

The Influences of Cultural Values, Ethnic Identity, and Language Use on the Mental Health of Korean American College Students

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ABSTRACT. Little research has examined ethnic identity, cultural values, and native language maintenance as predictors of mental health in Korean Americans. The authors explored the influences of ethnic identity, maintenance of Asian cultural values, and maintenance of Korean language usage on self-esteem, anxiety, and depression in Korean American college students ($N = 133$). Findings indicated that Korean American men reported relatively high levels of state and trait anxiety and that the overall sample reported a relatively high level of depression. Whereas language and ethnic identity had a minimal influence on the mental health of students, greater cultural value maintenance was associated with decreased self-esteem and increases in state anxiety, trait anxiety, and depression. The positive relationship between cultural values and mental health problems may be indicative of being caught in an ethnic bind, in which the clash of traditional and modern values contributes to psychological distress. The authors discuss clinical implications of the findings.

Key words: anxiety, cultural values, depression, ethnic identity, self-esteem

ACCORDING TO THE UNITED STATES BUREAU OF THE CENSUS (2001), Korean Americans are one of the fastest-growing minority groups in the United States. The 2000 U.S. census data indicated that the Korean American population increased by 35% between 1990 and 2000. Korean individuals in the U.S. now number over 1.2 million, which equals nearly 11% of the overall Asian population in the U.S. Despite the increase in the Korean American population, relatively few studies have assessed the mental health of Korean Americans.

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Depression and Stress Factors in Korean Americans

The scant epidemiological research on the prevalence of depression in Korean Americans suggests they may experience relatively high levels of depression in comparison to Anglo and other Asian groups. In a community-based sample from the Seattle area, Kuo (1984) examined levels of depression in various Asian American groups and found that Korean Americans reported almost twice as many depressive symptoms than did Filipino Americans, Japanese Americans, and Chinese Americans. Kuo suggests that depression in Korean Americans may relate to several sociodemographic stress factors, including high unemployment rates, limited English-speaking abilities, and the tendency of Korean Americans to work in low-prestige jobs in comparison to other Asian groups, perhaps due to their limited English skills.

Hurh and Kim (1990) found comparable levels of depressive symptoms in a community-based sample of Korean Americans in the Chicago area. Increased depression in men was significantly associated with decreased family satisfaction, lower job satisfaction, lower individual earnings, and more hours at work. Depression in women was linked to decreased family satisfaction, less church affiliation, lower job satisfaction, and higher individual earnings. Hurh and Kim suggested that the positive relationship of individual earnings and depression in Korean women was indicative of their experience of the double burden of performing household tasks and working outside the home because of the financial needs of the family.

Findings from these two studies indicated that depression in Korean Americans is closely linked to the influence of environmental stressors, many of which appear to be linked to acculturation. Researchers (Choi, 1997; Kuo & Tsai, 1986; Oh, Koeske, & Sales, 2002; Shin, 1994) have found that greater acculturative stress is related to increased depression in Korean Americans.

Ethnic Identity, Cultural Values, and Korean Language Usage

Several other factors embedded in the acculturation process may influence the mental health of Korean Americans. These include the variables of ethnic identity, cultural values, and Korean language usage. *Ethnic identity* is one's identity or sense of self as a member of an ethnic group and the portion of one's thinking, perceptions, and feelings that are part of being a member of that group (Phinney, 2003). Several authors have stated that a strong sense of ethnic identity may protect against mental health problems. For example, Smith (1991) stated that the acceptance of one's ethnic group as a positive reference group leads to positive self-esteem because it anchors one's relatedness to others. Similarly, Sodowsky, Kwan, and Pannu (1995) believed that having a sense of ethnic belonging is necessary to prevent social alienation and self-estrangement. Phinney (1992), in standardizing the Multigroup Measure of Ethnic Identity (MEIM), reported a positive relationship between ethnic identity and self-esteem in ethnic minority college students.

To our knowledge, only two published studies have examined the relationship of ethnic identity and mental health in Korean Americans. In a sample of immigrant Korean women in the Austin, TX, area, Kim and Rew (1994) found that ethnic identity was not associated with quality of life or depression. By contrast, in a sample of Korean American college students in Austin, Lee (2005) found that ethnic identity was positively related to self-esteem and negatively associated with depression. Moreover, ethnic identity appeared to act as a buffer against the influence of discrimination on depression, but only in those students who reported relatively low levels of discrimination.

Several authors (e.g., LaFromboise, Coleman, & Gerton, 1993; Sodowsky et al., 1995; Szapocznik & Kurtines, 1980) have suggested that behavioral aspects of acculturation occur more quickly than internal aspects, such as changes in cultural values. According to these authors, this occurs because of the need to survive economically in a new society. Changes in value systems may not affect income potential to the same degree, for example, as the ability to speak English. Kim, Atkinson, and Yang (1999) documented that changes in traditional values occurred more slowly than behavioral acculturation in Asian American college students. Sodowsky et al. believed that Asian Americans, in general, tend to maintain their cultural values longer than other ethnic immigrant groups.

A small number of researchers have examined the role that the maintenance of cultural values plays on the mental health of Korean Americans. In a sample of Korean Americans from the Pittsburgh, PA, area, Oh et al. (2002) found that the abandonment of Korean traditions and values was significantly related to an increase in depressive symptoms. However, Aldwin and Greenberger (1987) found that perceived parental traditionalism was the strongest predictor of depression in a sample of Korean American college students. These findings contradict those of Oh et al., suggesting that the maintenance of cultural values in the family may actually contribute to mental health difficulties.

As noted, the acquiring of English language skills by acculturating individuals serves an adaptive purpose. The concomitant maintenance of Korean language abilities may be further adaptive in that it may reflect a bicultural mode of adaptation. Although Schrauf (1999) found that Korean Americans tended to maintain native language usage in various contexts through at least three generational levels, researchers have yet to examine the influence that Korean language maintenance has on the mental health of Korean Americans.

Purpose

There are little to no published findings regarding the impact of ethnic identity, cultural values, and language maintenance on Korean American mental health. Moreover, the findings that have been reported are equivocal. The purpose of this study was thus to explore the influences of ethnic identity, the maintenance of Asian cultural values, and the maintenance of Korean language usage

on the mental health of Korean American individuals. We used self-esteem, anxiety symptoms, and depressive symptoms as mental health indicators.

Method

Procedure

According to Shin and Yu (1984), who examined sampling methods when conducting ethnicity research, individuals with the surname of Kim are representative of the overall Korean American population. Thus, as a first step in the recruitment of participants, the second author searched for students with the surname of Kim in the e-mail directories of three universities: one located in California, one in Washington state, and one in Michigan. The search produced 422 students from California, 395 from Washington, and 518 from Michigan.

Brief descriptions of the study and its questionnaires were sent to these students via e-mail. Of these e-mails, 1,130 were delivered and 205 were returned as undeliverable. Of the delivered e-mails, 178 students expressed interest in participating, and out of these, 133 individuals completed the questionnaires. Of these individuals, 48% were from California, 29% from Washington, and 23% from Michigan.

We gave participants three options for completing the questionnaires: completing them online at a website, completing a Microsoft Word form version via e-mail, or completing a paper version. The participants who completed the questionnaires were entered into a drawing, and we randomly chose 10 of the participants to win a \$50 prize.

Participants

Participants were 133 Korean American college students (88 women, 45 men); their ages ranged from 18 to 29 years ($M = 20.7$, $SD = 2.6$). In terms of academic levels, 20.6% of participants were first-year students, 18.3% were second-year, 20.6% were third-year, 15.3% were fourth-year, 13.7% were undergraduate students in their fifth year or beyond, and 11.5% were graduate students. One third (33%) of participants were first-generation (i.e., were born in Korea), and the remaining participants were second-generation or greater. Only 16.9% of students supported themselves financially; other participants were supported through a combination of self, family, and financial aid.

Measures

Included in the self-administered battery of questionnaires was a background information form that assessed age, gender, year in school, country of birth, and financial support. In addition, participants rated their ability to use the Korean language by responding to the questions of "How well do you speak Korean?" and "How well do you understand Korean?" with responses ranging

from 1 (*not at all*) to 5 (*very well*). The variable of language was calculated by summing the scores for these two questions. Possible scores for this variable ranged from 2 to 10, with higher scores indicating higher levels of Korean language ability. The reliability of this method was previously assessed (Phinney, Romero, Nava, & Huang, 2001) at a Cronbach's alpha level of .87. In this study, Cronbach's alpha was .89.

Multigroup Ethnic Identity Measure. We used the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992) to measure ethnic identity. The MEIM assesses positive ethnic attitudes, the sense of belonging to an ethnic group, and the exploration and resolution of ethnic identity issues. Items are rated on a 4-point scale from 1 (*strongly agree*) to 4 (*strongly disagree*). The mean item score is used as the summary score, with higher scores indicating a greater degree of ethnic identity. The MEIM has been widely used among various ethnic groups, including Asian Americans (Phinney), and has been shown to have adequate internal consistency, reliability, and construct validity for Korean Americans (Lee, Falbo, Doh, & Park, 2001). Cronbach's alpha for the MEIM was .87 in this study.

Asian Values Scale. We used the Asian Values Scale (AVS; Kim et al., 1999) to measure adherence to Asian cultural values. The AVS consists of 36 items scored on a 7-point Likert scale, asking participants to what degree they agree or disagree with the statement. The mean item score is used as the summary score. Higher scores indicate closer adherence to Asian cultural values. The AVS has been found to have adequate internal-consistency reliability, test-retest reliability, concurrent validity, and discriminant validity (Kim et al., 1999). Cronbach's alpha for the AVS was .77 in this study.

Rosenberg Self-Esteem Scale. We used the Rosenberg Self-Esteem Scale (Rosenberg, 1989) to measure participants' self-esteem. The scale consists of 10 items on a 4-point Likert scale from 1 (*strongly disagree*) to 4 (*strongly agree*). The mean item score is used as the summary score, and higher scores indicate higher self-esteem. Cronbach's alpha was .75 in this sample, indicating adequate internal consistency reliability.

State-Trait Anxiety Inventory. We used the State-Trait Anxiety Inventory (STAI; Spielberger, 1983) to measure anxiety. The STAI consists of two subscales: State Anxiety and Trait Anxiety. The State Anxiety subscale measures anxiety at the moment of administration, and the Trait Anxiety subscale measures anxiety as a general disposition. Each subscale consists of 20 items on a 4-point scale, with possible scores for each subscale ranging from 20 to 80. Higher scores indicate higher levels of anxiety. In this study, Cronbach's alpha was .95 for State Anxiety and .94 for Trait Anxiety, indicating excellent internal consistency and reliability for each subscale.

Center for Epidemiologic Studies-Depression Scale. We used the Center for Epidemiologic Studies-Depression scale (CES-D; Radloff, 1977) to measure depressive symptoms. The CES-D consists of 20 items rated on a 4-point scale, from 1 (*rarely or none of the time*) to 4 (*most or all of the time*). Possible scores range from 0 to 60, with higher scores indicating higher levels of depressive symptoms. The accepted caseness is a score of 16 or over, which represents the upper 20% of scores. This threshold was established through validity studies of community samples (Vega, Kolody, Valle, & Hough, 1986). The CES-D has been reliably and validly used with Korean-American samples (Hurh & Kim, 1990; Kuo, 1984; Oh et al., 2002; Shin, 1994). Cronbach's alpha was .91 in this study.

Results

Descriptive Statistics

Language ability. In response to the question, "How well do you speak Korean?" 2.3% of participants responded "not at all well"; 30.1% responded "poorly"; 22.6% responded "moderately well"; 28.6% responded "fairly well"; and 16.5% responded "very well." In response to the question of, "How well do you understand Korean," 0% of participants responded "not at all well"; 7.7% responded "poorly"; 31.5% responded "moderately well"; 38.5% responded "fairly well"; and 22.3% responded "very well." The mean for speak was 3.27 ($SD = 1.13$); the mean for understand was 3.75 ($SD = 0.89$). The mean for language (composite of speak and understand) was 7.0 ($SD = 1.94$).

Table 1 lists the mean scores and standard deviations on the cultural and mental health measures. We did not find significant gender or generational differences for these variables.

Ethnic identity and Asian cultural values. The overall mean ethnic identity score of 2.99 is similar to what Phinney (1992) found ($M = 3.02$) in her standardization sample of Asian college students. The overall mean Asian cultural values score of 4.03 is similar to what Kim et al. (1999) found ($M = 4.04$) in their standardization sample of Asian college students.

Self-esteem and anxiety. The mean self-esteem score represents an overall moderate level of self-esteem. The mean state and trait anxiety scores for females were consistent with the mean state (38.8) and trait (40.4) anxiety levels reported by Spielberger (1983) in his standardization sample of female college students. One-sample t tests indicated that men reported significantly higher state, $t(42) = 2.3, p < .03$, and trait, $t(43) = 2.1, p < .05$, anxiety in comparison to the mean state (36.5) and trait (38.3) anxiety scores reported by Spielberger in his standardization sample of male college students.

Depression. The overall level of depression in the present sample appears to be elevated. Forty-two percent of participants reached caseness with a score of 16 or greater on the CES-D. The overall CES-D mean of 15.2 is higher than the mean scores reported for Korean Americans by Oh et al. (2002; $M = 14.8$) and Kuo (1984; $M = 14.4$). The present CES-D means for women (14.4) and men (16.7) are higher than were the means for Korean American women (12.9) and men (12.3) reported by Hurh and Kim (1990).

Relationships Among Cultural and Mental Health Variables

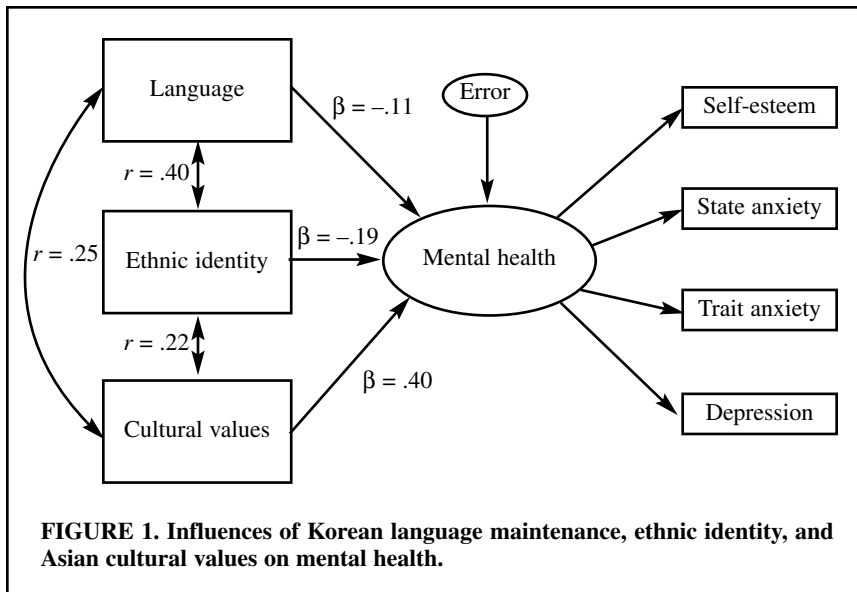
Pearson correlations. Table 2 shows the correlations among cultural variable predictors and the mental health variables. As indicated, Korean language ability was not related to any of the mental health indicators. Higher levels of ethnic identity were related to a slight decrease in trait anxiety. Higher levels of adherence to Asian cultural values were strongly associated with lower self-esteem, higher state anxiety, higher trait anxiety, and greater depression.

Structural model. We used AMOS 6.0 software to determine the relative influences of language, ethnic identity, and cultural values on the variable of mental health, an unobserved variable composed of self-esteem, state anxiety, trait anxiety, and depression (see Figure 1). When creating the mental health variable, we reversed the direction of self-esteem to ensure consistency of directionality with anxiety and depression. The Comparative Fit Index (CFI; Bentler, 1990) for the model was 0.94, the Incremental Fit Index (IFI; Bollen, 1989) was 0.94, the Normed Fit Index (NFI; Bentler & Bonett, 1980) was 0.92, and the Root Mean Square Error of Approximation (RMSEA; Browne & Cudeck, 1992) was 0.1, indicating that the model had overall good fit to the data (Tomarken & Waller,

TABLE 2. Pearson Correlations Among Cultural Variables and Mental Health Variables

Variable	Self-esteem	State anxiety	Trait anxiety	Depression
Language	.14	-.06	-.09	-.08
Ethnic identity	.15	.01	-.18*	-.04
Cultural values	-.40***	.22**	.31***	.23**
Self-esteem	—	-.58***	-.80***	-.71***
State anxiety	—	—	.77***	.73***
Trait anxiety	—	—	—	.81***

* $p < .05$. ** $p < .01$. *** $p < .005$ (two-tailed).



2005). The three cultural variables accounted for 17% of variance in mental health. Although these variables were moderately intercorrelated, only the variable of cultural values had a substantial impact on mental health, as indicated by its standardized beta of .40. In sum, stronger adherences to Asian cultural values were associated with greater mental health difficulties.

Discussion

Our findings add to the sparse body of literature on Korean American mental health. Moreover, they provide evidence on the comparative influences of native language maintenance, ethnic identity, and cultural values on the mental health of Korean American college students. As noted, participants reported an overall high level of depression. Forty-two percent of participants reached depression caseness, compared to the 20% of participants typically found in community samples (Vega et al., 1986). The mean depression score found in the present study was greater than the high depression levels found by Oh et al. (2002) and Kuo (1984) in their samples of Korean Americans.

Whereas Korean American women in this sample reported standard levels of state and trait anxiety, Korean American men reported significantly high levels of both. Male Korean American college students may be differentially impacted by the system of values encountered in a college atmosphere. For example, some students may have lived in environments in which great emphasis was placed on the traditional Korean values of men being providers and

heads of households or holding more power and status within the family and culture (Kim, 1996). A college environment that stresses gender equality, among other value shifts, may create psychological strain for male students from traditional Korean backgrounds.

As mentioned earlier, the scant research available on the maintenance of cultural values and its relationship to mental health in Korean Americans has had mixed results. Oh et al. (2002) found that the abandonment of Korean values was related to increased depression, but Aldwin and Greenberger (1987) found that the maintenance of Korean values was related to depression. Our findings here are consistent with the latter, strongly suggesting that greater adherence to cultural values is associated with lower self-esteem and increased anxiety and depression. As in Aldwin and Greenberger's study, in the present study we sampled Korean American college students, many of whom may have been living away from their family for only a short duration.

These findings may be symptomatic of what Kibria (2000) termed an ethnic bind, a pressure both to cultivate one's Korean background and values and to minimize one's Korean background while adapting to the more individualistic culture found in college. Hyun (2001) found that Korean American individuals with a highly independent self-construal reported significantly less depression and greater life satisfaction than did Korean Americans with a less independent self-construal. Korean American students who have developed a more independent sense of self may be better able to navigate the ethnic bind and to cope with the stress that may result from living in two cultures. However, those students who overly adhere to traditional cultural values may be less able to manage the ethnic bind and thus more likely to become anxious and depressed.

Although some authors (e.g., Lee, 2005; Smith, 1991; Sadowsky et al., 1995) have stated that a strong sense of ethnic identity and the maintenance of Asian language use may protect against psychological difficulties, our study provided little evidence for these hypotheses. This discrepancy may be due to characteristics of the college sample utilized in our study. Although some researchers have suggested that ethnic identity is more salient to Asian Americans than other ethnic groups (e.g., Chin, 1983), others have documented differences in salience of ethnic identity among Asian Americans (e.g., Hayano, 1981), with ethnic identity being more salient for individuals who are geographically or psychologically close to Asian communities. Because going to college results in some disconnection from the community, the relationship of Korean ethnic identity to mental health might be studied more fruitfully in community-based samples in which there is a stronger commitment to ethnic identity.

Our findings may have important implications for clinicians. The clash of cultural value systems is one of the primary contributors to acculturative stress (Williams & Berry, 1991). Because severe acculturative stress increases the risk for anxiety, depression, and suicidal ideation (Hovey, 2000a, 2000b), clinicians working with Korean American patients should carefully examine their clients'

value systems and the stress that may derive from dissonance between Asian and American values.

Limitations of this study include the single-informant, self-report methodology and cross-sectional design. Because of the homogeneity of the sample in terms of age and student status, future researchers should explore the relationship of language use, ethnic identity, and cultural values on mental health in other Korean American groups. Because ethnic identity fluctuates over time, there may be various moments of acceptance and rejection of one's ancestral culture (Phinney, 2003; Sodowsky et al., 1995). Longitudinal work can provide a close examination of the process of ethnic identity formation in Korean Americans and can help determine how fluctuations in ethnic identity may impact mental health over the course of identity formation.

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