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Hwabyung and Depressive Symptoms among Korean Immigrants

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This article describes the findings from a study that examined the psychological ramifications of immigration experiences among Koreans in the United States using hwabyung and depressive symptoms. Data collected from an anonymous survey of 242 voluntary participants were analyzed using Pearson’s correlation coefficient (r), and hierarchical multiple regression (R²). The findings demonstrated the statistically significant correlation between hwabyung and depressive symptoms. Also found was the important role of coping resources in explaining both hwabyung and depressive symptoms among Korean immigrants. Additionally, the findings suggest that having a graduate school education in the United States, receiving money from Korea, and being a woman were found to be significantly related to hwabyung symptoms. However, no factors related to individual characteristics appeared to have a significant impact on depressive symptoms. Based on the findings, the implications for practice are discussed.

KEYWORDS Hwabyung, depression, culture-bound syndromes, acculturation, stress and coping, Korean immigrants

INTRODUCTION

The strikingly high level of depressive symptoms among Korean immigrants in the United States is disconcerting. Subsequent to the first epidemiological study of Korean immigrants in the United States (Kuo, 1984), succeeding studies have reported notably high scores on the Center for Epidemiological Studies of Depression (CES-D) scale ranging from 12.6 to 17.6 (Choi, 1997;
These findings show extremely elevated levels of depressive symptoms found among Korean immigrants in comparison to not only those of the general population in the United States, but also the national sample in Korea. The CES-D scores among the general population in the United States ranges from 7.94 to 9.25 while the score for the national sample in Korea is 10.57 (Kim et al., 2010). The difficulties involved in the immigration experiences might have increased the psychological vulnerability of Korean immigrants, resulting in heightened levels of depressive symptoms (Park & Bernstein, 2008).

A number of studies identified various factors affecting the changes in depressive symptoms among Korean immigrants (Bernstein, Park, Shin, Cho, & Park, 2011; Jang, Chiriboga, Kim, & Rhew, 2010; Kim et al., 2005; Oh, 2007; Noh, Kaspar, & Wickrama, 2007; Shin, D’Antonio, Son, Kim, & Park, 2011). In addition to personal characteristics including gender, age, education, marital status, or employment status, the depressive symptoms of Korean immigrants are linked to their English proficiency, length of residency in the United States, and affiliations with their ethnic community. The increased levels of depressive symptoms are observed when Korean immigrants encounter both subtle and explicit forms of discrimination and prejudice against them. The reasons for immigration to the United States as well as whether they have plans for re-immigration to Korea are found to be other critical indicators of depressive symptoms. These findings demonstrate that multiple factors are in play and are related to the psychological well-being of Korean immigrants.

Despite their useful contributions, explaining the psychological ramifications of immigration through depressive symptoms alone may have limited applicability. Such an approach does not take account of the cross-cultural variations in psychological symptoms experienced by different ethnic groups (Arnault & Kim, 2008; Kanazawa, White, & Hampson, 2007; Kuo, 1984). Culture shapes all illness behaviors and every psychological distress is culture-bound (Simon & Hughes, 1993). For Koreans, hwabyung symptoms might be a culturally appropriate way to assess the psychological ramifications of their immigration experiences.

Hwabyung is an indigenous psychiatric illness commonly found in Korean culture. The literal meaning of hwabyung is “fire illness,” which is synonymously used with “anger syndrome.” Another Korean term wol-hwabyung, meaning suffocating anger illness, is also used interchangeably with hwabyung. Koreans believe that chronic distress can cause the onset of hwabyung, which manifests itself mainly through somatic symptoms (Min et al., 2009). According to Lin and colleagues’ (1992), almost 12% of Korean immigrants suffer from hwabyung. Their finding demonstrates that the prevalence of hwabyung among Koreans in the United States is much
higher than the 4.1% prevalence rate found in Korea (Min, 2009). However, little is known about hwabyung in the United States.

The purpose of this article is to describe the findings from a study that examined the psychological ramifications of immigration experiences among Koreans in the United States using hwabyung and depressive symptoms. Specifically, the following two questions were explored: (1) What is the relationship between hwabyung and depressive symptoms? (2) What is the relative importance of coping resources and individual characteristics on hwabyung and depressive symptoms? Based on the findings, implications for practice are discussed.

PSYCHOLOGICAL RAMIFICATIONS OF IMMIGRATION

Acculturation, Stress, and Coping

The major theoretical tenets frequently employed in the studies of immigration are acculturation, stress, and coping. Immigration requires individuals to adjust to their new cultural environment and social system. The term acculturation refers to the multiple, drastic, and permanent changes in lifestyles or behaviors that take place through reciprocal interactions between individual immigrants and the conditions of their new environment (Berry, 2005; Castro, 2007). When the demand to change exceeds the immigrants’ capability of adapting to their new environment, it can increase their psychological vulnerability.

According to Lazarus and Folkman (1984), stress is the relationship between the person and the environment that is appraised as a threat to the well-being of that person. Immigration is often considered a stressful life event that has negative mental health consequences (Berry, 2006; Noh et al., 2007). Due to their separation from a familiar environment, immigrants can feel a sense of loss. While adjusting to the conditions of their new environment, they have to learn a new language and social norms. Also, immigrants may have to accept jobs that are not compatible to their educational or professional experiences attained in their countries of origin. Immigrants may feel a sense of rejection when they encounter hostility from the members of their host countries. These difficulties can heighten their psychological vulnerability.

Coping is a wide range of attempts that an individual employs to avoid or lessen the impact of stressful life events (Amodeo, Griffin, Fassler, Clay, & Ellis, 2007; Lazarus & Folkman, 1984). Immigrants may try to cope with the difficulties involved in immigration by calling on psychological resources or social support. A sense of self-esteem is counted as a psychological coping resource (Rosenberg, 1979), whereas social support includes the tangible or emotional assistance provided by family, friends, or neighbors (Matthieu & Ivanoff, 2006). The findings of previous studies demonstrate the critical
role of social support and self-esteem in lessening the psychological symptoms among Korean immigrants (Han, Kim, Lee, Pistulka, & Kim, 2007; Kim, 2006). When examining the immigration experience of Koreans, their ability to overcome difficulties involved in their immigration experiences should not be overlooked.

Culture and Psychological Distress

Kleinman (1988), a medical anthropologist, explains psychological distress as a cultural construction that is created through dialectic interactions between individuals and their environments. Culture shapes individuals' perceptions, experiences, expression of psychological distress and the ways they cope with its symptoms. Social workers must consider the potential influence of culture on illness behaviors of Korean immigrants.

While assessing the psychological impacts of acculturation, Kim and colleagues (2010) observed that Korean immigrants are reluctant to express positive feelings such as happiness and satisfaction. The collectivistic cultural norms of Korea encourage reciprocity and interrelatedness among individuals through humbleness and self-effacement. To maintain harmonious stability in daily life, restraining expression of emotion is an essential quality that each individual has to cultivate. Due to their cultural practice that inhibits expressing positive feelings, Koreans tend to display higher levels of depressive symptoms (Choi, 2004; Jang, Kwag, & Chiriboga, 2010; Park & Bernstein, 2008).

A Culture-Bound Syndrome Hwabyung

To emphasize the importance of culture in understanding the psychological symptoms, the fourth edition of the Diagnostic Statistical Manual of Mental Disorders (DSM-IV) (1994) lists 25 culture-bound syndromes. It defines culture-bound syndromes as “locally specific patterns of aberrant behaviors and troubling experiences that may or may not be linked to a particular DSM-IV category” (American Psychiatric Association [APA], p. 844). In the DSM-IV, hwabyung is listed as a Korean culture-bound syndrome caused by a prolonged suppression of anger.

Social stratification appears to be closely related to hwabyung. Aneshensel (1992) elucidates the source of psychological distress in relation to the social structure that excludes certain groups of people from full participation in society. The heightened levels of psychological vulnerability is a predictable consequence of a discriminatory social system (Jang et al., 2010; Noh et al., 2007; Tang, 2007).

Indeed, a number of empirical findings support this theoretical notion that hwabyung can be caused by social stratification (Kim, 2004, 2006).
Existing studies constantly indicate that *hwabyung* especially affects women due to the patriarchal norms of Korean culture (Khim & Lee, 2003; Min, 2009; Park, Kim, Schwartz-Barcott, & Kim, 2002). Life adversities of Korean women, including issues related to conjugal relationships, child rearing, and unfair criticism from their in-laws are known to be significantly associated with *hwabyung*. In this regard, *hwabyung* can be conceived as a psychological manifestation provoked by Korean women’s marginalized social position.

In the case of Korean men, their inability to fulfill a socially prescribed masculine role of the family provider may provoke *hwabyung* symptoms. For instance, men usually comprise less than 10% of total clients at *hwabyung* clinics in Korea. After the serious financial crisis of 1997 that severely affected the Korean economy, this number increased to 30% of total clients (Kim, 2006). Rather than a gender-specific psychiatric distress, *hwabyung* should be seen as a resultant of various challenges in life including economic stratification.

In the United States, both Korean men and women are at greater risk of being afflicted with *hwabyung*. Although very little is known about *hwabyung* in the United States, existing research not only confirms the generally held assumption that *hwabyung* is fairly common among Korean immigrants, but it also predicts that in the United States we will see even higher prevalence rates than found in Korea (Lin et al., 1992). The difficulties involved in the immigration experience increase the vulnerability of Koreans to *hwabyung* symptoms.

Medical Explanations of *Hwabyung*

According to traditional Korean medicine, *hwabyung* is caused by a neurotic fire (*hwa*) that is developed by suffering extreme distress for a prolonged time (Lee, 2013). It explains that *hwabyung* occurs from an imbalance between *yin* (negative elements) and *yang* (positive elements) caused by chronic stress. Traditional Korean medical theory explains that the neurotic fire (*hwa*) can accumulate in the heart, liver, stomach, head, and chest. When neurotic fire becomes over-activated due to a deficiency of *yin*, it can provoke *hwabyung* (Min, 2009).

Western psychology, in contrast, explains that the origin of *hwabyung* is an incomplete suppression of negative emotion projected on the body. *Hwa* is a complex psychological state composed of various emotions including frustration, anxiety, mortification, anger, apprehension, and disappointment along with physical manifestations (Lee, 2013, Min, 2009; Min & Suh, 2010). *Hwabyung* develops through the accumulation of external stresses that provokes a buildup of *hwa* over a long period of time (Park, 2004). Although each medical approach tries to explain *hwabyung* according to its own theoretical perspective, both the Western and traditional Korean medical explanations see accumulated stress as the major source of *hwabyung*.
Symptoms Related to Hwabyung

The primary symptoms of hwabyung include a stuffy feeling in the chest, frequent sighing, palpitations, fatigue, hot or cold sensations, heaviness of the head, insomnia, localized or generalized aches and pains, dry mouth, indigestion, anorexia, dizziness, nausea, constipation, blurred vision, cold and hot sensations in the body, face, eyes, or mouth, frequent urination, and cold sweats. Other symptoms of hwabyung include anger, pessimism, anxiety, loneliness, guilt, irritability, loss of motivation for life, sense of suffocation, exhaustion, and feelings of helplessness and hopelessness (Min, 2009; Min et al., 2009). Since hwabyung encompasses multiple layers of symptoms, it is linked to various DSM diagnoses including major depression, anxiety disorder, somatization disorder, panic disorder, posttraumatic stress disorder, phobic disorder, and obsessive-compulsive disorders (Min, 2008; Min & Suh, 2010).

Information relevant to the prognosis of hwabyung is rare and often inconsistent. As it is known to be a chronic illness, people generally suffer from hwabyung longer than 10 years before they seek out psychiatric intervention (Min, 2004a). According to Min (2008), people with hwabyung experience various forms of negative emotions and physiological symptoms. Also, depending on the personality traits of each individual and the defense mechanism that he or she employs, individuals may develop symptoms related to depression at one time, but at other times, they experience anxiety and somatization-related symptoms. Because of this, people with hwabyung are frequently diagnosed with two or more DSM disorders including depression, anxiety, and somatization disorders (Min & Suh, 2010; Park, 2004).

Symptoms Related to Depression

In comparison to hwabyung, which manifests primarily through physiological symptoms, the symptoms of major depression are characterized by depressed mood (feelings of emptiness or sadness) and diminished interests or pleasure in daily activities (APA, 1994). Other symptoms of major depression listed in the DSM include significant changes in weight (either loss or gain); sleep disturbance; loss of energy; psychomotor agitation or retardation; sense of worthlessness or inappropriate guilt; diminished concentration; and recurrent thoughts of death or suicide. The severity and frequency of these depressive symptoms and lengths of their course vary from individual to individual (National Institute of Mental Health [NIMH], 2011).

Genetic disposition, chemical imbalances in the brain, and environmental factors such as stressful life events are known to contribute to the development of depressive symptoms. Depression often coexists with chronic illness, substance abuse, and anxiety. It also develops when a person’s life is out of balance due to adverse life experiences (Hayleya,
Poulter, Meralib, & Anisman, 2005; Edwards et al., 2010). Due to their experience of depressive symptoms, individuals may feel exhausted and overwhelmed, which in turn, hinders their ability to carry out daily activities (NIMH, 2011).

Diagnostic Issues Related to *Hwabyung*

Neither the DSM nor the International Classification of Diseases (ICD) provides diagnostic criteria for *hwabyung*. There has been controversy over whether *hwabyung* could be seen as a separate illness distinctive to Korean culture apart from psychiatric disorders listed in the DSM, especially major depression. Some argued that the establishment of a separate diagnostic entity such as a Korean culture-bound syndrome might not be necessary since *hwabyung* can be a culturally patterned expression of psychiatric suffering arising from major depression since they share similar symptom characteristics (Lin, 1983; Lin et al., 1992; Park, Kim, Kang, & Kim, 2001; Park et al., 2002).

On the contrary, more recent studies suggest that *hwabyung* is a culturally specific psychiatric illness (Min, 2009; Min et al., 2009; Park, 2004). Although certain *hwabyung* symptoms are frequently comorbid with those of other psychiatric disorders found in the DSM such as depression, many argue that *hwabyung* has its own distinctive cultural traits and symptom characteristics including anger and *haan*, a complex emotional state that involves mixed feelings of sorrow, endurance, and regret, along with feelings of hatred and revenge (Min, 2009). However, the debate about whether *hwabyung* is a culture-bound syndrome unique to Koreans or a psychiatric disorder listed in the DSM remains controversial and needs further investigation. Continued rigorous cross-cultural research will enhance our understanding of the similarities and differences between *hwabyung* and depressive symptoms.

**SIGNIFICANCE OF THE STUDY**

The significance of this study is to examine the psychological ramifications of immigration experiences among Koreans living in the United States using a culture-bound syndrome *hwabyung* and depressive symptoms. More specifically, this is the first study that examines the relationship between *hwabyung* and depressive symptoms from a sample of Korean immigrants in the United States. In addition, this study examined the impacts of social support, self-esteem, and differences in individual characteristics on the changes in *hwabyung* and depressive symptoms. The findings of this study will advance cross-cultural psychiatric insights of social workers that can promote the psychological well-being of Korean immigrants.
METHOD

Data Collection Procedure

This was a cross-sectional study that employed a non-probability sample of 242 Korean immigrant men and women who were at least 20 years old. In the current study, Korean immigrants are defined as those who consider the United States their permanent domicile regardless of their current immigration status. The participants in this study had to be first-generation adult Korean immigrants, both male and female, who immigrated to the United States after the age of 18. Previous studies indicate that the immigration experience among those who immigrated before the age of 16 is substantially different from that of adult immigrants (Noh & Avison, 1996; Oh et al., 2002; Yu, Choe, & Han, 2002). Additionally, participants had to be able to read and write Korean in order to complete the Korean language questionnaire.

The non-probability sampling method was chosen because it is relatively easy to implement, cost effective, and less time consuming. Korean immigrants constitute less than 1% of the general population in the United States and reside in different geographical locations across the country. Thus, non-probability sampling was an appropriate method to achieve the intended purpose of the study.

The participants were recruited from a total of five educational, religious, and other social institutions serving Korean immigrants located in a metropolitan area of the East Coast of the United States. It has been reported that most Korean immigrants are affiliated with at least one or two ethnic organizations and more than 70% of them are affiliated with religious institutions in their ethnic community (Min, 2010). Thus, local ethnic organizations in the Korean immigrant community were appropriate settings to recruit potential participants, representing diverse demographic characteristics in the study.

Self-administered Korean language standardized questionnaires were used for data collection. Also, an anonymous survey design was employed in the current study. Koreans often do not overtly express their inner feelings or thoughts in public (Alford, 2000). By ensuring the participants’ anonymity, this study hoped to elicit direct and honest responses from the participants. Additionally, when distributing the questionnaire, the participants were informed of the purpose and procedures of the study as well as the voluntary nature of their participation. The approximate time needed to complete the questionnaire was 30 minutes. A $10 gift certificate was provided to the participants as a token of appreciation.

A total of 285 questionnaire packets were distributed to potential participants. Among those, 251 questionnaires (88.07%) were returned. Of those, 242 questionnaires (96.41%) were used for data analysis. Nine questionnaires were excluded because they contained minimal or no information, or the participant’s age did not meet the criterion set by this study.
Individual Characteristics

Of the 242 adult Korean immigrants who participated in the study, slightly more participants were women \((n = 143, 59.1\%)\) than men \((n = 99; 40.9\%)\), with a median age of 41 years. The median length of residence in the United States was 10 years. The major reasons for the participants’ immigration to the United States were education for self \((f = 74, 30.6\%)\), followed by marriage \((f = 38, 15.7\%)\) and education for children \((f = 31, 12.8\%)\). The majority lived with a spouse or partner \((n = 212, 87.6\%)\) and almost all the participants had religious affiliations \((n = 215; 88.8\%)\). Approximately half of the total participants own their own homes \((n = 118; 48.8\%)\) and almost three-quarters of them reported that their annual family income exceeded $50,000. Some \((f = 22; 9.1\%)\) indicated that they send money to their families in Korea on a regular basis. Interestingly, almost as many \((f = 19; 7.9\%)\) reported that they received money on a regular basis from family members in Korea. Regarding educational experiences, 225 (92.8%) participants had attained above a high school education in Korea. Approximately half of the participants \((n = 115, 47.5\%)\) attained formal education while living in the United States. Of the 115 participants, 78 (67.8%) had received a graduate school diploma in the United States. Of the 242 participants, the largest number of participants described themselves as professionals \((n = 74, 30.6\%)\) followed by housewives \((n = 56, 23.1\%)\). Women were more likely to be unemployed. Of the 52 (21.5%) participants who were unemployed, 47 (90.4%) were women. Concerning their English proficiency, only 36 (14.9%) participants reported having no difficulties in using English. Others reported that their confidence in using English was either moderate \((f = 110, 45.5\%)\) or they had difficulties in using it \((f = 94, 38.8\%)\). The individual Korean immigrant characteristics are summarized in Table 1.

Standardized Instruments

All standardized instruments employed in the current study were Korean language versions. The Hwabyung and Social Support scales were originally devised in Korean. For CES-D and Self-esteem scales, translated versions were employed. To ensure the validity and reliability of the instruments prepared for this study, and make it easier for participants to answer questions, a reverse translation into Korean was conducted. These instruments have adequate psychometric properties and have been widely used in both Korea and the United States. Additionally, a pilot test was conducted to detect potential problems related to data collection instruments and concerns that respondents may encounter while answering the questions.
### TABLE 1 Demographic Characteristics

<table>
<thead>
<tr>
<th>Individual characteristics</th>
<th>( f )</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>143</td>
<td>59.1</td>
</tr>
<tr>
<td>Men</td>
<td>99</td>
<td>40.9</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;30 years old</td>
<td>9</td>
<td>3.7</td>
</tr>
<tr>
<td>≥30 and ≤50</td>
<td>185</td>
<td>76.4</td>
</tr>
<tr>
<td>≥51</td>
<td>47</td>
<td>19.4</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td>Spouse/Partner</td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>No</td>
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<td>12.4</td>
</tr>
<tr>
<td>Type of Residence</td>
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<td></td>
</tr>
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<td>Rent</td>
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</tr>
<tr>
<td>Own home</td>
<td>118</td>
<td>48.8</td>
</tr>
<tr>
<td>Other</td>
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<td>2.1</td>
</tr>
<tr>
<td>Family Income</td>
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<td></td>
</tr>
<tr>
<td>≤$50,000</td>
<td>56</td>
<td>23.1</td>
</tr>
<tr>
<td>&gt;$50,000</td>
<td>180</td>
<td>74.4</td>
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<tr>
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<tr>
<td>English Proficiency</td>
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<tr>
<td>Moderate or Good</td>
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<td>60.4</td>
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<tr>
<td>Difficult</td>
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<td>38.8</td>
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<tr>
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<td>2</td>
<td>.8</td>
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<tr>
<td>Religious or Spiritual Affiliation</td>
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<td></td>
</tr>
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<td>215</td>
<td>88.8</td>
</tr>
<tr>
<td>No</td>
<td>27</td>
<td>11.2</td>
</tr>
</tbody>
</table>

\( N = 242 \).

**The Hwabyung Scale (HS)**

The HS was originally devised in Korean to assess personality and symptoms related to *hwabyung*. It consists of two sub-scales that assess personality and symptoms related to *hwabyung* (Kwon, Kim, Park, Lee, Min, & Kwon, 2008). Sixteen items of the HS measure personality and the other 15 items measure symptoms related to *hwabyung*. In the current study, the 15-item HB symptoms sub-scale is used to assess the psychological ramifications of the immigration experiences among Koreans in the United States. The personality scale is excluded from the current study since it is less effective in assessing symptoms related to *hwabyung* (Kwon et al., 2008). The HB symptoms sub-scale is designed to measure emotional and somatic symptoms including “I feel deep anger at times” and “I have a burning sensation in my chest.” The respondents are asked to answer each item on a 5-point scale ranging from “0 = strongly disagree” to “4 = strongly agree.” The possible overall score ranged from 0 to 60. Higher scores indicate increased levels of *hwabyung* symptoms. In the current study, Cronbach’s alpha reliability for the symptom dimension of the HS was .92.
The Center for Epidemiological Studies-Depression (CES-D) Scale

The Korean version CES-D scale was employed in this study. The CES-D scale was developed by Radloff (1977) to measure depressive symptoms for research in the general population or to screen for high-risk populations. This instrument is composed of a 20-item scale that involves four major factors associated with depression including depressive affect, positive affect, somatic and retarded activity, and interpersonal issues (Radloff, 1977). It uses a 4-point scale ranging from “0 = rarely” to “3 = most of the time.” The CES-D has four positively worded items. These positively worded items were reverse scored in order to have higher scores representing higher depressive-symptoms. The possible overall score ranged from 0 to 60. Higher total scores indicate higher levels of depressive symptoms. The Cronbach’s alpha reliability of the CES-D scale based on the sample of this study was .89.

The Social Support Scale (SSS)

To assess perceived social support, this study employed the indirectly perceived social support section of the SSS devised in Korea by Park in 1985 (as cited in Choi 2006). In addition to the indirectly perceived social support sub-scale, the original scales include situational support and direct support sub-scales. This section of the SSS has been widely used in many studies conducted in Korea (Choi, 2006; Lee, 2005; Park, 2006). This 25-item scale covers four different areas of support including emotional (7 items), informational (6 items), material (6 items), and evaluative support (6 items). The following are some items listed in the indirectly perceived social support sub-scale: “The people around me always take good care of me with love,” and “The people around me always offer me help as best as they can.” Respondents are asked to answer each item on a 5-point scale (“1 = none of them are like that” to “5 = all of them are like that”). The possible overall score ranged from 25 to 125. The higher scores indicate receiving higher levels of social support. The Cronbach’s alpha reliability for the indirectly perceived social support section of the SSS based on the sample of this study was .97.

The Rosenberg Self-Esteem Scale (RSE)

In the current study, the 10-item Korean language version RSE scale was employed. This scale was used to assess individual Korean immigrants’ sense of self-esteem based on their self-acceptance and self-worth statements (Rosenberg, 1979). Each item was answered on a 4-point scale ranging from “strongly disagree” to “strongly agree.” The possible overall score ranged from 10 to 40. Higher overall scores indicate a greater sense of self-esteem. The RSE has five negatively worded items that reflect an individual’s negative sense of self. These negatively worded items were reverse scored in order to
have higher scores represent higher self-esteem. The RSE has demonstrated good reliability and validity and has been widely used across different ethnic groups. The Cronbach’s alpha reliability of the Korean version of the RSE scale based on the sample of this study was .86.

FINDINGS

Preliminary Analyses

Descriptive analyses were performed to assess means, standard deviations, and range of the hwabyung symptoms, depressive symptoms, social support, and sense of self-esteem. The result of the data analysis shows that the mean score of hwabyung symptoms was 12.01 (SD = 8.78) with a range from 0 to 47 (possible overall score: 0–60). The mean score of depressive symptoms, on the other hand, was 10.60 (SD = 7.58) with a range from 0 and 44 (possible overall score: 0–60). Both mean scores of hwabyung symptoms and depressive symptoms found in this study were lower than or similar to the findings from most of the other studies conducted on Koreans in the United States or Korea (Choi, 1997; Kim 2005; Koh, 1998; Kwon et al., 2008; Oh et al., 2002).

In the case of coping resources, the mean score of social support was 90.29 (SD = 14.98). When considering the possible overall score ranged from 25 to 125, the current mean score indicates above a mid-level of social support. Additionally, the mean score of sense of self-esteem was 31.35 (SD = 4.97). The possible overall score ranged from 10 to 40. Similar to social support, the current findings indicate above a mid-level for sense of self-esteem. Table 2 summarizes the findings of the preliminary analyses.

Bivariate Analysis

Pearson’s correlation coefficients (r) were performed to determine the relationship between the hwabyung and depressive symptoms. The result of the data analysis demonstrated a positive, moderate correlation between hwabyung and depressive symptoms (r = .56; P < .001). This finding implies

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th>Means and Standard Deviations of Daily Functioning, Hwabyung Symptoms, Depressive Symptoms, and Coping Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
</tr>
<tr>
<td>Hwabyung symptoms</td>
<td>12.01</td>
</tr>
<tr>
<td>Depressive symptoms</td>
<td>10.60</td>
</tr>
<tr>
<td>Social support</td>
<td>90.29</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>31.35</td>
</tr>
</tbody>
</table>

N = 242.
that Korean immigrants with a higher level of hwabyung symptoms are more likely to show a higher level of depressive symptoms.

Multivariate Analysis

Two separate hierarchical multiple regression ($R^2$) analyses were performed utilizing three blocks to assess factors contributing to either hwabyung or depressive symptoms. Sense of self-esteem was entered in the first block followed by social support, which was entered in the second block. In the third block, individual characteristics relevant to the demographic makeup, participants’ relationship with Korea, and acculturation were entered. The findings from previous studies consistently demonstrate the statistically significant role of self-esteem and social support in explaining the level of psychological symptoms (Kim, 2004; Park & Song-Bernstein, 2008; Shin et al., 2007; Wu, Noh, Kaspar, & Schimmele, 2003). By entering sense of self-esteem and social support in the first two blocks, the importance of these two coping resources in explaining hwabyung or depressive symptoms was assessed separately from the individual characteristics of participants in the present study.

In order to perform the data analysis, a number of variables related to individual characteristics were dichotomized in the following manner:

1. Demographic information: gender (0 = men, 1 = women), live with a partner (0 = no, 1 = yes), and owning a home (0 = no, 1 = yes).
2. Acculturation: thought about re-immigration back to Korea (0 = no, 1 = yes), English proficiency (0 = difficult, 1 = moderate or okay), and using Korean at home (0 = no, 1 = yes).
3. Education: not attaining education in the United States (0 = not checked, 1 = checked) and acquiring a graduate school degree in the United States (0 = not checked, 1 = checked).
4. Income: annual family income (0 = $50,000 or less, 1 = more than $50,000), and receiving money from Korea (no = 0; yes = 1).

In the present study, language-related acculturation is measured by English proficiency of participants and their use of Korean at home. As a more recent immigrant group, Koreans often prefer to use their native language while interacting with members of their own families and ethnic community (Jeon, 2008, 2012). At the same time, approximately 77% of Korean immigrants use English as their primary language at work (Kim & Wolpin, 2008). For Korean immigrants, the use of their own native language at home can strengthen the interaction among family members, while their English proficiency may affect their overall functioning in other domains of everyday life including employment (Jeon, 2010; Zhen, 2013). Because of this reason, it is
speculated that English proficiency and use of Korean at home have different psychological ramifications.

In regard to education, the previous findings demonstrate that Korean immigrants who attained higher education in the United States show significantly increased levels of acculturation to the host culture (Hurh & Kim, 1984; Oh et al., 2002). In the current study, almost half of the 242 participants \((n = 115, 47.5\%)\) had attended school while living in the United States and among those, slightly more than two-thirds \((n = 78; 67.8\%)\) received a graduate school diploma. Rather than relying on the level of overall educational attainment, in the current study, the psychological effect of immigration was assessed based on the education received in the United States.

The literature on Korean immigrants consistently report the difficulties involved in collecting data relevant to their income (Johnson, 2000; Kwon, 2003). To increase participants’ responses in the current study, the annual family income was collected by grouping it into several categories. For data analysis, the annual family income was reorganized into two categories, over or less than $50,000. According to the U.S. Census Bureau (2004) the median annual family income of Korean immigrants was $47,624. Thus, an annual income of $50,000 is an appropriate amount that assesses the economic standing of Korean immigrant families.

**FACTORS CONTRIBUTING TO HWABYUNG SYMPTOMS**

Table 3 summarizes the findings of the hierarchical multiple regression \((R^2)\) analysis performed to assess factors contributing to hwabyung symptoms. The findings demonstrate that, taken together, a sense of self-esteem, social support, and individual characteristics explained 38% of the variance in hwabyung symptoms \((F(14, 208) = 223; p < .001)\). The incremental change for each of the three blocks was also significant. Five independent variables were found to be significantly related to hwabyung symptoms. Of these factors, social support was the strongest predictor, which explains 18.49% of the variance in hwabyung symptoms, followed by sense of self-esteem (5.76%), having a graduate school education in the United States (4%), receiving money from Korea (3.61%), and being a woman (2.25%).

**FACTORS CONTRIBUTING TO DEPRESSIVE SYMPTOMS**

Table 4 presents the findings of the hierarchical multiple regression \((R^2)\) analysis that assessed factors contributing to depressive symptoms. Taken together, a sense of self-esteem, social support, and individual characteristics explained 25% of the variance in depressive symptoms \((F(14, 207) = 4.90; p < .001)\). The incremental change for each of the three blocks was also significant. Similar to hwabyung, social support and sense of self-esteem
TABLE 3 Contributing Factors for the Changes in Hwabyung Symptoms

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Hwabyung symptoms</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>β</td>
<td>SE</td>
<td>Partial correlation</td>
</tr>
<tr>
<td>Block 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of self-esteem a</td>
<td>–.22***</td>
<td>.11</td>
<td>–.24</td>
</tr>
<tr>
<td>R² = .16</td>
<td>F = 43.39*** (1, 221)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social support b</td>
<td>–.41***</td>
<td>.03</td>
<td>–.43</td>
</tr>
<tr>
<td>R² change = .12</td>
<td>F change = 36.79*** (1, 220)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual characteristics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>–.02</td>
<td>.08</td>
<td>–.02</td>
</tr>
<tr>
<td>Women</td>
<td>.13*</td>
<td>1.07</td>
<td>.15</td>
</tr>
<tr>
<td>Living with a partner</td>
<td>.01</td>
<td>1.60</td>
<td>.02</td>
</tr>
<tr>
<td>Owning a home</td>
<td>–.04</td>
<td>1.10</td>
<td>–.05</td>
</tr>
<tr>
<td>Acculturation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thought about re-immigration</td>
<td>.09</td>
<td>1.06</td>
<td>.11</td>
</tr>
<tr>
<td>English proficiency</td>
<td>–.03</td>
<td>1.14</td>
<td>–.03</td>
</tr>
<tr>
<td>Use Korean at home</td>
<td>.11</td>
<td>1.26</td>
<td>.13</td>
</tr>
<tr>
<td>Length of stay</td>
<td>–.03</td>
<td>.09</td>
<td>–.02</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education in the U.S.</td>
<td>–.13</td>
<td>1.47</td>
<td>–.10</td>
</tr>
<tr>
<td>Graduate school education in the U.S.</td>
<td>–.24**</td>
<td>1.52</td>
<td>–.20</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual family income &gt; $50,000</td>
<td>–.05</td>
<td>1.27</td>
<td>–.06</td>
</tr>
<tr>
<td>Receive money from Korea</td>
<td>.16**</td>
<td>1.91</td>
<td>.19</td>
</tr>
<tr>
<td>R² change = .10</td>
<td>F change = 2.73** (12, 208)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List-wise method for missing data; List-wise method was chosen due to a relatively small amount of decrease in sample size available for the data analysis

N = 223; *p < .05, **p < .01, ***p < .001.
Overall F(14, 208) = 9.16; p < .001.

a Sense of Self-esteem: The Rosenberg Self-Esteem Scale.
b Social Support: The Social Support Scale.

were significantly associated with depressive symptoms, explaining 7.84% and 6.25%, respectively, of the variance in depressive symptoms. Unlike hwabyung, however, no individual characteristics were significantly related to depressive symptoms.

DISCUSSION AND PRACTICE IMPLICATIONS

The findings demonstrated relatively lower levels of hwabyung and depressive symptoms among the participants in the current study. Also demonstrated was the statistically significant correlation between hwabyung and depressive symptoms. In addition, the findings highlight the important role
TABLE 4 Contributing Factors for the Changes in Depressive Symptoms

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Depressive symptoms</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>β</td>
<td>SE</td>
<td>Partial correlation</td>
</tr>
<tr>
<td>Block 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of self-esteem&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.26***</td>
<td>.11</td>
<td>-.25</td>
</tr>
<tr>
<td></td>
<td>R² = 15</td>
<td>F = 38.13***</td>
<td>(1, 220)</td>
</tr>
<tr>
<td>Block 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social support&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-.28***</td>
<td>.03</td>
<td>-.28</td>
</tr>
<tr>
<td></td>
<td>R² change = .05</td>
<td>F change = 12.92***</td>
<td>(1, 219)</td>
</tr>
<tr>
<td>Block 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Characteristics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demographic information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-.11</td>
<td>-1.17</td>
<td>-.08</td>
</tr>
<tr>
<td>Women</td>
<td>.01</td>
<td>.11</td>
<td>.01</td>
</tr>
<tr>
<td>Living with a partner</td>
<td>-.09</td>
<td>-1.32</td>
<td>-.09</td>
</tr>
<tr>
<td>Owning a home</td>
<td>-.03</td>
<td>-.42</td>
<td>-.03</td>
</tr>
<tr>
<td>Acculturation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thought about re-immigration</td>
<td>-.06</td>
<td>-.99</td>
<td>-.07</td>
</tr>
<tr>
<td>English proficiency</td>
<td>.05</td>
<td>.73</td>
<td>.05</td>
</tr>
<tr>
<td>Use Korean at home</td>
<td>.02</td>
<td>.36</td>
<td>.03</td>
</tr>
<tr>
<td>Length of stay</td>
<td>-.07</td>
<td>-.71</td>
<td>-.05</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education in the US</td>
<td>.07</td>
<td>.78</td>
<td>.05</td>
</tr>
<tr>
<td>Graduate education in the US</td>
<td>.01</td>
<td>.12</td>
<td>.01</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual family income &gt; $50,000</td>
<td>-.02</td>
<td>-.25</td>
<td>-.02</td>
</tr>
<tr>
<td>Receive money from Korea</td>
<td>.08</td>
<td>1.25</td>
<td>.09</td>
</tr>
<tr>
<td></td>
<td>R² change = .05</td>
<td>F change = 1.24***</td>
<td>(12, 207)</td>
</tr>
<tr>
<td>List-wise method for missing data; List-wise method was chosen due to a relatively small amount of decrease in sample size available for the data analysis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N = 222; ***p &lt; .001.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall F (14, 207) = 4.90; p &lt; .001; Total R² = .249.</td>
<td></td>
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</tbody>
</table>

<sup>a</sup>Sense of Self-esteem: The Rosenberg Self-Esteem Scale.

<sup>b</sup>Social Support: The Social Support Scale.

of coping resources in explaining the changes in the levels of both hwabyung and depressive symptoms among Korean immigrants. Among the variables related to individual characteristics, education attained in the United States, receiving financial support from Korea, and being women appear to have significant impacts on hwabyung symptoms. In contrast, no factors related to individual characteristics were found to have significant impacts on depressive symptoms.

Levels of Hwabyung and Depressive Symptoms

In the current study, the mean score of hwabyung symptoms was 12.01. This mean score was approximately six points lower than the findings from the
previous study conducted in Korea, which was 18.38 (Kwon et al., 2008). This outcome may be because of the data collection method. Unlike the current study conducted in a community setting, the previous study was conducted in a clinical setting (Kwon et al., 2008). All participants were women recruited through advertisement or individual contacts. Women often show higher levels of psychiatric disorders in comparison to men (Mumford, Minhas, Akhtar, Akhter, & Mubbashar, 2000). Thus the gender of the participants as well as the relatively small sample size ($n = 53$) might have influenced the previous study’s outcome. In regard to the level of depressive symptoms, the current finding ($M = 10.57$) is similar to the national sample in Korea ($M = 10.60$). Moreover, the level of depressive symptoms found in the current study is notably lower than the findings of previous studies conducted on Korean immigrants in the United States, which ranged from 12.6 to 17.6.

The relatively lower levels of hwabyung and depressive scores found in the current study may be connected to the socioeconomic characteristics of the research participants. Three-quarters ($n = 180; 74.4\%$) of the participants reported that their family income exceeded $50,000 a year, and approximately one third ($n = 74, 30.6\%$) of the participants reported that their annual family income was more than $100,000. Also, the participants in this study may have a better sense of life gratification due to the extended length of their residence in the United States. The median length of residency among the participants in the current study was 10 years. This means that the study participants could readdress their earlier hardships through improved economic conditions, language skills, and social interactions with mainstream society (Hurh & Kim, 1990b; Kim, 2009). These positive experiences might result in an enhanced sense of psychological well-being among the study participants.

In addition, a relatively lower level of hwabyung and depressive symptoms may stem from sampling issues. Using a non-probability sampling method, this study collected the data from social institutions located in the Korean ethnic community. Since these organizations become a source of support for the immigrants who attend these institutions, participants in the current study might have a strong sense of connectedness to other members of their institutions. This sense of connectedness may become a source of psychological well-being where they could find a sense of security, belonging, comfort, ethnic pride, and social support (Yoon & Lee, 2010).

However, it has to be noted that the level of depressive symptoms found in the current study is higher than those of the general population in the United States ranging between 7.94 and 9.25. Despite their relatively advantageous circumstances in comparison to other Korean immigrants, difficulties associated with the acculturation experience might have increased the level of their depressive symptoms.
Correlation Between *Hwabyung* and Depressive Symptoms

In the current study, the findings suggest that Korean immigrants who suffer from higher levels of depressive symptoms may be more likely to experience increased levels of *hwabyung* symptoms. This outcome has an important clinical implication. Not only can *hwabyung* be comorbid with depression, but social workers should give careful attention to the ways Koreans express their psychological distress. Korean immigrants tend to underutilize mental health services. The conventional diagnostic criteria, such as depression, do not often capture the ways they experience psychiatric symptoms (Lee, Hanner, Cho, Han, & Kim, 2008; Park & Bernstein, 2008). This may be why, when suffering from *hwabyung*, Koreans often seek help from physicians, traditional medicine, and folk healers rather than psychiatric help (Min, 2004b).

Min (2004b, 2008) identifies the differences in symptom characteristics between *hwabyung* and depression. People with *hwabyung* frequently complained of symptoms that were not part of depressive symptoms. *Hwabyung* can manifest itself through respiratory stuffiness, an epigastric discomfort, a heat sensation, subjective anger, and palpitations. In addition, people with *hwabyung* often express a unique Korean psychology called *baan*, “a feeling of inward frustration that is derived from a sense of resignation, defeat, and nothingness” (Kim, 1999, pp. 126–127). Additionally, people suffer from *baan* because of abuse, exploitation, discrimination, violence, or other forms of social injustice that they have experienced without having resources to rectify the wrong. It has to be noted that Koreans believe their experiences of oppression and social injustice cause *hwabyung* (Min, 2004b, 2009). By noting unique symptom expressions, psychosocial stressors, and the traditional remedies for *hwabyung*, social workers can enhance their clients’ compliance with intervention plans, which will result in better therapeutic outcomes.

In regard to psychiatric intervention of *hwabyung*, Min (2004b, 2009) introduces a number of psychosocial treatment modalities effective for *hwabyung* including short-term based psychotherapy, and cognitive-behavioral therapy. The focus of these psychosocial treatments includes somatic symptom reduction and management of anger. Additionally, the combined use of antidepressants and antianxiety medicine is recommended in treating *hwabyung* symptoms (Min, 2004b, 2009).

The Role of Coping Resources in Lessening *Hwabyung* and Depressive Symptoms

The findings of the current study demonstrate that social support and self-esteem will strengthen the ability of Korean immigrants to cope with both *hwabyung* and depressive symptoms. Indeed, the buffering effects of
social support and a sense of self-esteem on psychological symptoms were observed by a number of previous studies conducted on Korean immigrants (Choi, Stafford, Meininger, Roberts, & Smith, 2002; Park & Song-Bernstein, 2008; Shin, Han, & Kim, 2007).

Also, social workers must recognize the different impacts that these coping resources have on hwabyung and depressive symptoms. Taken together, social support and a sense of self-esteem explains 24.25% of variance in hwabyung symptoms. In contrast, these coping resources explain only 14.09% of the variance in depressive symptoms. These findings suggest the important role that coping resources play in explaining hwabyung symptoms in comparison to depression.

Social workers can foster social support systems of Korean immigrants and their sense of self-esteem by being familiar with Korean culture. Their ethnic community is where Korean immigrants find social support (Choi, 1997; Kim et al., 2005; Noh & Kasper, 2003). For instance, over 70% of Korean immigrants are affiliated with churches in their ethnic community (Hurh & Kim, 1990b). The Korean church enhances immigrants’ search for the meanings of their uprooting and re-rooting experiences. The church is an inclusive and accessible social institution regardless of sex, age, or socioeconomic status. It functions as a “reception center” for new immigrants by providing needed assistance for their resettlement, including information and counseling on employment, health care, and children’s education (Kim & Grant, 1997). It also plays a role as an educational center where immigrants’ children can learn the Korean language, history, and culture. For many Korean immigrants, their ethnic church becomes an extended family where they find a sense of belonging, security, and comfort.

Economic Hardship, Being Women, Education, and Hwabyung Symptoms

Economic deprivation appears to be closely related to hwabyung symptoms. When immigrating to the United States, Korean immigrants often experience a downward economic slide. Their professional experiences and educational backgrounds attained in Korea are not often recognized (Kim, Conway-Turner, Sherif-Trask, & Woolfolk, 2006). More often than not, Korean immigrants have to restart their careers while struggling with language barriers and limited financial means. At times, they may even have to rely on financial support from their family members in Korea. Their experience of financial insecurity might manifest as heightened levels of hwabyung symptoms. Indeed previous findings have shown increased levels of psychological symptoms among Korean immigrants who experienced difficulties in meeting their daily economic needs (Choi, 2004; Jang et al., 2009; Kim, 2006; Kim et al., 2005).
Korean immigrant women appear to be especially vulnerable to *hwabyung* due to their multiple role obligations as wage earners, mothers, and wives with limited resources (Min, 2001; Kim & Grant, 1997; Park, 2008; Park, Harrison, & Bailey, 2000; Shin & Shin, 1999; Um & Dancy, 1999). Because of racial and language barriers, they work as helpers at restaurants, drycleaners, and grocery stores in their ethnic community. These women become unpaid workers if their families have self-owned businesses. At home, they are expected to maintain traditional role obligations by taking full responsibility for household tasks and child rearing. They face increased levels of marital conflict when they demand a more egalitarian-based conjugal relationship. As stress accumulates in their daily lives, it can be manifested as heightened levels of *hwabyung* symptoms.

Previous findings show that Korean immigrant women develop an increased level of positive sense of self by recognizing their contributions to the well-being of the family (Lim, 1997). Creating programs for Korean immigrant couples to enhance their ability to share family obligations can help Korean women overcome their struggle with multiple role obligations. Such programs can promote emotional closeness and communication skills that can reinforce harmonious relationships between Korean immigrant couples.

Having a graduate education in the United States appears to have a positive mental health effect for Korean immigrants. While examining the sociocultural adaptation patterns of Korean immigrants, Hurh and Kim (1984) found a significantly higher level of acculturation among those with undergraduate or graduate degrees attained in the United States. Regardless of their length of residency, these Korean immigrants show a higher degree of social integration. Through their education, these Koreans enhance their English proficiency and professional credentials, which enable them to find better economic opportunities. Indeed, immigrants experience faster earning growth as they acquire not only English proficiency but also professional training (Park, 1999). Creating language and professional training programs that are accessible, affordable, and flexible enough to accommodate the needs of Korean immigrants can foster their ability to support family members. Such efforts can contribute to the psychological well-being of Korean immigrants and their families.

**LIMITATIONS OF THE STUDY AND SUGGESTIONS FOR FUTURE STUDY**

The current study has to be considered preliminary and several limitations should be acknowledged. This study employed a cross-sectional design. It did not measure the changes in *hwabyung* or depressive symptoms over time nor did the data collected through this design allow for assessing cause and effect. The sampling method and geographical specificity of the data
collection sites are other areas of concern. Because of the convenience sampling method and relatively small sample size, the generalizability of the findings is open to question. By employing a more rigorous data collection method, future studies should increase the size and variability of the sample, and consequently the generalizability of the findings. Another concern is social desirability. This study was conducted using a self-administered survey that had an inherent limitation such as the possibility of under or over reporting due to response bias.

In the current study, a statistically significant correlation between hwabyung and depressive symptoms was found. However, this finding may not be sufficient in deciding whether hwabyung and depression are identical psychiatric disorders. The previous studies report that hwabyung symptoms can manifest without comorbid symptoms (Min, 2008; Min & Suh, 2010; Min et al., 2009; Park 2004). For instance, based on a study conducted on 221 psychiatric patients in Korea, Son (2006) found that 15% of the respondents in the study were diagnosed only with hwabyung without having any other co-occurring psychiatric distresses. In a more recent study, Min and colleagues (2010) found a significant correlation between the symptom profile of hwabyung and anger, rather than depression. Further studies need to be conducted to determine whether or not hwabyung is a culturally patterned expression of psychiatric illness arising from major depression.

In addition, a number of studies found a statistically significant link between racial discrimination and psychological distress (Jang et al., 2007; Mossakowski, 2003; Noh et al., 2007; Yip, Gee, Takeuchi, 2008). Moreover, Koreans believe that abuse, exploitation, discrimination, violence, and other forms of social injustice may cause the onset of their hwabyung symptoms. However, in the current study, the link between hwabyung and social injustice has not been assessed. This requires future investigation.

In the current study, no factors related to individual characteristics were significantly associated with depressive symptoms. The differences in demographic characteristics of individual Korean immigrants and their level of acculturation, educational attainment, and financial circumstances appear not to predict the changes in depressive symptoms. Although these findings might suggest the differences between hwabyung and depressive symptoms, the influence of limited variability among samples and small sample size might have contributed to such an outcome. Future studies should employ a more rigorous data collection method. Such an effort could yield a clearer understanding of the link between the individual characteristics of Korean immigrants and their experiences of psychiatric symptoms.

CONCLUSION

The findings of the current study enhance the cross-cultural insights by identifying not only the relationship between hwabyung and depressive symptoms are other areas of concern. Because of the convenience
symptoms, but also the relative importance of coping resources and individual characteristics on both hwabyung and depressive symptoms. Despite the statistically significant correlation between hwabyung and depressive symptoms, the findings also highlight their differences. It appears that coping resources play a much bigger role in explaining the changes in hwabyung symptoms than depression. The findings of the current study demonstrate that receiving financial assistance from family members or relatives in Korea, or being women can increase the vulnerability of Korean immigrants to hwabyung. On the contrary, those who attained graduate school education in the United States are less likely to experience heightened levels of hwabyung symptoms. However, the findings of the current study demonstrate that no individual characteristics explain the changes in the level of depressive symptoms.

Social workers must be aware of the importance of culture that shapes not only individuals’ experiences with psychological symptoms, but also their coping behaviors. Taking culture into account means “affirming, witnessing, and engaging the illness in the embodied terms in which it is experienced” (Kleinman, 1988, p. 24). By learning about the illness beliefs of Korean immigrants and their coping behaviors, social workers can provide culturally appropriate services that address the difficulties involved in their immigration experiences, and the ability of Korean immigrants to overcome them.

REFERENCES


Hwabyung and Depressive Symptoms


