ACCULTURATIVE STRESS, INTERGENERATIONAL CONFLICT, AND NEGATIVE MOOD REGULATION EXPECTANCIES OF KOREAN IMMIGRANTS

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ABSTRACT

I examined acculturative stress among Korean immigrants living in the U.S. Acculturative stress is a stress individuals experience as they adjust to a new culture. Acculturative stress damages mental health. I investigated how acculturative stress, conflicts between parents and children, depressive symptoms, and the belief individuals have that they can alleviate their negative emotional states are associated with each other. The participants were 103 immigrants of Korean descent who completed questionnaires. The participants had options to respond to the survey in English or Korean, in person or online. A MANOVA revealed that there was no significant difference in scores between languages. Correlational analyses showed that acculturative stress was significantly positively correlated with intergenerational conflict related to education and career, intergenerational conflict related to dating and marriage, and depressive symptoms. Acculturative stress was also significantly negatively correlated with negative mood regulation expectancies (NMRE). Multivariate analyses showed that years of residence in U.S., intergenerational conflict related to education and career, and NMRE all significantly predicted acculturative stress. Furthermore, NMRE and acculturative stress significantly predicted depressive symptoms. Tests of NMRE as a moderator were not significant. Korean immigrants in this study were experiencing acculturative stress and depressive symptoms. Clinical interventions targeting raising NMRE may build Korean immigrants' resilience to acculturative stress.

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CHAPTER 1

INTRODUCTION

There has been a substantial increase in the number of Korean immigrants living in the United States. According to the 2000 and 2010 censuses, the Korean immigrant population increased during that decade by 33.1% from 1,099,422 to 1,463,474 (U.S. Census Bureau, 2012). Yet, a limited amount of research on Korean immigrants has been published. Due to immigration, individuals experience a shift in their social and living environment, which is interconnected with developing new perceptions, thoughts, feelings, and behaviors. The process of individuals' coming from their heritage culture and adjusting to a new, mainstream culture is called acculturation. Acculturation is challenging and distressing when people are naïve to the new culture and encounter changes and barriers such as language difference, lack of cultural knowledge, different social norms, and discrimination (Berry, 2006). Although acculturation in and of itself may not be a stressful process or lead to negative outcomes, Korean immigrants' experience of distress related to the acculturation process deserves to be the focus of research.

Acculturation can cause psychological burden for many immigrant families. One source of family stress is the different speeds with which parents and children acculturate. Children acculturate to the mainstream culture relatively quickly, compared to parents who are more attached to their native culture (Szapocznik & Kurtines, 1993). Cheung,

Chudek, and Heine (2011) assessed evidence for a *sensitive period* for acculturation and studied whether an immigrant's speed of acculturating into U.S. culture is due to the duration of exposure to the new culture or exposure during a sensitive developmental period for children. The authors found that acculturation occurs most rapidly at younger ages, providing evidence for a sensitive period in which individuals more easily acculturate. Cheung et al. found that immigrants with a longer exposure to mainstream culture identify themselves more with the mainstream culture, but only if their exposure occurs when they are at relatively young ages.

Cheung et al. (2011) also found a negative relationship between years of exposure and mainstream identification among older immigrants. Unlike younger immigrants, older immigrants may feel frustrated by their poor fit with the new community's norms. In addition, as part of the natural aging experience, they may miss their home culture more than younger immigrants. Furthermore, the social context of immigrants' experiences depends on their age at immigration. For example, it is likely that young immigrants attend school where they are exposed to social interactions with English-speaking students. Whereas, middle-aged immigrants must find a job to support themselves or their family and may have less interaction with English-speakers. Some Asian immigrant women maintain a traditional role as a housewife, with restricted engagement in the mainstream culture. Thus, younger immigrants may have greater opportunities for acculturating into U.S. culture (Cheung et al., 2011).

Acculturative family distancing theory (Hwang, 2006) explains how differences in acculturation between parents and children cause clashes in communication, cultural values, and expectations. These cultural clashes can be a risk factor for mental health

problems when they are unresolved and continue to build. According to Oh, Koeske, and Sales (2002), stress from acculturation has contributed to psychological distress and clinical depression among Asian Americans in the U.S. Therefore, it is important to examine closely the sources of stress from acculturation and how these sources affect immigrants' mental health.

Acculturation and Acculturative Stress

Berry (2006) defined acculturation as the process of individuals' gradually adjusting to a new culture that results in cultural and psychological changes. Each individual's acculturation experience is unique. Some may want to maintain their heritage culture and identity, while others prefer mostly to participate in mainstream culture (Berry, 2006). Thus, there are variations in how different individuals engage in the process of acculturation through adapting to the new culture.

Berry (2006) refers to individual differences in adaptation as acculturation strategies, and he identified four distinct pathways: assimilation, separation, integration, and marginalization. Assimilation is when individuals do not want to maintain their heritage culture but prefer to participate actively and become absorbed in mainstream culture (Berry, 2006). Separation is when individuals prefer to hold on to their heritage culture and retain its cultural values while distancing themselves from mainstream culture. Integration is when individuals both maintain their heritage culture and participate in mainstream culture. This integration strategy is based on the assumption that there is a balanced preference for and involvement in both one's heritage culture and mainstream culture; this is generally considered to be the most adaptive and healthy way to acculturate (Berry, 1997). The last acculturation strategy is marginalization, which

refers to individuals who do not maintain their own heritage culture or enter mainstream culture.

Researchers have examined acculturation in relation to immigrants' country of origin, number of years residing in the mainstream culture, and change in values, attitudes, beliefs, cultural orientation, personality, and identity (Berry, 2003; Trimble, 2003). Depending on the country of origin and years spent in the mainstream culture, individuals can be identified as first generation, 1.5 generation, and second generation. First generation refers to individuals who were born in a different country (i.e., foreign-born residents), whereas second generation refers to children born to first generation immigrant parents. Second generation individuals are born in a different country and culture from their parents. Some may only speak the mainstream language as their first language, which may cause communication difficulties with their immigrant parents. Others may be somewhat bilingual, learning and using their parents' language growing up with parental support (Kang, 2013).

The 1.5 generation refers to individuals who emigrated to a foreign country before or during adolescence. These individuals speak the language of their country of origin and bring cultural characteristics with them to mainstream culture while being exposed to new language, and cultural groups, norms and expectations. Based on my own personal experience, it is fairly challenging to communicate in a new language, especially early after immigration, while facing unfamiliar cultural norms and expectations, values, and other aspects of a new culture.

In the process of acculturation, it is likely that many immigrants undergo daily psychological discomfort or stress, due to uncertainty and confusion about how to adapt

themselves to the new culture. Not only understanding the culture, but also changing what they used to do, think, and speak is necessary to live in a new cultural and social milieu. This can be referred to as acculturative stress. Berry, Kim, Minde, and Mok (1987) defined acculturative stress as a physiological and psychological state of an individual affected by stressors originating from the acculturation process.

Hwang and Ting (2008) mentioned that level of acculturation, in and of itself, is only a descriptive term that is not a direct or proximal cause of maladjustment in the process of acculturation. Instead, stress particularly from experiences of cultural adaptation is a more proximal risk for difficulties (Escobar, 1998). Berry (1998; 2003) explained that factors that contribute to acculturative stress may include linguistic challenges, loss of social support, difficulty establishing new social ties, disruptions in family dynamics, difficulty finding a job in the new country, discrimination, and nonacceptance by the host culture.

Hwang and Ting (2008) argued that it is important to examine whether certain acculturation strategies (i.e., assimilation, separation, marginalization, or integration) carry greater risk. They emphasized that the relationship between level of acculturation and mental health depends on demographic characteristics of the sample, such as age and ethnic density of neighborhoods. The authors were particularly interested in learning which factors might increase risk for negative mental health consequences among Asian Americans. Thus, they examined the relationships among level of acculturation, acculturative stress, and the mental health of Asian American college students. Hwang and Ting hypothesized that lower levels of acculturation to the U.S. culture would be associated with greater psychological maladjustment (e.g., psychological distress and

clinical depression). They also hypothesized that the relationship between level of acculturation and mental health outcomes would be nonsignificant after acculturative stress has been accounted for. Lastly, they hypothesized that acculturative stress would be associated with mental health outcomes, even after general perceived stress has been accounted for.

The results of hierarchical regression analyses confirmed all three hypotheses. First results showed that lack of identification with mainstream culture is related to more psychological distress and risk for clinical depression (Hwang & Ting, 2008). In this study, retention or relinquishing of one's heritage culture was not significantly related to negative mental health outcomes. Second, the relationship between identification with the U.S. culture and mental health outcomes was diminished when acculturative stress was introduced into the model. This finding suggests that acculturative stress explains a portion of the relationship between cultural identification and Asian Americans' mental health. In this study, items that measured acculturative stress included stress from language conflict, social conflict, perceived discrimination, perceptions of a closed society, and perceived acculturation gap between participants and their parents. Lastly, acculturative stress was associated with negative mental health outcomes above and beyond the effects of general perceived stress (Hwang & Ting, 2008).

Park and Rubin (2012) tested several hypotheses to elucidate inconsistent findings concerning acculturation and mental health among Korean immigrants. They first hypothesized that acculturative stress would have a positive direct effect on depression. They also hypothesized that level of acculturation would have a negative effect on depression. They also hypothesized the mediating role of acculturative stress between

acculturation level and depression. Lastly, the authors hypothesized positive effects of age and age at immigration on depression and negative effects of length of residence, marital status, income, and education on depression (Park & Rubin, 2012).

The results of a path analysis showed that stress from acculturation is the factor that most explains depression among Korean immigrants. Level of acculturation was the second largest predictor of depression. As in studies by Ayers et al. (2009), Jang and Chiriboga (2010), and Oh et al. (2002), Park and Rubin (2012) found the mediating role of acculturative stress in the relationship between level of acculturation and depression. Even though immigrants with lower acculturation level experience greater depressive symptoms than those who are more acculturated, this study demonstrated the intervening role of acculturative stress on the relationship between acculturation and depression.

Ayers et al. (2009) stated that empirical studies of the effects of acculturation have failed to find consistent results for two reasons: small convenience samples and the use of models that do not examine the independent impact of acculturation on mental health. So, Ayers et al. studied the mechanism by which acculturation affects depressive symptoms by examining the mediating role of immigration stress and social support among Korean immigrant women residing in California.

Three hypotheses were tested in their study. First, acculturation directly decreases depression. Second, the effect of acculturation on depression is mediated by immigrant stress: acculturation reduces immigrant stress thereby reducing depression. Lastly, they hypothesized that the effect of acculturation on depressive symptoms is mediated by social support. Ayers et al. believed that more highly acculturated immigrants would have

increased social support, compared to less acculturated immigrants, leading to reduced depressive symptoms.

Results showed a negative association between acculturation and depression, a positive and stronger association between immigrant stress and depression, and a negative association between interpersonal social support and depression. In addition, results of the path analysis indicated that acculturation might decrease depression both directly and indirectly by reducing the stress of the immigrant experience and increasing one's network of social support. Ayers et al. (2009) found no direct impact of acculturation on depression. Therefore, rather than adaptation to a new culture, it is the stress from acculturation that more strongly affects psychological outcomes among immigrants.

Intergenerational Conflict

Intergenerational conflict refers to conflicts between parents and their children. Chung (2001) sought to identify differences in conflict patterns between adolescents and parents related to gender, ethnicity, and level of acculturation. Participants were Americans of Chinese, Korean, Japanese, and Filipino descent, and Southeast Asians between the ages of 17 and 31. Instruments included the Intergenerational Conflict Inventory (ICI) to measure type and severity of intergenerational conflict with three subscales: Dating and Marriage, Family Expectations, and Education and Career. Results showed that female students reported higher conflict than males on Dating and Marriage. Japanese Americans had lower intergenerational conflict than Korean Americans and Southeast Asians on Family Expectations. Japanese Americans also scored lower than all other ethnic groups on Dating and Marriage conflict, indicating less conflict over when to

begin dating and whom to marry. The most acculturated group reported lower conflict than less acculturated or bicultural people.

Chung (2001) suggested that Japanese Americans scored lower on Family Expectations—which measures conflict over culturally related expectations, such as how much time to spend with the family, communication style, and family interactions—than Korean and Southeast Asian Americans because Korean and Southeast Asian communities are newer in the U.S. Chung (2001) explained that ethnic groups with larger numbers of first generation Americans experience more conflict over cultural traditions than ethnic groups who are predominantly later generation, in which parents have lived in the U.S. for many years. When parents are well acculturated and adhere less to their heritage culture, intergenerational conflict over culturally related expectations is less likely to occur. Thus, these differences relate less to cultural factors tied to country of origin than they do to the timing of immigration.

Hwang (2006) introduced a construct called acculturative family distancing (AFD), which refers to acculturation gap as a consequence of differences in timing in the acculturative process and in cultural change between parents and their children. Two dimensions of AFD are loss or breakdown of communication and cultural incongruence; these act as proximal mechanisms of the broader construct of acculturation gap (Hwang, 2006). As AFD increases, there is a higher risk of family conflict. In terms of verbal communication, as previously mentioned, children become proficient speaking English faster than their parents do, because children are in social settings, such as schools, that require the use of English. At the same time, immigrant children may gradually lose

fluency in their native language as they speak the language of mainstream culture frequently.

In terms of nonverbal communication, differences in the perception of interpersonal space, facial expressions, and high-low context communication, which refers to the extent to which individuals rely more on literal or implied meanings (Hall, 1976), can impede effective communication between parents and children, leading to misunderstanding and delivering unintended messages that may be considered disrespectful. An example of misunderstanding occurs when highly acculturated children directly express what they want and how they say it to their parents. Less acculturated Asian parents may perceive their children's speech as impolite and disrespectful, because the parents' home culture is more reserved in their way of communicating.

The second dimension of AFD is incongruent cultural value systems between parents and children. With continued exposure to American traditions and values, children have a choice, either consciously or unconsciously, to retain, change, or surrender their traditional values (Hwang, 2006). This choice can lead to developing value discrepancies and relationship difficulties with their parents. Hwang (2006) stated that this dimension of AFD is related to loss or breakdown of communication. For heritage cultural traditions and values to pass on to children, effective communication between parents and children is crucial.

Although family is valued across many different cultures, there are distinct differences between cultures in terms of family relationships and expectations, the quality of interactions, and how one is expected to behave in the family structure (Berry, 1989). While individualistic cultures value the pursuit of individual needs, collectivistic cultures

value interest in and connection with the group. For example, if a more acculturated Korean child deviates from his or her heritage cultural orientation and pursues his or her own individual interests, his or her parents may feel distanced in their relationship, as they are still accustomed to a group-oriented, collectivistic culture.

Hwang (2006) further discussed how individualistic versus collectivistic cultural orientation is related to self-construal, which refers to how one views and interprets self, others, and the world. Two distinct self-construals are independent and interdependent. Individuals from individualistic cultures have an independent self-construal, interpreting the self, others, and the world in an autonomous and egocentric way; while individuals from a collectivistic culture have an interdependent self-construal, viewing the self in relation to others and relationships (Markus & Kitayama, 1991). Hwang (2006) stated that Asian parents may retain an interdependent self-construal, while their children, who are exposed to both Asian and American cultures, may develop an independent self-construal, as they acculturate faster than their parents. This difference in their perspectives on self, others, and the world can create stressors in their interactions, leading to conflicts.

The stress related to acculturation may also arise from how each child and parent perceives the disconnection or acculturative gap between parents and the child. Dinh and Nguyen (2006) studied how acculturation and perceived parent-child acculturative gap affect the quality of parent-child relationships among Asian American families. Their measure of acculturation was linear, rather than multidimensional.

Dinh and Nguyen (2006) hypothesized that both acculturation level and perceived parent-child acculturative gap would significantly predict the quality of parent-child

relationships among Asian American families, with acculturative gap being a stronger predictor than acculturation. The sample included first-generation immigrant undergraduate students (foreign-born with a foreign-born mother), second generation (U.S.-born with a foreign-born mother), and third or later generation (U.S.-born with a U.S.-born mother). The first-generation immigrant students had lived in the U.S., on average, for 11 years.

Results showed that perceived acculturative gap between parents and children significantly predicted all four dimensions of quality of parent-child relationships, depth, support, conflict, and satisfaction. It was a stronger predictor than was acculturation level, predicting unique variance, above and beyond the impact of acculturation level and demographic variables. When parents viewed their children as "too Americanized" or children viewed their parents as "too traditional," this perceived difference predicted poorer parent-child relationships.

Among Mexican-Americans, Lau et al. (2005) examined the acculturation gap-distress hypothesis that the clash of values and preferences from intergenerational acculturation gaps leads to family conflict, resulting in youth maladjustment (Lee et al., 2000). Based on this acculturation gap-distress hypothesis, Lau et al. hypothesized that mismatches in modes of acculturation (e.g., assimilation, integration) would be associated with higher family conflict and child conduct problems. Lau et al. first examined the relationship between various types of parent-youth acculturation gaps (categorically and dimensionally) and youth conduct problems. Categorical parent-youth acculturation gaps represented mismatches in the four acculturation modes, whereas dimensional parent-youth acculturation gaps were degree of discrepancies in acculturation to host culture and

discrepancies in acculturation to native culture. Lau et al. also tested whether the acculturation gap-youth conduct problems link was mediated by heightened family conflict.

Unexpectedly, there was no support for the acculturation gap-distress hypothesis. Hierarchical multiple regression analyses showed that intergenerational differences in acculturation toward host culture, as well as differences in affiliation with heritage culture, were not associated with youth conduct problems and family distress. Also, mismatches in acculturation modes (e.g., marginalized parents with assimilated children) were not associated with youth problems. Lau et al. (2005) mentioned that youth indicated more conduct problems, such as disruptive or oppositional defiant behaviors, when youth were less aligned with the host culture than their parents were. With no support for the acculturation gap-distress hypothesis, Lau et al. assumed that it may be overstated that acculturation gaps necessarily lead to youth maladjustment or family distress. Instead, gaps appear problematic when either the parents or children are marginalized. This seems to be consistent with the results from Hwang and Ting's (2008) study, in which the lack of identification or affiliation with host culture is associated with negative psychological and developmental outcomes.

In contrast, Farver, Narang, and Bhadha (2002) found that intergenerational gaps in acculturation related to youth internalizing problems. In addition, Lau et al.'s sample resided for a long time in the U.S., with most of the youth being U.S. born, not immigrants. This demographic characteristic is important to address, because the experiences of recent immigrants and U.S. born individuals are different.

Pasch et al. (2005) examined relationships among acculturation gap, parent-adolescent conflict, and adolescent outcomes, including emotional distress (anxiety, anger and depression), health risk behaviors (substance use and sexual experience), and school misconduct, among Mexican American immigrant parents and their U.S.-born children. The authors hypothesized that (a) the highest conflict would occur when the parent is relatively low in acculturation while the adolescent is highly acculturated, (b) more negative adolescent outcomes would occur among families with an acculturation gap, (c) high parent-adolescent conflicts would be associated with more negative adolescent outcomes, and (d) parent-adolescent conflict would mediate between acculturation gap and adolescent outcomes.

Pasch et al.'s (2005) findings did not support these hypotheses. First, families with acculturation gaps did not have more parent-adolescent conflicts. Second, adolescents did not experience more negative outcomes when parent-adolescent acculturation gaps existed. But, more conflicts between parents and adolescents predicted more negative adolescent outcomes. Interestingly, when fathers and adolescents were both highly acculturated, there was greater conflict. Pasch et al. (2005) assumed that this may be due to highly acculturated parents' and adolescents' value of direct and open expression of disagreements, which may consequently lead to more arguments between them.

Pasch et al. (2005) also found that greater sexual experience among adolescents occurred when both mother and adolescent were high in acculturation, compared to less acculturated mothers and highly acculturated adolescents. This finding indicates that parents' level of acculturation may independently influence adolescent adjustment,

irrespective of acculturation gap. However, Pasch et al. only used the language subscale to measure acculturation level, which significantly limits the variety of aspects of acculturation that can be assessed (e.g., values, attitudes, social groups, identification with the culture). In addition, Pasch et al. measured the frequency of expressed conflicts, not the intensity or subject matter of the conflicts. When less acculturated parents or adolescents responded, they may have reported less conflict than there actually was due to their value of preserving respectful family relations by not directly reporting to conflicts to an outsider. However, nonetheless, this finding suggests the need to examine further whether specific conditions lead acculturation gap to cause negative outcomes.

Lim, Yeh, Liang, Lau, and McCabe (2009) examined the relationship between mother-child acculturation gaps and youth adjustment with parenting factors like mother-child conflict and parenting style as potential mediators. According to Herz and Gullone (1999), although low warmth and high parental control may be considered appropriate in Asian cultures, immigrant children and adolescents may view this parenting style as undesirable in a Western cultural setting, where more expressed warmth and less overprotection are viewed as appropriate. So, Lim et al. (2008) sought to examine parenting style as a mediator of the relationship between acculturation gap and youth outcomes.

Lim et al. (2008) tested two hypotheses in their study of Chinese American immigrants. First, that there would be an association between acculturation gaps in the mother-child relationship and higher depression and somatization. Second, that conflicts in the parent-child relationship and parenting styles of care and overprotection would

partially mediate the relationship between mother-child acculturation gap and child distress, such as depression and somatization.

When children were less acculturated than their parent, the children reported more depression and symptoms of somatization. However, parent-child conflict and parenting style did not mediate the relationship between mother-child acculturation gap and child distress.

I believe that it is a matter of how much parents and children are acculturated to the host culture. If they do not match in terms of their acculturation style, with one rejecting the host culture while the other rejects the heritage culture, there should be a higher possibility of distress in family relations, compared to those families in which parents and children are similar in their identification with host and heritage cultures (e.g., assimilated child and integrated parent). Lim et al. (2008) stated that the failure to find mediators between mother-child acculturation gap and child adjustment needs to be further examined to find which acculturation gaps are related to child adjustment. They further stated that less acculturated youth, with more acculturated parents, may have less social support from peers, resulting in more stress. However, the authors did not address that this also applies to less acculturated parents with more acculturated youth. Thus, whether the less acculturated member of the family is a parent or a child, this less acculturated member may (a) have less social support and (b) lack understanding of the various cultural aspects of the host culture, leading to greater stress.

Post-hoc analyses revealed significant relationships among intergenerational conflict, parenting styles (warmth and overprotection), and adolescent adjustment. After immigration, parents and the child may experience conflicts due to various reasons,

including different parenting styles that each culture values (Eastern style of parenting vs. Western style of parenting). Although parenting was not a mediator of the relationship between acculturation gap and child adjustment to a new culture, Lim et al. (2008) stated that parenting factors are still important predictors of distress.

It is important for individuals to be able to cope with negative stressors they experience. For immigrant populations, these may be acculturative stress or conflicts with parents or children. Adaptive coping should prevent stressors from causing depressive symptoms. Regulating one's negative emotions is one such coping skill. People's likelihood of emotional regulation is predicted by their expectancy that their attempts at such regulation will be effective in ameliorating their negative emotional states. Thus, it should be fruitful to examine the negative mood regulation expectancies (NMRE) of Korean immigrants and how NMRE relate to their experiences of acculturation in U.S.

Negative Mood Regulation Expectancies

According to Franko, Powers, Zuroff, and Moskowitz (1985), a generalized expectancy for affective or emotional self-regulation is a belief that some behavior or cognition will alleviate a negative mood state. Based on this, Catanzaro and Mearns (1990) defined generalized expectancies for negative mood regulation as the belief individuals have that they can alleviate their negative emotional states. In social learning theory, Rotter (1954) defined expectancy as the subjective probability that a behavior will lead to a particular outcome. The probability that an individual will exhibit a behavior depends on his or her belief about the likelihood of obtaining an outcome and the desirability of that outcome. If an individual strongly believes that his or her behavior will successfully enhance his or her mood state, he or she will be more likely to attempt

to achieve that desired mood state. If this attempt is successful, he or she will have an increased sense of confidence, which can in turn will make more likely future behaviors directed at mood regulation.

If an individual has weak generalized expectancies for self-regulating his or her negative mood, it is likely that he or she will not behave in ways that would alleviate the negative mood. This failure at regulation will confirm the previously held belief in his or her inability to improve one's negative emotional state. When upset, people with weak NMRE are likely to use avoidance to deal with stressors. Compared to those who have weak expectancies, individuals with strong generalized expectancies for regulating negative mood should engage in more adaptive coping behaviors (Catanzaro & Mearns, 1990).

Catanzaro and Mearns (1990) developed the Negative Mood Regulation Scale to measure NMRE. It has 30 items that use a 5-point Likert-type scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), with higher scores' indicating higher confidence. All items complete the stem, "When I'm upset, I believe that . . . " Sample items include "I will feel better when I understand why I feel bad" and "I will feel much better by thinking more about good aspects of things." The internal consistency alpha coefficients for the 30-item NMR Scale ranged from .86 to .92.

At present, there are few studies of how NMRE is associated with immigrants' experiences of distress related to acculturation experience. Watabe (2008) examined acculturation styles among college students of Asian descent, including Koreans (9.4%). The mismatch of acculturation styles between parents and children was not associated with avoidant coping or higher distress. Necef (2014) examined acculturation and NMRE

among international students from diverse ethnic groups, including South Korea. Necef found a positive association between NMRE and acculturation. Students who were more acculturated to the U.S. had more confidence that they could alleviate their negative moods.

Even though studies looking at both NMRE and acculturation are limited, studies of NMRE and negative affects, such as depression and anxiety, show consistent findings. Catanzaro and Greenwood (1994) focused on the role of negative mood regulation expectancies in coping responses and coping outcomes among college students. They tested students in two sessions 6 to 8 weeks apart. Participants completed measures of NMRE, negative life events, coping responses, dysphoria, somatic symptoms, and daily hassles. The results showed a positive association between NMRE and active coping responses and a negative association between NMRE and avoidant coping responses, dysphoria, and somatic symptoms, independent of coping preferences and symptom levels at Time 1. NMRE was not only correlated with different coping responses and symptoms, but also it was associated with changes in coping responses and symptoms. NMRE at Time 1 predicted coping responses at Time 2, with coping responses at Time 1 controlled (Catanzaro & Greenwood, 1994).

According to Catanzaro, Horaney, and Creasey (1995), individuals with strong negative mood regulation expectancies are more likely to attempt to solve problems because they strongly believe that doing so will lead to a desirable outcome. Catanzaro et al. (1995) examined generalized expectancies for negative mood regulation among an elderly community sample. They hypothesized that NMRE would be positively associated with active coping attempts and negatively associated with avoidant coping

strategies. They also hypothesized that mood regulation expectancies and active coping responses would be negatively associated with depressive symptoms.

Individuals aged 65 or older participated the study. Findings supported the significant negative relationships of NMRE with avoidant coping strategies and depressive symptoms; whereas hassles, avoidant coping, and ventilation coping were positively associated with depressive symptoms. Ventilation coping, seeking emotional social support, and active coping were positively associated with depressive symptoms when NMRE scores were controlled. Catanzaro et al. (1995) explained that active coping strategies may be ineffective when an individual lacks confidence in his or her ability to resolve a problem or alleviate a negative mood such as depression. This showed a direct effect of NMRE on individuals independent of coping. Even when coping does not work, having a strong belief that they would feel better leads to alleviation of negative mood. Simply believing one can make oneself feel better leads one to have improved mood (Catanzaro & Mearns, 2016).

Mearns et al. (2016) created a Japanese version of NMR Scale by translating and backtranslating the original 30 items and generating additional new items to examine culturally relevant aspects of mood regulation among Japanese that may differ from how Americans regulate their mood. Mearns et al. conducted four studies testing over 950 Japanese participants of diverse ages from different regions of Japan to assess the reliability and preliminary validity of NMR-J scale. The NMR-J showed a significant negative relationship with somatic symptoms, depression, anxiety, and daily hassles. NMRE still showed significant negative relationships with depression and anxiety when daily hassles were controlled.

Tresno, Ito, and Mearns (2013) studied the prevalence of non-suicidal self-injury (NSSI), which refers to deliberate physical self-harm without suicidal intent. Studies have found NSSI to be associated with a history of childhood maltreatment such as abuse or neglect. Although not all individuals with childhood abuse or neglect develop non-suicidal self-injurious behaviors, many tend to develop impairments in affect expression and emotion regulation (Gratz, Conrad, & Roemer, 2002; Yates, 2004). Not knowing how to regulate their emotions in a healthy way, individuals with a history of child abuse or neglect may engage in maladaptive coping behaviors such as cutting. As previous studies found NMRE to buffer the impact of stress, Tresno et al. (2013) examined how NMRE could buffer the effect of childhood maltreatment and reduce NSSI.

Japanese college students completed measures of NMRE, self-harm, depression, and childhood trauma. Correlational analyses showed a negative association between the frequency of self-injury and NMRE. Self-injury frequency was positively associated with depressive symptoms and childhood maltreatment. Interestingly, childhood neglect was strongly associated with more self-injury, more depressive symptoms, and poorer NMRE. Simultaneous multiple regression analyses showed that both childhood maltreatment and NMRE were independent predictors of self-injury. The interaction of maltreatment and NMRE dramatically increased the prediction of frequency of self-injury (Tresno et al., 2013). For individuals with lower NMRE, there was a large increase in NSSI as high childhood maltreatment increased, while individuals with higher NMRE showed only a slight increase in NSSI as childhood maltreatment increased. Overall, individuals with higher NMRE engaged less in NSSI behaviors compared to those with lower NMRE, regardless of the severity of childhood maltreatment. NMRE seemed to buffer the effect

of negative, traumatic childhood experiences that could have led to more severe self-injury (Tresno et al., 2013).

Kono and Mearns (2013) examined Japanese parents of children with an intellectual disability (ID) and how NMRE played a role in parental distress that comes from raising a child with ID. Japanese parents with at least one child with ID participated the study. NMRE were significantly negatively correlated with somatic symptoms, depression, and anxiety. However, there were no significant correlations between NMRE and coping (Kono & Mearns, 2013).

Mearns, Park, and Catanzaro (2013) developed a culturally valid Korean language measure of NMRE by adding items that accurately reflect aspects of NMRE in Korean culture. They conducted two studies to assess reliability and preliminary validity of the Korean language NMR Scale. They assessed locus of control, depression, happiness, life satisfaction, and psychological symptoms. The alpha was .91 for the 30-item scale. The NMR-K was significantly positively correlated with well-being and positive affect and significantly negatively correlated with negative affect, suicidal ideation, and perceived stress (Mearns et al., 2013).

The literature on NMRE has consistently shown a negative association with avoidant coping strategies, negative affect, such as depression and anxiety, and somatic symptoms. These studies demonstrated how NMRE may help prevent the exacerbation of negative emotions such as depression. Evidence for the validity of NMRE in Asian cultures is provided by the development of NMR Scales in Korean, Japanese, and Chinese languages (Mearns et al., 2013; 2016; Wang, Yang, & Mearns, 2014).

The Current Study

When change in living and social environments is stressful, individuals attempt to find ways to cope with stressors. If individuals believe that they cannot cope effectively, this means they have a low expectancy for stress reduction and are less likely to try to cope adaptively. If they do not use effective coping strategies to reduce acculturative stress, immigrants may be more prone to experience mental health problems, creating a vicious cycle. Immigrants have multiple sources of acculturative stress, which may lead them to feel alienated or helpless. However, if they have a stronger belief in their ability to regulate negative emotional states, they may be more likely to develop adaptive, healthy coping strategies that can break a vicious cycle, resulting in fewer symptoms of mood related psychopathology.

Among many immigrant families, parents and children often acculturate at a different speed, usually children doing so at faster rate (Cheung et al., 2011). Having different acculturation strategies and speeds at which they acculturate, immigrant parents and children may experience intergenerational conflicts. Much research has examined Asian immigrants' physical and mental health in relation to acculturation, but Korean immigrants' belief that some behavior or cognition will alleviate their negative mood state has not been investigated yet. Although Korean immigrants are one of the fastest growing ethnic groups in California, no studies of Korean Americans have yet examined their emotional self-regulation in relation to acculturative stress, intergenerational conflict, and depressive symptoms.

In the current study, I tested four hypotheses:

Hypothesis 1: Korean immigrants with higher intergenerational conflict would show more acculturative stress and depressive symptoms.

Hypothesis 2: Korean immigrants with higher NMRE would have lower acculturative stress and depressive symptoms.

Hypothesis 3: NMRE would moderate the relationship between intergenerational conflict and acculturative stress. Among Korean immigrants with greater intergenerational conflict, those with higher NMRE would experience less acculturative stress than those with lower NMRE.

Hypothesis 4: NMRE would moderate the relationship between intergenerational conflict and depressive symptoms. Among Korean immigrants with greater intergenerational conflict, those with higher NMRE would experience less depressive symptoms than those with lower NMRE.

CHAPTER 2

METHOD

Participants

Participants were 103 Korean young adults living in United States. Among these, the vast majority of participants (94.3%) were from California. Specifically, 48.5% were from Orange County and 35.0% were from Los Angeles County in Southern California.

The participants' ages ranged from 18 to 30 with a mean of 24.84 years (*SD*= 2.82): 46 were men and 57 were women; 94.2% were born in South Korea and immigrated to United States. The mean length of residence in United States was 12.81 years (*SD*= 5.56): 58.3% reported that they currently live with their parents. Descriptive statistics for the sample are presented in Table 1.

After approval from the Institutional Review Board at California State University, Fullerton, a survey of Korean young adults was both distributed in person and available online through Qualtrics: 55 participants took the survey using paper-and-pencil method (53.40%) and 48 participants took it on-line (46.60%). Participants had the option to complete the survey either in English or in Korean: 21 out of 103 participants (20.39%) took the survey in Korean. Eligibility criteria were: respondents had to be immigrants of Korean descent between the ages of 18 and 30.

Table 1. Characteristics of the Sample

Variable	*M*	*SD*
Age	24.84	2.82
Age of immigration	11.97	5.92
Years of living in United States	12.81	5.56
Variable	**Freq.**	**%**
Sex		
Male	46	44.70
Female	57	55.30
Education		
High school/GED	9	8.8
Some college	23	22.5
College graduate	62	60.8
Graduate school-masters	7	6.9
Graduate school-doctoral	1	1.0
Family income		
Less than $4,999	2	2.2
$5,000 – $14,999	5	5.7
$15,000 – $34,999	13	14.8
$35,000 – $99,999	35	39.7
$100,000 or more	33	37.5
Residence		
Orange County	50	48.5
Los Angeles County	36	35.0
San Bernardino County	5	4.9
Riverside County	1	1.0
Other CA Counties	5	4.9
Outside of CA	4	3.9
South Korea	2	1.9
Live with parents		
No	43	41.7
Yes	60	58.3

Measures

Demographic Sheet

This assessed participants' sex, age, birthplace, parents' birthplace, age at immigration, years spent residing in U.S., employment status, current residence, language proficiency in Korean and English, education level, relationship status, yearly income, and family income.

Acculturative Stress

The Acculturative Stress Scale (ASS; Sandhu & Asrabadi, 1994) measures the strain of adapting to a new culture, including perceived discrimination, homesickness, perceived hatred, fear, guilt, and stress due to change or culture shock. The original ASS is a 36-item scale that was developed for international students. Although not designed for non-student populations, items of the ASS do not particularly address things that only international students would experience. Sample items include "I feel uncomfortable to adjust to new cultural values," "I feel low because of my cultural background," and "People show hatred toward me verbally." For the present study, the scale was translated into Korean, with "international students" changed to "immigrants." Participants responded to items on a 5-point Likert-type scale (1= *strongly disagree,* 5= *strongly agree*); lower scores reflect lower acculturative stress.

The authors of the Acculturative Stress Scale conducted a series of psychometric analyses including a principal components analysis. But reliability and validity were not documented in the original article, in which scale development was described. In the current study, the Cronbach's alpha was .96, suggesting the likelihood of redundant item content.

Intergenerational Conflict

Chung (2001) developed the Intergenerational Conflict Inventory (ICI) to measure Asian American immigrants' conflict between parents and children. The ICI contains 24 items using a 6-point Likert-type scale ranging from 1 (*no conflict over this issue*) to 6 (*a lot of conflict over this issue)*, with higher scores' indicating greater intergenerational conflict (Chung, 2001). Participants were asked to rate each item and indicate the extent to which it is a source of conflict with their parents. There are three subscales of the ICI representing different areas of family conflict: Family Expectations (FE), Education and Career (EC), and Dating and Marriage (DM). Sample FE items are "Your desire for greater independence and autonomy" and "Family relationships being too distant." Sample EC items are "Importance of academic achievement" and "Which career to pursue." Sample DM items are "When to begin dating" and "Whom to marry." Internal consistency reliability was .86 for FE, .88 for EC, and .84 for DM. The test-retest reliability across 7 weeks was .81 for FE, .87 for EC, and .84 for DM (Chung, 2001). In another study examining Korean American undergraduate students in U.S., Cronbach's alpha was .83 for FE, .91 for EC, and .90 for DM (Ahn, Kim, & Park, 2008).

For the purpose of this study, the ICI was translated into Korean. Once translated by a bilingual Korean, a different Korean-speaker back-translated it into English. The two translators reviewed the Korean version of the ICI and made corrections, if necessary. In the current study, Cronbach's alpha was .85 for English version of the ICI-FE and .83 for the Korean version. Cronbach's alpha was .90 for English version of the ICI-EC and .92 for the Korean version. Cronbach's alpha was .95 for English version of the ICI-DM

and .97 for the Korean version, suggesting the likelihood of redundant item content for dating and marriage.

Depressive Symptoms

The Center for Epidemiologic Studies Depression Scale (CES-D) is a widely used instrument for self-reported depressive symptoms in the general community (Eaton, Muntaner, Smith, Tien, & Ybarra, 2004; Radloff, 1977). The CES-D is a 20-item scale measuring nine symptom groups (sadness, loss of interest, appetite, sleep, thinking/concentration, guilt or worthlessness, tiredness or fatigue, movement or agitation, and suicidal ideation). Response choices are *rarely or none of the time (less than 1 day)* (0), *some or a little of the time (1-2 days)* (1), *occasionally or a moderate amount of time (3-4 days)* (2), *all of the time (5-7 days)* (3). A higher score indicates greater depressive symptoms.

For the present study, a Korean version of the Center for Epidemiologic Studies-Depression Scale (CES-D) was also used. A Cronbach's alpha of .86 was reported by Kim (2009). Several studies have shown that the Korean version of the CES-D has satisfactory Cronbach's alpha and content, construct, and concurrent or criterion-based validity (Kim, Han, & Phillips, 2003, Noh, Avison, & Kasper, 1992; Oh et al., 2002). In the current study, Cronbach's alpha was .90 for English version of the CES-D and .73 for the Korean version. This difference between alphas may suggest differences in the construct of depressive symptoms between English and Korean speakers, or the Korean CES-D may be a poorer scale than the English one.

Negative Mood Regulation Expectancies

Mearns et al. (2013) developed a Korean language measure of negative mood regulation expectancies. Sample item are "When I'm upset, I believe that I will feel much better by thinking more about good aspects of things" and "When I'm upset, I believe that chatting with friends will quickly cheer myself up." On a 5-point Likert scale, response choices range from *strongly disagree* (1) to *strongly agree* (5); higher scores indicate stronger confidence that one can alleviate negative emotion. Mearns et al. (2013) reported strong internal consistency with Cronbach's alpha of .90. Rather than using Catanzaro and Mearns's (1990) English language NMR Scale, Mearns et al.'s (2013) Korean Scale was translated into English. In the current study, Cronbach's alpha was .81 for English version of the NMR-K and .83 for the Korean version.

Procedure

I contacted health professionals at public and private organizations and church leaders in Southern California via email and in-person for permission to visit and distribute questionnaires. I also contacted acquaintances who were eligible to participate, and the snowball sampling method was used to reach a greater number of potential participants. The researcher and researcher's acquaintances individually distributed paper copies of the survey. The participants completed them at home or at public places and returned them to the researcher in person. Surveys were also available online using Qualtrics, a web-based survey tool. Greenlaw and Brown-Welty (2009) examined the response rates and costs for web-based, paper, and mixed-mode surveys and found that mixed-mode surveys showed the highest response rate compared to paper based and

online-based surveys. Therefore, both methods of survey administration were implemented to collect a greater amount of data quickly.

CHAPTER 3

RESULTS

Preliminary Analyses

I conducted a MANOVA to examine if there was any difference in the scale totals based on the language in which participants completed the measures. Participants' scores on acculturative stress, intergenerational conflict, depressive symptoms, and negative mood regulation expectancies were dependent variables and language was the independent variable. The MANOVA did not show significant difference between languages, $F(4, 87) = 2.12$, $p > .05$, suggesting that participants' responses could be combined regardless of whether they responded to the survey in Korean or English.

I also conducted a MANOVA to examine if there was any difference in the scale totals based on the two methods of survey distribution in which participants completed the measures. Participants' scores on acculturative stress, intergenerational conflict, depressive symptoms, and negative mood regulation expectancies were dependent variables and survey method (paper-and-pencil vs. on-line) was the independent variable. There was no significant difference between the two methods of survey distribution, Wilks' Lambda = .91, $F(4, 87) = 2.31$, $p > .05$. Results were not affected by whether participants filled out the paper or on-line surveys.

Lastly, I conducted a MANOVA to examine if there was a sex difference in the scale totals. The four study variables of acculturative stress, intergenerational conflict,

depressive symptoms, and negative mood regulation expectancies were dependent variables and sex (male vs. female) was the independent variable. There was no significant difference between men and women in their scale totals, Wilks' Lambda = .94, $F(4, 87) = 1.44$, $p > .05$.

Descriptive Statistics

Descriptive statistics for scale totals are presented in Table 2. The participants' ASS scores ($M = 86.22$) were much higher than the mean for international students from around the world (M = 66.32; Sandhu & Asrabadi, 1994). The ASS scores were also higher than those of a sample of international students from many countries studying music therapy in U.S. ($M = 83.04$, $SD = 23.33$; Kim, 2011), suggesting that participants in this study showed a high level of stress related to acculturation to the U.S. Relative to the length of time in the U.S., Korean immigrants in this study were still stressed, compared to international students who would be expected to experience more difficulty adjusting during a short time in the U.S. These data suggest long-term difficulties adjusting to U.S. culture among participants.

Table 2. Descriptive Statistics of the Study Variables

Variable	*M*	*SD*
Acculturative Stress	86.22	26.43
Intergenerational Conflict−Family Expectations	27.18	10.07
Intergenerational Conflict−Education and Career	30.29	12.71
Intergenerational Conflict−Dating and Marriage	9.82	5.42
Depressive Symptoms	16.64	9.32
Negative Mood Regulation Expectancies	92.61	13.72

The participants' ICI mean score for the Family Expectations subscale (M = 27.18) was lower than that of other Asian American college students (M = 33.10; Chung, 2001). Also, scores for the two other ICI subscales were slightly lower than those of other Asian American college students: Education and Career (M = 30.29) and Dating and Marriage (M = 9.82) compared to M = 32.24, SD = 11.17 and M = 10.46, SD = 4.36, respectively (Chung, 2001). This suggests that Korean immigrants in this study were experiencing less family conflict than college students from different Asian ethnic groups, particularly in the area of family expectations.

The participants' CES-D scores (M = 16.64) were higher than those of other Korean immigrants (M = 14.76, SD = 9.71; Oh et al., 2002), Korean immigrant parents (M = 12.63, SD=8.42; Kim, Seo, & Cain, 2010), Korean older adults (M = 8.15, SD = 5.34; Jang & Chiriboga, 2010), Chinese American adults (M = 11.55, SD = 8.23; Ying, 1988), and Filipino men and women (M = 13.2, 16.5, respectively; Edman et al., 1998). As 16 or greater is often used as a cutoff score for identifying individuals at risk for clinical depression, participants in this study scored high in depressive symptoms compared to other Korean immigrants and immigrant parents of children in United States. This suggests that many study participants were experiencing clinical levels of distress.

The participants' NMR-K scores (M = 92.61) were lower than those of college students in South Korea (M = 98.90, SD=16.01; Mearns et al., 2013), suggesting that participants in this study did not have a strong belief that they could alleviate their negative emotions. Comparing the scores of NMR-K scales in English and Korean languages, 21 participants responded to NMR-K in Korean with a mean of 96.62

(*SD* = 12.78), which is higher than those who responded to the NMR-K's English translation (*M* = 91.44, *SD* = 13.85).

Correlational Analyses

To test Hypotheses 1 and 2, I conducted correlations of demographic variables of sex, age, age at immigration, years spent in U.S., education, yearly income, and family income with scale totals of acculturative stress, intergenerational conflict, depressive symptoms, and negative mood regulation expectancies (see Table 3). Among these, there were significant negative correlations between the number of years lived in United States and acculturative stress ($r = -.39$, $p < .01$) and between education and acculturative stress ($r = -.22$, $p < .05$). There was a significant positive correlation between sex and acculturative stress ($r = .25$, $p < .05$), and women had higher acculturative stress than men. There was also a significant positive correlation between the age at the time of immigration and acculturative stress ($r = .31$, $p < .01$).

Among scale totals, acculturative stress was significantly positively correlated with intergenerational conflict related to education and career ($r = .37$) and dating and marriage ($r = .23$) and depressive symptoms ($r = .39$). In addition, acculturative stress was significantly negatively correlated with negative mood regulation expectancies ($r = -.21$). Interestingly, family expectations conflict was not significantly correlated with acculturative stress. See Table 3 for a summary of correlations.

Table 3. Correlation of Scale Totals

	Sex	Years in U.S.	Education	Age_Immig	ASS	ICI-FE	ICI-EC	ICI-DM	CES-D
Sex	—								
Years in U.S.	.12	—							
Education	.14	.08	—						
Age_Immig	.10	−.88**	.10	—					
ASS	.25*	−.39**	−.22*	.31**	—				
ICI-FE	.08	−.03	−.07	−.08	.15	—			
ICI-EC	.09	−.04	−.25*	−.17	.37*	.52**	—		
ICI-DM	.14	.01	.04	−.05	.23*	.22*	.42**	—	
CES-D	.02	−.11	−.15	.04	.39**	.29*	.19	.20	—
NMRE	.03	−.17	.16	.17	−.21*	−.24*	−.18	−.08	−.61**

Note. N= 103. Age_Immig= Age at Immigration. ASS= Acculturative Stress Scale. ICI−FE= Intergenerational Conflict Inventory Family Expectations. ICI−EC= Intergenerational Conflict Inventory Education and Career. ICI−DM= Intergenerational Conflict Inventory Dating and Marriage. CES-D= Center for Epidemiologic Studies Depression Scale. NMRE= Negative mood regulation expectancies.
*$p < .05$. **$p < .01$. two-tailed.

Multivariate Analyses

To examine Hypothesis 3, I regressed acculturative stress on sex, years in U.S., three ICI subscales, and NMRE. I entered the variables in steps. In Step 1, covariates of sex and years in U.S. In Step 2, the three ICI subscales and NMRE. The model was significant, $R^2 = .36$, $F(4, 83) = 5.79$, $p < .001$. Years of residence in U.S., conflicts between parents and children over education and career, and expectancies for regulating negative mood all significantly independently explained variance in acculturative stress. Each of the three significantly contributed to predicting the stress Korean immigrants experience during acculturation. See Table 4 for a summary of these results.

Table 4. Multiple Regression Predicting Acculturative Stress

Predictor	B	Beta	*t*	*p*
Step 1				
Sex	8.34	.16	1.58	.12
Years in U.S.	−1.79	−.38	−3.85	.00
Step 2				
ICI−FE	−.31	−.12	−1.12	.27
ICI−EC	.68	.32	2.95	.00
ICI−DM	.41	.08	.85	.40
NMRE	−.46	−.24	−2.59	.01

Note. $N = 103$. ICI−FE = Intergenerational Conflict Inventory Family Expectations. ICI−EC = Intergenerational Conflict Inventory Education and Career. ICI−DM = Intergenerational Conflict Inventory Dating and Marriage. NMRE = Negative Mood Regulation Expectancies.

I reran the regression, keeping Step 1 the same. In Step 2, I included overall ICI and NMRE. In Step 3, I added the interaction of NMRE X overall ICI. The interaction term did not increase R^2, beta = .08, p = .41 (See Table 5).

Table 5. Multiple Regression Predicting Acculturative Stress Plus Interaction Term

Predictor	B	Beta	*t*	*p*
Step 1				
Years in U.S.	−1.79	−.38	−3.85	.00
Sex	8.34	.16	1.58	.12
Step 2				
ICI total	.30	.25	2.70	.01
NMRE	−.42	−.22	−2.34	.02
Step 3				
ICI total X NMRE	2.01	.08	.83	.41

Note. N = 103. ICI = Intergenerational Conflict Inventory. NMRE = Negative Mood Regulation Expectancies.

To test Hypothesis 4, I next regressed depressive symptoms on sex, years in U.S., ICI subscales, NMRE, and acculturative stress. I entered the variables in steps. In Step 1, the covariates of sex and years in U.S. In Step 2, the three ICI subscales, NMRE, and acculturative stress. The model was significant, R^2 = .48, $F(5, 82) = 14.87$, $p < .0001$. NMRE and acculturative stress were significant independent predictors of depressive symptoms. See Table 6 for a summary of these results.

Table 6. Multiple Regression Predicting Depressive Symptoms

Predictor	B	Beta	*t*	*p*
Step 1				
Sex	−.14	−.01	−.07	.95
Years in U.S.	−.18	−.11	−1.01	.32
Step 2				
NMRE	−.38	−.56	−6.45	.00
Acculturative stress	.08	.24	2.39	.02
ICI−FE	.15	.16	1.69	.10
ICI−EC	−.11	−.14	−1.38	.17
ICI−DM	.22	.12	1.42	.16

Note. N = 103. NMRE = Negative Mood Regulation Expectancies.
ICI−FE = Intergenerational Conflict Inventory Family Expectations.
ICI−EC = Intergenerational Conflict Inventory Education and Career.
ICI−DM = Intergenerational Conflict Inventory Dating and Marriage.

I redid the analysis, keeping covariates the same in Step 1 and adding the ICI total, NMRE, and acculturative stress in Step 2. In Step 3, I added the interaction of NMRE x ICI total. The interaction did not significantly raise R^2, beta = .09, p = .27 (See Table 7).

Table 7. Multiple Regression Predicting Depressive Symptoms Plus Interaction Term

Predictor	B	Beta	*t*	*p*
Step 1				
Years in U.S.	−.18	−.11	−1.01	.32
Sex	−.14	−.01	−.07	.95
Step 2				
ICI total	.03	.07	.79	.43
NMRE	−.39	−.57	−6.61	.00
Acculturative stress	.07	.20	2.07	.04
Step 3				
ICI total X NMRE	.85	.09	1.12	.27

Note. N=103. ICI = Intergenerational Conflict Inventory. NMRE = Negative Mood Regulation Expectancies.

CHAPTER 4

DISCUSSION

The Korean immigrants in this study reported that they had been living in the United States for an average of 12.81 years, indicating that they had much time to acculturate to the American culture. Yet, they reported much higher acculturative stress than the mean for international students from around the world (Sandhu & Asrabadi, 1994). Participants in this study also reported higher depressive symptoms than other Korean immigrants (Kim et al., 2010; Oh et al., 2002). These results show that Korean immigrants in this study are having difficulty adjusting to the U.S. and are experiencing distress, even though they have been living in the United States for more than a decade on average. Also, the majority of current participants were from Orange County and Los Angeles County, where Koreans are one of the largest and most rapidly growing populations. Due to long years of residency, particularly in two counties where Korean communities are big, I expected that Korean immigrants in this study would adjust well. However, my result demonstrates that they still experience stress related to acculturation and depressive symptoms. This shows that Korean immigrants are a good population for continued study.

The current study examined risk factors that might influence the mental health of Korean immigrants in U.S. I found that acculturative stress and intergenerational conflict related to family expectations were significantly positively correlated with depressive

symptoms. This is consistent with other research that it is not acculturation that affects mental health directly, but it is more the stress from experiencing and adapting to a new cultural environment, and the family conflicts related to acculturation, that impair immigrants' mental health (Ayers et al., 2009; Hwang & Ting, 2008; Oh et al., 2002; Park & Rubin, 2012; Pasch et al., 2006). As expected, Korean immigrants with higher intergenerational conflict reported higher acculturative stress and more depressive symptoms. Pasch et al.'s (2005) study supports this finding that the more clashes parents and children experience, the more negative psychological outcomes follow.

It was interesting to find how intergenerational conflict related to family expectations was the only study variable that did not significantly correlate with acculturative stress. However, conflict that involves family expectations was significantly associated with depressive symptoms and NMRE. As the sample in this study was young adults, it is likely that parents and children may not necessarily agree on the areas of studying and which career to pursue. For example, there may be a consistent dispute over major in college or career when the child wants to pursue an education and career based on his or her own interest while the parent wants the child to study to become a lawyer or a doctor. Considering the age of this sample, dating and marriage related conflicts made sense as well; these caused stress for children.

Consistent with other research, NMRE was significantly negatively associated with depressive symptoms (Catanzaro & Greenwood, 1994; Catanzaro et al., 1995; Kono & Mearns, 2013; Mearns et al., 2013, 2016). This suggests that individuals with stronger confidence that they can alleviate negative mood are less likely to suffer from depressive symptoms. Individuals with stronger NMRE would be more likely to attempt to cope

with their negative mood, compared to those with weaker NMRE, with the salutary effect of NMRE on mood enhancement. In addition, previous research has demonstrated direct effects of NMRE on mood, independent of coping (Catanzaro et al., 1995). This result indicates that NMRE may be a useful predictor of depressive symptoms among Korean immigrants. Also, NMRE would be an important construct that mental health professionals may work to strengthen when helping with Korean immigrants' adjustment in the U.S.

Limitations

The current study had several limitations. First, participants were selected based on their accessibility and proximity to the research. This convenience sampling method means the sample may not be an accurate representation of the population of all Korean immigrants. So, one should use caution in generalizing from the results in this study.

Second, the sample size was small ($N = 103$), and the majority of participants were from Orange County and Los Angeles County in California. Koreans are one of the largest and most rapidly growing populations in these two counties: 83.5% of Korean immigrants in this sample reported that they live in Southern California. So, the sample cannot be considered to be representative of all other Korean immigrants residing in different regions of U.S., where Korean communities are very small. In smaller Korean communities, I expect that Korean immigrants would have more difficulty adjusting, with limited support.

Third, only self-report measures were used. There is a possibility that participants responded in a socially desirable way. It is possible that they did not want to appear negative or problematic related to culture. Socially desirable responding would alter the

statistical results of the study, inflating correlations between variables. However, the participants in this sample reported high acculturative stress and high depressive symptoms, indicating that they did not respond in a socially desirable way. It is possible that more distressed Korean immigrants self-selected for this study, which also would reduce generalizability of my findings.

Fourth, the questionnaire was available in two different languages. Even with the use of careful back-translation, there is no certainty that the English and Korean scales are equivalent. Although language did not matter in terms of scores in the current study, I suggest the use of questionnaire in one language for the future studies.

As this study is the first examining Korean immigrants' NMRE, future research should replicate it with a larger Korean sample. Future research would be more generalizable if data were collected across the U.S., as immigrants' experiences may differ by the geographic distribution of Korean immigrant population. Qualitative research might also explore reasons for acculturative difficulties.

Summary and Recommendations

The current research adds to our understanding of Korean immigrants' experience. It also adds to evidence that the NMR-K is a culturally valid measure of NMRE among Koreans. The current study showed that Korean immigrants experience high acculturative stress and high depressive symptoms. NMRE had a strong negative association with acculturative stress and with depressive symptoms. Even though the findings may not be generalizable to the larger Korean immigrant population, it is important for service providers in the Korean community and mental health professionals to be informed of these findings.

As the prevalence of acculturative stress and depressive symptoms may increase without clinical interventions and community support, mental health professionals should examine and help develop clients' beliefs about alleviating negative emotional states. However, even seeking professional help may be hindered among Korean immigrants, due to conflict with Asian cultural values. Koreans may lack knowledge about or have a bias against psychotherapy. But, most importantly, talking about psychological concerns with a professional may be viewed as shameful or disgraceful to the family (Chang & Myers, 1997). Thus, it is crucial for mental health professionals and other service providers to be informed of these cultural barriers among Koreans. Culturally sensitive interventions that also incorporated training in negative emotional regulation are recommended.

In Cloitre et al.'s (2010) study, skills training in affect and interpersonal regulation preceding exposure therapy was associated with superior benefits and fewer adverse effects among women with posttraumatic stress disorder (PTSD) related to childhood abuse. The skills training focused on identifying and labeling feelings, emotional management, and distress tolerance (Cloitre et al., 2010). Also, in Backenstrass et al. (2006), there was a better psychotherapeutic outcome with enhanced NMRE among individuals with depression. In both studies, early improvement in NMRE predicted later improvement in symptoms. When clinicians work with Korean immigrants, it may be beneficial to incorporate skills training for mood regulation during clinical interventions to help strengthen their clients' NMRE.

REFERENCES

Ahn, A. J., Kim, B. S. K., & Park, Y. S. (2008). Asian cultural values gap, cognitive flexibility, coping strategies, and parent-child conflicts among Korean Americans. *Cultural Diversity and Ethnic Minority Psychology, 14,* 353-363. doi:10.1037/1099-9809.14.4.353

Ayers, J. W., Hofstetter, C. R., Usita, P., Irvin, V. L., Kang, S., & Hovell, M. S. (2009). Sorting out the competing effects of acculturation, immigrant stress, and social support on depression: A report on Korean women in California. *Journal of Nervous and Mental Disease, 197,* 742-747. doi:10.1097/NMD.0b013e3181b96e9e

Backenstrass, M., Schwarz, T., Fiedler, P., Joest, K., Reck, C., Mundt, C., & Kronmueller, K-T. (2006). Negative mood regulation expectancies, self-efficacy beliefs, and locus of control orientation: Moderators or mediators of change in the treatment of depression? *Psychotherapy Research, 16,* 250-258. doi:10.1080/10503300500485474

Berry, J. W. (1989). Imposed etics-emics-derived etics: The operationalization of a compelling idea. *International Journal of Psychology, 24,* 721-735. doi:10.1080/00207598908247841

Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology, 46,* 5-68. doi:10.1080/026999497378467

Berry, J. W. (1998). Acculturation and health: Theory and research. In S. S. Kazarian & D. R. Evans (Eds.), *Cultural clinical psychology: Theory, research, and practice* (pp. 39-57). New York: Oxford University Press. Retrieved from https://ebookcentral.proquest.com

Berry, J. W. (2003). Conceptual approaches to acculturation. In K. M. Chun, P. B. Organista & G. Marin (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 17-37). Washington, DC: American Psychological Association. doi:10.1037/10472-004

Berry, J. W. (2006). Acculturation: A conceptual overview. In M. H. Bornstein & L. R. Cote (Eds.), *Acculturation and parent-child relationships: Measurement and development* (pp. 13-30). Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers.

Berry, J. W., Kim, U., Minde, T., & Mok, D. (1987). Comparative studies of acculturative stress. *International Migration Review, 21,* 491-511. doi: 10.2307/2546607

Catanzaro, S. J., & Greenwood, G. (1994). Expectancies for negative mood regulation, coping, and dysphoria among college students. *Journal of Counseling Psychology, 41*, 34-44. doi:10.1037/0022-0167.41.1.34

Catanzaro, S. J., Horaney, F., & Creasey, G. (1995). Hassles, coping, and depressive symptoms in an elderly community sample: The role of mood regulation expectancies. *Journal of Counseling Psychology, 42*, 259-265. doi:10.1037/0022-0167.42.3.259

Catanzaro, S. J., & Mearns, J. (1990). Measuring generalized expectancies for negative mood regulation: Initial scale development and implications. *Journal of Personality Assessment, 54*, 546-563. doi:10.1207/s15327752jpa5403&4_11

Catanzaro, S. J., & Mearns, J. (2016). Generalized expectancies for negative mood regulation: Development, assessment, and implications of a construct. In S. Trusz & P. Babel (Eds.), *Interpersonal and intrapersonal expectancies* (pp. 52-61). New York, NY, US: Routledge/Taylor & Francis Group.

Chang, C. Y., & Myers, J. E. (1997). Understanding and counseling Korean Americans: Implications for training. *Counselor Education and Supervision, 37,* 35-49. doi: 10.1002/j.1556-6978.1997.tb0052

Cheung, B. Y., Chudek, M., & Heine, S. J. (2011). Evidence for a sensitive period for acculturation: Younger immigrants report acculturating at a faster rate. *Psychological Science, 22,* 147-152. doi:10.1177/0956797610394661

Chung, R. H. G. (2001). Gender, ethnicity, and acculturation in intergenerational conflict of Asian American college students. *Cultural Diversity and Ethnic Minority Psychology, 7,* 376-386. doi:10.1037/1099-9809.7.4.376

Cloitre, M., Stovall-McClough, K. C., Nooner, K., Zorbas, P., Cherry, S., Jackson, C. L., . . . Petkova, E. (2010). Treatment for PTSD related to childhood abuse: A randomized controlled trial. *American Journal of Psychiatry, 167,* 915-924. doi:10.1176/appi.ajp.2010.09081247

Dinh, K. T., & Nguyen, H. H. (2006). The effects of acculturative variables on Asian American parent-child relationships. *Journal of Social and Personal Relationships, 23,* 407-426. doi:10.1177/0265407506064207

Eaton, W. W., Muntaner, C., Smith, C., Tien, A., & Ybarra, M. (2004). Center for Epidemiologic Studies Depression Scale: Review and revision (CESD and CESDR). In M. E. Maruish (Ed.), *The use of psychological testing for treatment planning and outcomes assessments: Vol. 3: Instruments for adults* (pp. 363-377). Mahwah, NJ: Lawrence Erlbaum.

Edman, J. L., Andrade, N. N, Glipa, J., Foster, J., Danko, G. P., Yates, A., . . . Waldron, J. A. (1998). Depressive symptoms among Filipino American adolescents. *Cultural Diversity and Mental Health, 4,* 45-54. doi:10.1037/1099-9809.4.1.45

Escobar, J. I. (1998). Immigration and mental health: Why are immigrants better off? *Archives of General Psychiatry, 55,* 781-782. doi:10.1001/archpsyc.55.9.781

Farver, J. A. M., Narang, S. K., & Bhadha, B. R. (2002). East meets West: Ethnic identity, acculturation, and conflict in Asian Indian families. *Journal of Family Psychology, 16*, 338-350. doi:10.1037/0893-3200.16.3.338

Franko, D. L., Powers, T. A., Zuroff, D. C., & Moskowitz, D. S. (1985). Children and affect: Strategies for self-regulation and sex differences in sadness. *American Journal of Orthopsychiatry, 55,* 210-219. doi:10.1111/j.1939-0025.1985.tb03435.x

Gratz, K. L., Conrad, S. D., & Roemer, L. (2002). Risk factors for deliberate self-harm among college students. *American Journal of Orthopsychiatry, 72,* 128-140. doi:10.1037/0002-9432.72.1.128

Greenlaw, C., & Brown-Welty, S. (2009). A comparison of web-based and paper-based survey methods. *Evaluation Review, 33,* 464-480. doi: doi:10.1177/0193841X09340214

Hall, E. T. (1976). *Beyond culture.* New York: Anchor Press.

Herz, L., & Gullone, E. (1999). The relationship between self-esteem and parenting style: A cross-cultural comparison of Australian and Vietnamese adolescents. *Journal of Cross-Cultural Psychology, 30*, 742-761. doi:10.1177/0022022199030006005

Hwang, W. (2006). Acculturative family distancing: Theory, research, and clinical practice. *Psychotherapy: Theory, Research, Practice, Training, 43*, 397-409. doi:10.1037/0033-3204.43.4.397

Hwang, W., & Ting, J. Y. (2008). Disaggregating the effects of acculturation and acculturative stress on the mental health of Asian Americans. *Cultural Diversity and Ethnic Minority Psychology, 14,* 147-154. doi: 10.1037/1099-9809.14.2.147

Jang, Y., & Chiriboga, D. A. (2010). Living in a different world: Acculturative stress among Korean American elders. *Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*, *65B*, 14-21. doi:10.1093/geronb/gbp019

Kang, H. (2013). Korean-immigrant parents' support of their American-born children's development and maintenance of the home language. *Early Childhood Education Journal, 41,* 431-438. doi:10.1007/s10643-012-0566-1

Kim, E. (2009). Multidimensional acculturation attitudes and depressive symptoms in Korean Americans. *Issues in Mental Health Nursing, 30,* 98-103. doi:10.1080/01612840802597663

Kim, E., Seo, K., & Cain, K. C. (2010). Bi-dimensional acculturation and cultural response set in CES-D among Korean immigrants. *Issues in Mental Health Nursing*, *31*, 576–583. doi:10.3109/01612840.2010.483566

Kim, M., Han, H., & Phillips, L. (2003). Metric equivalence assessment in cross-cultural research: Using an example of the Center for Epidemiological Studies-Depression Scale. *Journal of Nursing Measurement, 11,* 5-18. doi:10.1891/jnum.11.1.5.52061

Kim, S.-A. (2011). Predictors of acculturative stress among international music therapy students in the United States. *Music Therapy Perspectives, 29,* 126-132. doi:10.1093/mtp/29.2.126

Kono, K., & Mearns, J. (2013). Distress of Japanese parents of children with intellectual disabilities: Correlations with age of parent and negative mood regulation expectancies. *Japanese Psychological Research, 55*, 358-365. doi:10.1111/jpr.12027

Lau, A. S., McCabe, K. M., Yeh, M., Garland, A. F., Wood, P. A., & Hough, R. L. (2005). The acculturation gap-distress hypothesis among high-risk Mexican American families. *Journal of Family Psychology, 19,* 367-375. doi:10.1037/0893-3200.19.3.367

Lee, R. M., Choe, J., Kim, G., & Ngo, V. (2000). Construction of the Asian American Family Conflicts Scale. *Journal of Counseling Psychology, 47,* 211-222. doi:10.1037/0022-0167.47.2.211

Lim, S., Yeh, M., Liang, J., Lau, A. S., & McCabe, K. (2009). Acculturation gap, intergenerational conflict, parenting style, and youth distress in immigrant Chinese American families. *Marriage & Family Review, 45,* 84-106. doi:10.1080/01494920802537530

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation, *Psychological Review, 98,* 224-253. doi:10.1037/0033-295X.98.2.224

Mearns, J., Park, J., & Catanzaro, S. J. (2013). Developing a Korean language measure of generalized expectancies for negative mood regulation. *Journal of Asia Pacific Counseling, 3*, 91-99. doi:10.18401/2013.3.1.7

Mearns, J., Self, E., Kono, K., Sato, T., Takashima, E., Tresno, F., … Catanzaro, S. J. (2016). Measuring generalized expectancies for negative mood regulation in Japan: The Japanese language NMR scale. *International Journal of Quantitative Research in Education, 3*, 109-127. doi:10.1504/IJQRE.2016.073675

Necef, I. (2014). *International students' homesickness and depression associations with mood regulation expectancies, acculturation and attachment* (master's thesis). Retrieved from ProQuest Dissertations Publishing (UMI No. 1525611)

Noh, S., Avison, W. R., & Kaspar, V. (1992). Depressive symptoms among Korean immigrants: Assessment of a translation of the Center for Epidemiologic Studies-Depression Scale. *Psychological Assessment, 4,* 84-91. doi:10.1037/1040-3590.4.1.84

Oh, Y., Koeske, G., & Sales, E. (2002). Acculturation, stress, and depressive symptoms among Korean immigrants in the United States. *Journal of Social Psychology, 142*, 511-516. doi:10.1080/00224540209603915

Park, H. S., & Rubin, A. (2012). The mediating role of acculturative stress in the relationship between acculturation level and depression among Korean immigrants in the U.S. *International Journal of Intercultural Relations, 36,* 611-623. doi:10.1016/j.ijintrel.2012.04.008

Pasch, L. A., Deardorff, J., Tschann, J. M., Flores, E., Penilla, C., & Pantoja, P. (2006). Acculturation, parent-adolescent conflict, and adolescent adjustment in Mexican American families. *Family Process, 45,* 75-86. doi:10.1111/j.1545-5300.2006.00081.x

Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1,* 385-401. doi:10.1177/014662167700100306

Rotter, J. B. (1954). *Social learning and clinical psychology*. Englewood Cliffs, NJ: Prentice-Hall. doi:10.1037/10788-000

Sandhu, D. S., & Asrabadi, B. R. (1994). Development of an acculturative stress scale for international students: Preliminary findings. *Psychological Reports*, *75*, 435-448. doi:10.2466/pr0.1994.75.1.435

Szapocznik, J., & Kurtines, W. M. (1993). Family psychology and cultural diversity: Opportunities for theory, research, and application. *American Psychologist, 48,* 400-407. doi:10.1037/0003-066X.48.4.400

Tresno, F., Ito, Y., & Mearns, J. (2013). Risk factors for nonsuicidal self-injury in Japanese college students: The moderating role of mood regulation expectancies. *International Journal of Psychology, 48*, 1009-1017. doi:10.1080/00207594.2012.733399

Trimble, J. E. (2003). Introduction: Social change and acculturation. In K. M. Chun, P. B. Organista & G. Marin (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 163-186). Washington, DC: American Psychological Association.

U.S. Census Bureau. (2012, September). 2010 Census Summary File 1. Retrieved from Pew Research Center website: http://www.pewsocialtrends.org/asianamericans-maps/#korean

Wang, G. F., Yang, X. H., & Mearns, J. (2014). The Chinese version of the negative mood regulation scale: An examination of reliability and validity. *Chinese Mental Health Journal, 28,* 875-880. doi:10.1002/ijop.12443

Watabe, Y. (2008). *Relationship between distress and negative mood regulation expectancies, acculturation, acculturation gap, and coping in an Asian population.* (master's thesis). Retrieved from ProQuest Dissertations Publishing (UMI No. 1457873)

Yates, T. M. (2004). The developmental psychopathology of self-injurious behavior: Compensatory regulation in posttraumatic adaptation. *Clinical Psychology Review, 24,* 35-74. doi:10.1016/j.cpr.2003.10.001

Ying, Y. (1988). Depressive symptomatology among Chinese-Americans as measured by the CES-D. *Journal of Clinical Psychology, 44,* 739-746. doi: 10.1002/1097-4679(198809)44:5<739::AID-JCLP2270440512>3.0.CO;2-0