Self-care strategy of elderly Korean immigrants in the Washington DC Metropolitan Area

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Abstract. The elderly Korean immigrants in the Greater Washington, DC Metropolitan Area use emotional self-care practices to counteract sad and depressive experiences. They tend not to use professional medical help and/or prescription medicine. Their choice of a self-care mental health strategy is a function of several sociocultural and historical factors: the Korean concept of self, life-long caring role, concepts of a morally exemplary emotional life, religious and cosmological beliefs, beliefs about depression and mental illness, systematic and holistic medical principles, political and social upheavals in Korea. Additional factors include the challenge of transition and immigration to a new culture and country, the USA, with its lack of available resources for the immigrants, such as time with their adult children, lower socioeconomic status, language facility, and transportation. Specific self-prescribed self-care strategies for depression include cognitive strategies, religious strategies, physical strategies, social strategies, and artistic strategies.

Key words: Ch‘enyom (‘giving up’), Depression, Korean immigrants, Mental health, Self-care

Abbreviations: (K)DIS = (Korean) diagnostic interview schedule; SKIGD = semi-structured Korean interview guide for depression

Introduction: Mental health self-care

According to our research, there is little evidence that elderly Korean immigrants have received psychiatric care in a community or hospital setting for depression or that they use antidepressants, even though the informants responded that they were depressed when interviewed with the Semi-Structured Interview Guide for Depression (SKIGD) and they were diagnosed as having major depression according to the Korean version (Lee et al. 1986) of Diagnostic Interview Schedule (DIS) (Robins, Helzer, Croughan & Ratcliff 1981). They often said ‘What can you do? Life must go on. I continued to work. I had to work. If not, my children would have starved to death.’ These immigrants survived and are still surviving. Do they have special tolerance to depression? Have they developed ways to live with depressive experiences? Perhaps they have alternative ways of caring for themselves? Or are they using a combination of all of the above?
The sense of control over one's well-being has been a major theme in health maintenance and promotion for many years. Engel and Schmale (Engel 1968; Engel 1971; Engel & Schmale 1967; Schmale 1972; Schmale & Engel 1967), for example, suggested that feelings of helplessness and hopelessness that develop in patients in response to situations of loss facilitate the development of existing somatic predisposition or increase vulnerability to external pathogens, resulting in disease. Rodin (1968) agreed, but argued that this mental-physical health relationship was both direct and indirect. Cohen, Tyrrell & Smith (1991) stated that there is the direct disturbance of normal physiological functioning by emotional distress or by suppression of emotional expression or symbolization. That leads to organic damage. For example, depression impairs the immune response and renders the person more vulnerable to infection such as the common cold.

Rodin (1968: 1274) pointed out that although a sense of control may have a direct effect on health status, it is also possible that people who have a high level of perceived control have better health because they try to prevent or remedy their own health problems. Health might be improved by the gathering of health-related information, engaging in self-care, actively interacting with medical providers, and/or adhering to medical regimens.

A self-prescribed self-care mental health strategy is rooted in this 'control over one’s well-being'. It includes those activities that individuals personally initiate and perform on their own behalf in maintaining life, health, and well-being (Orem 1971: 13). It is those techniques of mental health self-care that are thought to increase people’s sense of control over their well-being and thus directly and indirectly influence their mental and physical health.

A self-prescribed self-care approach to mental health is also one that is heavily influenced by the individual's perceptions of mental health and illness. The self-assessment and resulting health-seeking behavior will be shaped by the beliefs, habits, and practices of the group to which the individual belongs. Individuals will choose and follow courses of action they judge to be beneficial to their own functioning which are consistent with their social values and rules.

There is also the opinion that all Koreans make diagnosis and offer advice or treatment regimens to people whom they know are ill. This produced the phenomenon that the capability of professional physicians has been discredited (Rhi 1983).

However, despite its significance, there is relatively little in the literature concerning the use of mental health self-care strategies. Koenig & Meador (1996) found that respondents infrequently turned to health professionals in their attempts to cope with emotional stresses. Folkman, Lazarus, Scott &