-----------|--------|------|-------|--------|
| 1 | 2 | 3 | 4 | 5 |
| 전혀 그렇지 않다 | 조금 그렇다 | 보통이다 | 꽤 그렇다 | 매우 그렇다 |
- [Source: Cella, D., Functional assessment of chronic illness therapy (FACIT), 1993]

VI. 각 항목을 주위 깊게 읽어 주시기 바랍니다. 귀하에 대해 가장 잘 설명하고 있는 번호에 체크해 주시기 바랍니다.

1 = 전혀 그렇지 않다 2 = 거의 그렇지 않다 3 = 거의 그렇다 4 = 매우 그렇다

나는 어려운 상황을 벗어날 많은 방법을 알고 있다.	1	2	3	4
나는 매우 힘있게 나의 목표를 추구한다.	1	2	3	4
나는 언제나 피로를 느낀다	1	2	3	4
어떤 문제든 해결 방법이 있다.	1	2	3	4
나는 타인과의 논쟁에서 언제나 자신이 없다.	1	2	3	4
나는 내 인생에서 가장 중요한 것들을 얻는 많은 방법을 안다.	1	2	3	4
나는 내 건강을 걱정한다.	1	2	3	4
심지어 다른 사람들이 자신감이 없을 때에도,	1	2	3	4

나는 내 자신이 그 해결책을 찾을 수 있다고 생각한다.

내가 겪은 지난 경험들은 모두 나의 미래를 위해 나 자신을 잘 준비해준 것들이다.	1	2	3	4
---	---	---	---	---

나는 내 인생에서 매우 성공적인 삶을 살아왔다.	1	2	3	4
----------------------------	---	---	---	---

나는 대개의 경우, 무엇인가에 근심하는 나 자신을 발견한다.	1	2	3	4
-----------------------------------	---	---	---	---

나는 내가 정한 목표를 달성하고 있다.	1	2	3	4
-----------------------	---	---	---	---

[Source: Snyder et al., Hope Scale, 1991]

협조해 주셔서 감사합니다. 귀하의 시간이 얼마나 중요한지 이해하고 이 연구에 참여해 주신 것에 대해서 깊은 감사를 드립니다. 이 연구의 결과는 향후 한인 연장자뿐만 아니라 한인이민자들에 대한 각종 연구들에 큰 도움이 될 것입니다.

APPENDIX N
QUESTIONNAIRES – FOCUS GROUP (ENGLISH)

Focus Group Guide & Questions

1. Welcome and brief background about the purpose of focus group
 - Introduction : Name & Age
2. Key Point to Discuss
 - Encourage participants to express thoughts and opinions freely.
 - Stress that the intent is to focus on issues pertaining to depression
 - ✓ Feelings of Sadness vs. Acculturation
 - ✓ Feelings of Sadness vs. Perceived Respect
 - ✓ Feelings of Sadness vs. Socio-economic Status
 - ✓ Feelings of Sadness vs. Health
3. Facilitation Logistics
 - Facilitation Time: Approximately 1 hour
 - Major Issues: will be recorded by digital media and personal notes
 - Date, Time, and Location: To be determined
 - Materials Needed: Paper for note, List of participants, Audio recorder, and Some snacks

Introduction.

Hello. Thank you for coming out to see me. I'm Kyungsoo Sim who is currently pursuing a doctorate degree at the School of Social Work at Loyola University Chicago. I think this is a very meaningful chance to talk with you about feelings of sadness as well as hearing about your experiences with the moods. During the discussions, I would like to talk about your feelings of sadness in terms of how it relates to things like your physical health, your socio-economic status, your perception of respect or how you have adjusted to living in your community in America. All the data collected during our session today will be used for studies on elderly depression. In addition, I will be incorporating this information into my dissertation. All of your answers will be confidential. Your names or any other information that could identify you will not be included in any reports. I will destroy the notes and recorded files after I have completed the dissertation. Does anyone have any questions regarding the study?

Theme 1: Feelings of sadness and the level of cultural acceptance.

Question:

1. Have you experienced any type of feelings of sadness in the process of adapting to the American culture?
2. What is your impression of America?

Probe:

3. What motivated you to immigrate?
4. Based on your experiences after immigration, what is the major difference between Korean and American culture?
5. Have there been occasions when you felt difficulty adjusting to cultural differences? Please, be specific.
6. What practical/helpful advice did you receive when you felt difficulty adjusting to American culture?
7. Have you experienced/observed any type of feelings of sadness due to immigration? Please be specific.

Checkup:

8. Have you experienced deep sadness in response to any other life situation?
9. How necessary did you feel it was to get acclimated to American culture?

Theme 2: Feelings of sadness and the level of perceived respect

Question:

1. In what ways do your family and/or friends show respect for/to you?
2. In what ways is respect connected to feelings of sadness?
3. In what ways do you not feel respected?

Probe:

4. Can you give examples of when you feel respected?
5. Can you give examples of when you are not respected?
6. When you think you are not respected, how do you feel?
7. Do you feel any differences between 'respect in Korea' and 'respect in America'?
8. To what extent does 'respect' have an influence on your life?

Checkup:

9. Do you have any other feelings of sadness related experiences you would like to share?
10. How important is it to you to show respect or to be respected?

Theme 3: Feelings of sadness and the socio-cultural environment.

Questions:

1. Can you tell me if your current income is sufficient or insufficient to meet your life style needs?
2. Do you have any difficulties getting the necessary items from where you currently live?
3. Can you tell me how you think your neighborhood compares to others in regard to community center programs?
4. Can you tell me about the relationships between where you live and your satisfaction with life?

Probe:

5. Can you tell me the major reason that made you move to your current address? (What was your previous place of residence?)
6. What do you like and dislike about your current address? Any inconveniences?
7. Can you describe your relationship like with your neighbors?
8. What do you feel is necessary to have in your neighborhood? (Ex: shopping center, church, hospital, nursery homes, community center, etc.) ?
9. Can you tell me if you have any major current economic issues?

Checkup:

10. What other opinions or thoughts do you have about your current neighborhood?
11. Who lives in your neighborhood? Is it diverse, an ethnic enclave, etc?

Theme 4: Feelings of sadness and your health.

Questions:

1. What do you think about your current health?
2. Do you have any chronic diseases from which you are suffering?
3. Can you tell me how do you think about the relationship between physical health, mental health, and environmental health?

Probe:

4. Can you tell me about your exercise patterns or any special plans to keep yourself healthy?
5. How often do you go to the doctor?
6. How long have you been getting treatment for your chronic disease?
7. Which one is more important to you, physical and mental health?

Checkup:

8. Do you have any thoughts or opinions about general health and feelings of sadness?

Thank you for your help.

APPENDIX O
QUESTIONNAIRES – FOCUS GROUP (KOREAN)

소개말

안녕하십니까? 오늘 절 만나기 위해 이렇게 와주셔서 매우 감사 드립니다. 저는 로올라 대학교에서 사회복지를 전공 중인 심경수라고 합니다. 노인성 우울증을 전공하는 박사 과정 학생으로서 여러분들을 오늘 이렇게 모시고 슬픔 혹은 슬픈 감정에 대한 경험이나 그 밖에 그와 관련된 여러 가지 이야기를 나눌 수 있게 되어 매우 의미 있는 기회라고 생각합니다. 대화를 통해서, 신체적 건강, 미국문화에의 적응 정도, 거주지역을 중심으로 한 사회경제적인 요인들과 존경심이라는 한국 문화의 한 특징과 더불어 그간의 이민생활에서 경험하셨던 슬픈 감정/느낌 등과의 관계에 대해 심도 있고 폭넓은 이야기를 나누고자 합니다. 오늘 포커스 그룹에서 얻게 되는 모든 자료들은 제 박사 학위 논문을 비롯한 노인성 우울증 연구에 귀중한 자료로 사용될 것입니다. 물론 여러분의 대화 내용의 비밀은 반드시 지켜집니다. 본인의 이름을 비롯, 개인의 신분을 나타낼 만한 대화나 자료들은 어떤 글에서라도 철저히 배제될 것입니다. 제 연구와 그에 따른 논문이 완성되고 난 후에는 각종 노트 및 음성 녹음 등의 자료들은 폐기될 것입니다. 이 연구에 대해서 어떤 질문 있으십니까?

주제 1: 슬픈 감정/느낌과 문화 적응 정도

질문:

1. 이민 후 미국 문화에 적응하면서 슬픈 감정/느낌이나 그와 관련 증상을 경험해보신 적이 있으십니까?
2. 미국에 대한 느낌/인상은 어떻습니까?

추가 질문:

3. 이민을 하게 된 동기를 말씀해주실 수 있으니까?
4. 귀하의 경험에 비추어 볼 때, 이민 후 경험한 미국 문화와 한국 문화의 가장 큰 차이는 무엇이었나요?
5. 문화적 차이를 극복하거나 적응하는데 있어서 어려움을 겪으셨나요? 구체적으로 설명해 주시겠습니까?
6. 미국 문화 적응에 어려움을 겪을 경우 어떤 실질적인 도움을 받으셨나요?

7. 이민과 관련해서 슬픈 감정/느낌을 경험하거나 혹은 목격하신 것이 있으십니까? 구체적으로 말씀해 주시겠습니까?

확인 질문:

8. 이민 외에 다른 일로 인해 깊은 슬픔을 경험하신 적이 있으십니까?
9. 미국 문화 적응이 어느 정도 필요하다고 느끼십니까?

주제 2: 슬픈 감정/느낌과 존경심

질문:

1. 귀하의 가족이나 친구들은 귀하에게 어떤 식으로 존경심을 보입니까?
2. 존경심과 슬픈 감정/느낌은 어떤 식으로 관계가 있습니까?
3. ‘존경을 받지 못한다’는 것은 어떻게 느껴지나요?

추가 질문:

4. 존경 받는다는 느낌은 예를 들어 어떤 경우이십니까?
5. 존경 받지 못한다는 느낌은 예를 들어 어떤 경우이십니까?
6. 존경 받지 못함을 느낄 때, 어떤 느낌이 드십니까?
7. ‘한국에서의 존경’과 ‘미국에서의 존경’이 다를까 느끼십니까?
8. ‘존경’이 어느 정도까지 본인의 인생에 영향을 미칩니까?

확인 질문:

9. 그 밖에 슬픈 느낌/감정에 관련된 경험이나 목격담이 있으십니까?
10. 존경을 하고 존경을 받는 것이 귀하에게 얼마나 중요한 것이라고 생각하십니까?

주제3: 슬픈 감정/느낌과 사회문화 환경

질문:

1. 현재 소득이 귀하의 생활방식을 만족시키기에 충분한지 아닌지 말씀해 주시겠습니까?
2. 현재 살고 계신 곳에서 필요한 모든 것들을 구하는데 어려움은 있으십니까?
3. 다른 지역의 공공 서비스에 대해 현 거주지의 서비스 수준이 어떠한지 말씀해주시겠습니까?
4. 현 거주지와 귀하의 삶에 대한 만족도와의 관계는 어떻습니까?

추가 질문:

5. 현 거주지로 이사를 오신 가장 큰 이유는 무엇입니까? (이사 전의 주소는 어떻게 되십니까?)
6. 현 거주지의 좋은 점과 나쁜 점은 무엇입니까? 또, 불편한 점은 각각 무엇입니까?
7. 현 거주지의 이웃관계를 설명해주시겠습니까?
8. 현 거주지역에 좀 더 필요한 것이 있다면 무엇입니까(예를 들어, 쇼핑몰, 사회복지단체, 종교단체, 병원, 등등)?
9. 현재 경제적인 측면과 관련된 가장 큰 문제는 무엇입니까?

확인 질문:

10. 그밖에 현 거주지에 대한 생각이나 의견이 있습니까?
11. 귀하의 이웃을 구성하는 인종적 배경은 어떤가요?

주제4: 슬픈 감정/느낌과 건강상태질문:

1. 귀하의 현재 건강상태에 대해 어떻게 생각하십니까?
2. 어떤 종류의 만성 질환으로 고생하십니까?
3. 육체적인 건강상태와 정신적인 건강상태, 그리고 환경적 건강에 대해 어떤 생각을 하고 계신지 말씀해 주시겠습니까?

추가질문:

4. 건강 유지를 위해 하시고 계신 특별한 계획이나 운동 습관 등을 말씀해 주시겠습니까?
5. 병원 방문을 얼마나 자주 하십니까?
6. 현재 갖고 계신 질병으로 어느 정도의 기간 동안 치료를 받고 계십니까?
7. 육체적인 건강과 정신적인 건강 상태 중 어느 쪽이 더 큰 문제라고 생각하십니까?

확인 질문:

1. 그 밖에 일반적 건강과 슬픈 감정/느낌에 대한 다른 의견이나 생각이 있으십니까?

감사합니다.

APPENDIX P

QUESTIONNAIRES –IN-DEPTH INTERVIEW (ENGLISH)

A. Welcome and brief background about the purpose of focus group

- Introduction : Name & Age

B. Key Point to Discuss

- Encourage participants to express thoughts and opinions freely.
- Stress that the intent is to focus on issues pertaining to depression
 - ✓ Feelings of Sadness vs. Acculturation vs. Perceived Respect
 - ✓ Feelings of Sadness vs. Socio-economic Status vs. Perceived Respect
 - ✓ Feelings of Sadness vs. Health vs. Perceived Respect

C. Facilitation Logistics

- Facilitation Time: Approximately 1 hour
- Major Issues: will be recorded by digital media and personal notes
- Date, Time, and Location: To be determined
- Materials Needed: Paper for note, List of participants, Audio recorder, and Some snacks

"Hello. Thank you for coming out to see me. I'm Kyungsoo Sim who is currently pursuing a doctorate degree at the School of Social Work at Loyola University Chicago. I think this is a very meaningful chance to talk with you about feelings of sadness as well as hearing about your experiences that might have caused those feelings. "

"During this interview, I would like to talk about your feelings of sadness in terms of how it relates to things like 1) your physical health, 2) your socio-economic status, or 3) how you have adjusted to living in your community in America. All the data collected during our session today will be used for studies on elderly depression. In addition, I will be incorporating this information into my dissertation. "

"All of your answers will be confidential. Your names or any other information that could identify you will not be included in any reports. I will destroy the notes and recorded files after I have completed the dissertation. Do you have any questions regarding this study? "

"If everything is okay with you and you agree to this interview and the tape recording, please sign this consent form."

"I'm now going to ask you some questions that I would like you to answer to the best of your ability. If you do not know the answer, please say so."

"Are you aware of any problems with the feelings of sadness and 1) your acculturation, 2) your health, 3) your socio-economic status?"

Probe: "What have the problems been?"

"Do you know why these problems are occurring?"

"Do you have any suggestions on how to minimize these problems?"

"How does your perception of respect from others impact on the relationships?"

"What types of concerns have you had or heard regarding the influence of the perceived respect on 1) your acculturation, 2) your health, 3) your socio-economic status?"

"What other problems are you aware of?"

"Thank you so much for your cooperation. "

APPENDIX Q
QUESTIONNAIRES –IN-DEPTH INTERVIEW (KOREAN)

“안녕하세요? 오늘 이렇게 와주셔서 매우 감사 드립니다. 저는 로올라 대학교에서 사회복지를 전공 중인 심경수라고 합니다. 오늘 여러분들과 슬픈 감정/느낌에 대해서 얘기 나누고, 또 혹은 그런 감정들을 들게 하는 경험들에 대해서 듣고 대화를 나눌 수 있는 의미 있는 기회를 갖게 되어 기쁘게 생각합니다.”

“인터뷰가 진행되는 동안, 슬픈 감정/느낌이 육체적 건강, 사회경제적 상황, 혹은 이곳 생활 적응 방법 등과 어떻게 관련이 있는지에 대해서 얘기를 나누고 싶습니다. 오늘 포커스 그룹에서 얻게 되는 모든 자료들은 제 박사 학위 논문을 비롯한 노인성 우울증 연구에 귀중한 자료로 사용될 것입니다.”

“여러분들의 대화 내용의 비밀은 반드시 지켜집니다. 본인의 이름을 비롯, 개인의 신분을 나타낼 만한 대화나 자료들은 어떤 글에서라도 철저히 배제될 것입니다. 제 연구와 그에 따른 논문이 완성되고 난 후에는 각종 노트 및 음성 녹음 등의 자료들은 폐기될 것입니다. 이 연구에 대해서 어떤 질문 있으십니까?”

“인터뷰와 녹취 등에 별다른 문제가 없으시다면, 동의서에 사인해 주시겠습니까?”

“제가 몇 가지 질문을 드리겠습니다. 그 질문들에 대해서 가급적 최선을 다해서 답해주시기 바랍니다. 만약 답하기 어려우시다면 어렵다고 말씀해 주시기 바랍니다.”

“혹시 귀하께서는 슬픈 감정/느낌과 문화 동화의 정도, 슬픈 감정/느낌과 건강, 혹은 슬픈 감정/느낌과 사회경제적인 상황과 관련된 어떤 문제를 느끼고 계십니까?”

추가질문: “어떤 문제들인가요?”

“왜 이런 문제들이 발생한다고 생각하시나요?”

“이런 문제들을 최소화하기 위한 어떤 생각을 갖고 계십니까?”

“타인과의 관계에서 상대방으로부터 귀하에 대한 존경심이 그 관계에 어떤 영향을 미칩니까?”

“문화적응, 건강, 혹은 사회경제적 상황에 영향을 미치는 존경심에 대한 귀하의 생각이나 느낌은?”

“다른 문제들은 없나요?”

“협조해 주셔서 감사합니다.”

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VITA

Kyungsoo Sim was born in Seoul, South Korea. He attended Chung-Ang University in Seoul and received a Bachelor of Arts in Social Welfare. Shortly after, he moved to St. Louis to continue his studies at the Washington University where he earned his Master of Social Work with concentration in Mental Health in August 2000.

Immediately upon graduation, Kyungsoo led the Outreach and Interpretation Program at the Korean American Senior Center in Chicago as a director. He oversaw case works, interpretation projects and the ESL Education program for a year and a half. Most importantly, he had the opportunity to work hands-on to serve the Korean American seniors living in the surrounding suburbs of Chicago. This experience has motivated him to pursue higher education to provide further assistance and support for senior citizens.

He began his doctoral program in the School of Social Work at Loyola University Chicago studying Gerontology in Clinical Social Work in 2008. During this time, he started volunteering at the Korean American Community Services participating in a Depression Prevention Program with seniors. While working on his thesis, he co-authored an article entitled “The Changing Map of Characteristic and Service Needs Among Korean American Immigrants in Chicago: A GIS-Based Exploratory Study” that was published in the *Journal of Poverty*.in 2011

Recognizing the urgent need for welfare programs for older citizens in Korea, he returned to Korea after completing his graduate studies. He launched his career teaching the courses of ‘Introduction of Social Work’, ‘Skills for Social Work Practice’, ‘Social Work Administration’ and ‘Social Security’ at Joong-Ang Sangha University, Kyunggi University, Seoul Women’s University, Seoul Theological University, and Chung-Ang University in 2013.