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Pepperdine University
Graduate School of Education and Psychology

DYING AND CULTURAL MEANING: RECOMMENDATIONS
FOR PSYCHOLOGICAL SUPPORT OF KOREAN AMERICANS

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by

Jung Yi

June, 2011

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This clinical dissertation, written by

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under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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DEDICATION

To Sy

ACKNOWLEDGMENTS

I thank God for giving me faith that there is a purpose to all things in life and in death.

I thank my dissertation committee: Dr. Joy Asamen, Dr. Daryl Rowe and Dr. Elsa Busch for their time and expertise. I also thank the reviewers of my clinical recommendations. A special thanks to John Baker, Jay Carson, and Cheryl Saunders for their kindness and encouragement. A very warm thanks to Dr. Donald Banks, Dr. Judy Davis, Dr. Laurie Ostendorf, and Prof. Michael Nakkula for believing that I can make a difference.

Thank you Lily, Jenny, and Cindy for listening.

And to my parents, thank you so much for your love and support.

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ABSTRACT

Death is a natural part of the life cycle that all humankind faces at some point. The American Psychological Association (2001) states that psychologists can make an important clinical contribution to patients who are dying and offer support to their families as they navigate this life event. What is absent from the current discussion is the relevance of culture to issues related to death, dying, and grief, which from the perspective of the researcher is a critical oversight, given the diverse cultures represented in the U.S. and the uniqueness of how many of these cultures conceptualize and memorialize death. This dissertation specifically considers end-of-life matters for the Korean American community, a cultural group that has grown substantially in number since the 20th century. Through a review of the literature, Korean values and beliefs that provide a context for understanding death within this culture are identified; Korean and Western views of end-of-life issues are compared; and clinical considerations for rapport building, assessment, and treatment of the Korean American family are discussed.

Chapter I. Research Objective

The Personal Story Behind the Dissertation

My *harmanee* (grandmother) died on March 23, 1993. She came to the United States in 1985 and traveled from New York, to California, from California to Pennsylvania and back to California, living with the families of one of her eight children in each destination. This story comes from the interactions I had with her during my grandmother's stay with my family (my father being her son). We were the second stop in her move to the United States. Through these interactions, she shared her worldview with me that helped to shape mine. I remember her nonchalantly telling me that she wanted to be buried in Korea when she died. She talked about death quite often, saying how she did not have many years left on this earth. Since I was a good listener, she thought out loud with me.

My grandmother could never just talk, so she talked while doing something for her family. On this occasion, she was pickling cabbages and various roots to make *kimchi* (a popular Korean pickle eaten with every meal). Every few minutes, she would pick out a fresh piece of vegetable or root and make me eat it. I would do my best to look like I enjoyed the bitter, salty, and very spicy morsel (because that was the only respectful response). Then she would continue talking about whom else was buried in Korea and how the family burial ground was a good site since it was facing the right direction. She also hoped that God would take her before she became a burden to her children. In her mind, her work was completed on this earth. She had raised her children to healthy adulthood (except her fourth daughter who died when she was 8 years old), saw them get married and have children, and made certain they all went to church and

raised her grandchildren to do the same. As she finished pickling the kimchi, she started to put the jars in plastic bags (which she recycled) and talked about how she would deliver so many jars to this child because he loved kimchi, and how this child would get the not-so-spicy kimchi, and how the other one would have to come and pick the jars up after work. She then continued to talk about her father, mother, uncles and their wives, grandparents, and other deceased family members who were buried in Korea. I think that this was her way of expressing how much she missed the family members who have preceded her in death, and although she would miss us, her children and grandchildren, upon her own death, she viewed her passing as a way to reconnect with the ones who have gone before her. She did not, however, talk about her daughter who had died when she was 8 years old, and I knew that I should not ask about her.

After my grandmother's stay in California, she moved to Pennsylvania to live with my aunt. It was here that she was diagnosed with Alzheimer's disease. My aunt had a difficult time caring for my grandmother as her condition worsened, so it was decided she would return to California and reside with my oldest uncle, which is the customary practice, and my father would help with the medical expenses. A nursing home was simply not an option. My father required our family to visit my grandmother every Sunday. I saw her deteriorate psychologically and physically. First, she forgot the names of her grandchildren, then her children, and, finally, she only called out for my deceased grandfather. She eventually passed away in a hospital.

My grandmother wanted to be buried in Korea, but because of the wishes of her children, she was buried in California. Everyone wore black, although I was told by several first-generation family members that in Korea, we would have worn white. I

heard my aunts whisper to one another about my grandmother's clothing and whether it was the "right" decision to bury her in a favorite American outfit rather than a traditional Korean burial dress. When the funeral was over, all of my grandmother's sons and grandsons took turns shoveling soil over her. When I asked my mother why the women were not allowed to participate, she indicated only men were allowed to participate in this ritual in Korean culture. As a 14-year-old, I felt this was unfair, but even more unfair was not making my grandmother's final resting place her family's burial ground in Korea. Eighteen years have passed. I still ponder the conversations I had with my grandmother about death and dying, how the family handled her funeral, and my own experience with my grandmother's passing. It is this personal narrative that brings me to my clinical dissertation topic: What does a psychologist need to know to appropriately serve those individuals who are dying, as well as those individuals who are facing loss or have experienced loss, which takes into account a Korean worldview?

Importance of the Study

Culture is defined as characteristics that are shared among a group of people and are expressed through the psychological and social functioning of the group members (B. S. K. Kim, 2007). Furthermore, the construct involves a complex and continuously changing system of meaning that can be learned, shared, transmitted, and even altered from one generation to another (Triandis, 1995). To this point, Okazaki, Lee, and Sue (2007) refer to *hybrid cultures* that emerge between generations of individuals who identify as Asian and American as a way to adapt to both cultural systems. According to Rosenblatt (1997), each culture has a unique way of dealing with loss. There are usually a set of core understandings, rituals, spiritual beliefs, and etiquette to which cultures

subscribe. For example, if one is unfamiliar with the behavioral manifestations of how members of another culture express their grief (e.g., inconsolable wailing, mute unresponsiveness), the behaviors exhibited by the members of the other culture may appear uneducated, misinformed, superstitious, or faulty, which disregards the importance and purposefulness of these practices for its members (Rosenblatt, 1997). When a person grieves surrounded by people who do not understand or respect how he or she grieves, the person grieving may not receive the support he or she requires (Rosenblatt, 1997). These observations have profound implications for the work of psychologists as such misunderstandings may result in mistakenly interpreting the behavior as a psychological problem and the grieving party not receiving appropriate care for his or her needs.

The American Psychological Association (APA; 2001) states that psychologists can make an important clinical contribution in working with patients who are dying. Psychologists can conduct assessments for psychiatric disorders such as depression and anxiety as well as pain, implement therapeutic interventions that benefit the patient and his/her family and care providers, act as advocates for the medical and the psychological needs of the patient, and work with an interdisciplinary team so as to more effectively meet the needs faced by the patient and his/her family. Furthermore, psychologists can facilitate emotional expression of the patient and his/her family and deal with issues of mourning and loss as well as traumatic stress. But what is critically overlooked by the APA is the relevance of culture to the issues faced by patients and their family members.

Dying individuals may need assistance with making final decisions and dealing with their affairs. The psychologist can help by framing, identifying, clarifying, and

articulating the patient's priorities and choices. Depending on the dying individual and his/her culture, even the act of planning for a death may be controversial. As family members and the patient make irreversible decisions, there is the potential for heightened interpersonal conflict, whether the conflict is explicitly expressed or not. The psychologist can facilitate discussions between family members and caregivers to ease the conflict.

As previously mentioned, this present dissertation is interested in the influence of culture on the dying experience. Death is a natural part of the life cycle, and how one behaves and reacts to death and dying are related to the cultural meaning subscribed to the experience. Most Korean studies of death and dying use measures that were originally designed for research with Western populations, which may not reflect the attitudes and values of Koreans toward this experience (Yeun, 2005). Furthermore, there have been very few studies on the subjective meaning of death and dying among Koreans (Yeun, 2005). This may reflect the attitude among many Koreans that the outward expression of emotion is discouraged (Hong Yi, 2001). Understanding culture then becomes essential in understanding death and dying.

With the growing Korean population in the United States from the 1965 immigration law that assisted in the reunification of families separated by the Pacific Ocean, the populace has grown from 69,130 in 1970 to 1,076,872 in 2000 (Rhee & Shrake, 2004). From this observed growth, there is greater likelihood that psychologists and other mental health professionals will encounter members of this population in their practices. This potential is further increased for practitioners in the greater Los Angeles area since many of the Korean immigrants settle in metropolitan areas, Los Angeles

being one of those areas (Rhee & Shrake, 2004). In fact, California, alone, is home to approximately 30% of the Korean population (Rhee & Shrake, 2004). Therefore, there is mounting need to more effectively prepare mental health professionals to work with members of this population, particularly on issues that tend to be neglected, such as death and dying, despite the inevitability of the experience.

Research Purpose and Objectives

Through an analysis of the literature on the topics of death, dying, and grief, the Korean culture, and the acculturation experiences of Korean Americans, the purpose of this clinical dissertation was to provide psychologists, and other clinicians, who find themselves serving Korean American clients, with clinically relevant information to consider when assessing, interpreting, and treating issues related to dying and bereavement. An exploration of the clinical issues for both the person dying, as well as those individuals who are left behind to grieve the loss of their loved, were considered in proposing recommendations. Of particular relevance to the dissertation is the potential implication of acculturation and how coming from one worldview that has specific beliefs and rituals associated with death potentially contribute to distress for both the person who is dying as well as those who survive when in a culture that does not endorse these same cultural traditions.

Specifically, the following were the objectives of this dissertation:

1. Explore how culture and acculturation may influence how Korean Americans construct their understanding of death, dying, and bereavement.

2. Consider how culture and acculturation may influence the way Korean Americans react and cope with dying and how family members communicate their expression of grief.
3. Identify key clinical considerations in building rapport, assessing, and treating Korean American family members coping with death and bereavement.

Chapter II. Plan of Action

Identification and Acquisition of Relevant Literature

Literature searches were conducted until the completion of the clinical dissertation with the following literature databases: psycArticles, psycINFO, Academic Search Elite, Medline, and ProQUEST. Worldcat was used to identify books on the topic of bereavement and Korean culture. The search for relevant literature included the following terms independently or in combination: culture, death, dying, grief, loss, thanatology, Korean, Korean American, acculturation, Kübler-Ross, memorial, burial, funeral, bereavement, rituals, and customs. Through this process, journal articles that have information about Korean culture as well as on the topic of death or dying were identified. Also, websites of credible online sources such as information available through professional organizations like the Asian American Psychological Association and American Psychological Association, academic institutions that produce research on the topic (e.g., University of Hawaii East-West Center), and well-established organization such as the National Institutes of Health were considered. Although the search gave priority to the most current resources available, relevant literature that dates back were considered for inclusion, particularly on the topics of Korean culture, religions, and history of immigration.

Organizing and Synthesizing the Relevant Findings from the Literature

In order to create a clinical resource for clinicians, the findings derived from the relevant literature were organized and synthesized into the following domains of knowledge:

1. Korean perspectives on death, dying, and bereavement

2. Comparison of Korean and Western views on death, dying, and bereavement
3. Considerations in working with Korean American families experiencing death, dying, and bereavement
 - a. Rapport building
 - b. Assessment
 - c. Therapy

Strategies for Enhancing Credibility

Two major strategies were used to enhance the credibility of the recommendations proposed in this dissertation.

1. Only findings from the literature that triangulate across two or more scholars were included as culturally relevant observations or recommendations for assessing clinical need (Mertens, 2005).
2. Peer debriefing with clinicians who work from a multicultural perspective and have clinical experience working with Korean American clients were invited to review and comment on the cultural observations and clinically relevant recommendations that emerged from the analysis of literature and the researcher's own clinical and personal experience with members of the culture (Mertens, 2005).

Clinicians for Peer Debriefing

Selection criteria. Four clinicians with clinical experience working with Korean American families accepted the invitation to participate in the evaluation of the clinical recommendations proposed by the researcher. In addition to clinical experience with

Korean American families, the following two criteria were also considered: (a) at least one clinician must have experience conducting therapy in the Korean language, and (b) at least one of the clinicians must be a psychologist. Among the clinicians who volunteered to serve as peer reviewers, one was an associate clinical social worker and three were psychologists. All four reviewers had conducted therapy in the Korean language and self-rated themselves as fairly knowledgeable to knowledgeable on familiarity with traditional Korean values and fairly knowledgeable on end-of-life matters. See Appendix A for the comments of reviewers.

Recruitment procedure. Upon obtaining approval from the Graduate and Professional Schools Institutional Review Board, an email invitation was forwarded to a pool of clinicians who were identified from the following sources: (a) applied scholars who publish and or present on clinical work with Korean communities, (b) Psychology Division faculty members and the researcher's dissertation committee members who can identify agencies and individuals in the greater Los Angeles area and surrounding counties that serve the Korean community, and (c) an online search of agencies in the Los Angeles area that serve the Korean community from which can be identified. The email included the following: (a) information about the researcher and her faculty advisor; (b) the purpose of the invitation, the approximate time commitment required, and a brief explanation of what the clinicians would be asked to do; (c) the questions to elicit the opinion of clinicians regarding the researcher's proposed clinical recommendations (see Appendix A); and (d) a copy of the document entitled, "Supporting Korean American Families with End-of-Life Matters" (see Chapter IV).

Chapter III. Review of the Literature

Overview

In order to offer cultural observations and clinically relevant recommendations for working with Korean American clients with issues of death, dying, and bereavement, the following literature was reviewed: (a) relevance of culture to death, dying, and bereavement; (b) an overview of Korean culture, with an emphasis on the beliefs, values, and behaviors associated with death, dying, and bereavement; and (c) Korean Americans in the U.S. and the challenges of acculturation, particularly when faced with issues related to death and grief.

Relevance of Culture to Death, Dying, and Bereavement

Considering the sociocultural context is, without question, an important consideration in working with families (Hines, Preto, McGoldrick, Almeida, & Weltman, 2005). Having an understanding of a family's ethnic culture may help a clinician enter into a discussion with the family that is more comfortable to its members (Hines et al., 2005). In understanding culture, one must not only consider ethnicity, but political views, religion, geographic location, duration of residence in the country, socioeconomic status, and experience with discrimination and oppression (Hines et al., 2005). Also important is how a family is defined within a cultural context; the characterization of a family may vary from culture to culture. For example, Anglo American families may define a family as only members of the nuclear family, while Italian American families may include extended family members in their definition of a family (Hines et al., 2005). The Chinese, on the other hand, consider generations of lineage in defining a family, with the lineage focusing on the male members who carry the family name (Hines et al., 2005).

These cultural differences, hence, influence the stages of the life cycle. As families encounter challenges during the course of their lives, they often revert back to their cultural roots to cope with the challenge (Hines et al., 2005). It is important that a clinician is sensitive to the value of preserving culturally relevant practices so that the family maintains authority over how situations are handled (Hines et al., 2005). Hines et al. suggest clinicians help families identify the influence of culturally rooted values and behaviors related to such factors as gender roles, migration history and reasons for migration, religious influences, and the local culture in which a family resides.

In working with families in which a family member is dying, it is critical to consider the influence of culture. Every society has developed methods for facing the inevitability of death. For example, invitations to spirits of the dead during specific festivals or periods of the year in both Mexico and China reveal that death is not a permanent end but simply one's passage to another world that maintains strong ties to the world of the living (Bryant, 2003). According to Rosenblatt (2008), understanding cultural variations in the grieving process are keys to providing support and services to individuals from diverse backgrounds since "[n]o knowledge about grief is culture free" (p. 207).

Among the most prolific and well recognized on the topics of death and dying is psychiatrist, Elisabeth Kübler-Ross. Not only did she offer the five stages of grief (denial, anger, bargaining, depression, and acceptance) from the perspective of the person dying (Kübler-Ross, 2003), but she also wrote about grief from the standpoint of the survivor (Kübler-Ross, 1991, Kübler-Ross & Kessler, 2005). The work of Kübler-Ross assumes the stages of grief are universally applicable, a view with which James and

Friedman (1998) disagree as they do not believe a stage approach to understanding grief takes into account the unique ways that one may process the death of a loved one.

According to McGoldrick and Walsh (2005), questions should be initially posed about the family's cultural traditions related to death. Furthermore, the family being unified as to how the death should be handled is important for establishing mutual support at this difficult time and has the potential of strengthening family ties (McGoldrick & Walsh, 2005). Although it is vital to consider the relevance of culture in understanding death, dying, and bereavement, it is equally important to not assume all families who share a common ethnic or cultural heritage will believe and act alike. In fact, families could form a unique perspective on bereavement and dying that integrates the beliefs and practices of their culture with those of society at large (Rosenblatt, 2008). But Rosenblatt (2008) cautions readers that research on grief must move away from its ethnocentric approach that presumes universalities and members of the English speaking world can be used to describe all humankind to one that is open to differences, resulting in a more competent understanding of grief and dying for different people.

Korean Cultural Beliefs, Values, and Rituals Associated with Death, Dying and Bereavement

Korea has more than 5,000 years of history (Kim-Rupnow, 2001), during which diverse religious belief systems have exerted their influence on the values and beliefs of the culture (Baker, 2007; D. Lee, 1995). When considering issues related to death and dying and the associated rituals, the practices are often heavily influenced by the religious beliefs shared by member of a given cultural group (Rosenblatt, 2008). The following discussion provides an overview of the major religious traditions of Korea that have

influenced how death is conceptualized and the rituals practiced in the culture: (a) Shamanism, (b) Buddhism, (c) Confucianism, (d) Taosim, and (e) Christianity.

Shamanism. Shamanism is considered the original religion of Korea (Baker, 2007). It is said that this folk religion has “preserved unaltered the primal spirituality of the Korean people” (Baker, 2007, p. 15). In Shamanism, spirits are the key influence for shaping the direction of the living (Hyuck, 2004). Major deities have histories of having died “unnatural or disastrous deaths” (Hyuck, 2004, p. 29). Most of these deities were “powerful human beings” (Hyuck, 2004, p. 32) in life and have maintained their specific powers, e.g., deities who were generals can continue to exert a powerful spiritual influence on the living. Hence, these deities may be mollified through rituals that occur along with the rituals practiced for one’s ancestors.

Shamanism places importance on establishing harmonious relationships between all things living as well as with one’s ancestral spirits. Through the use of rituals, Mudang (Korean Shamans) can foretell the future, heal people, and improve relationships between humans, the earth, heaven, and hell (Y. L. Lee, 1981). In Shamanism, death is viewed as a tragic life event. The spirit of the deceased and the survivors may experience insecurity and unhappiness, which is particularly true in cases in which death occurred under conditions of unresolved resentment, jealousy, and animosity (Hyuck, 2004). In fact, it is presumed the unhappy spirit of the deceased may attempt to harm the living by drawing them into misery and misfortune. Given the Shamanistic emphasis on harmony, it would follow that death in disharmony might have a less favorable outcome for both the deceased and the surviving family members. To address the disharmony, rituals exist that placate the unhappy spirit and bring resolve to the survivors (Hyuck, 2004). The

misfortunes experienced by the family may be, in part, due to inadequate attention to one's ancestors; therefore, the rituals oftentimes call upon the ancestors of the family who are believed to have the ability to prevent disaster or grant blessings. Hence, Shamanistic rituals for the dead are mostly aimed at insuring the peace of the dead and protection from the dead in this world (Y. L. Lee, 1981).

According to Korean myth, Princess Bari is a deity thought to have the power to lead the dead because she is believed to have saved her own parents from death by going to another world and finding a special drug (Hyuck, 2004). She was the seventh daughter of a king and queen who desperately wanted a son, so being a great disappointment, she was thrown away and lived a poor and difficult life. When the king and queen became sick, Princess Bari, being a powerful and good person, found a cure for her parents who were facing death. Shamans, therefore, call upon her spirit during a ritual for a decedent. (Hyuck, 2004). The ritual is intended to guide the decedent's soul to the next world as the shaman recites the myth of Princess Bari (Hyuck, 2004). The soul can be then changed to an animal, it can possess the shaman and communicate with the family, or it can roam *guchun*, "the nine heavens" (Hyuck, 2004, p. 42). According to Hyuck (2004), shamans are not concerned with precise or unified beliefs of the afterlife but rather how spirits can be treated in order to help the living family members.

Rituals for the dead vary from region to region in Korea and are referred to as *gori*, or the communication of the dead and the living through a medium, or Shamaness (Y. L. Lee, 1981). For example, in southern Korea, there is *Sitch'um gut*, which is a ritual that involves burning a paper effigy that symbolizes the cleansing of the soul (*Nokjon*). In another province, the ritual is referred to as *Ogijari* and the ritual entails sprinkling

white rice powder on the clothes of the deceased and seeing what type of footprint appears in the power, with no footprints indicating the deceased is a lost soul who may cause the family problems. And in the Central regions of Korea, the ritual is referred to as *Chinogi*, and food is offered to the spirit of the deceased and a lotus flower is tied to a paper effigy to cleanse for evil spirits (*Supal yon*). It is important to note that Shamanistic rituals are more receptive than hostile since the nature of the religion is to re-establish harmony through appeasing the spirits thereby protecting the family from suffering (Y. L. Lee, 1981). Furthermore, these rituals encourage cathartic release of stress and repressed emotions by the surviving family members, which may be especially helpful for members of Korean society who feel psychologically oppressed.

In Korea, the surviving sons of the deceased are responsible for ensuring the security and happiness of the deceased's spirit and protecting the surviving family members from misfortune (Hyuck, 2004). Hence, the deceased with no sons to care for them are destined to become lost spirits rather than revered ancestors (Hyuck, 2004). Literature that describes the Korean culture and its family structure emphasizes the importance of the son (Hyuck, 2004), and the valuing of sons appears to have roots in the Shamanistic religious perspective.

It is important to note that in contemporary Korean society, fundamental Shamanistic views are frowned upon, particularly among the more educated and individuals who possess more Westernized views (Baker, 2007). Modernization and the integration of Western religious philosophies have replaced traditional characteristics such as *village gods* (Baker, 2007). Shamanism has in its modern development retained itself through a collective cultural understanding rather than as concrete values (Baker,

2007). Shamanism is also known to have influenced later religions that have come into Korea such as Buddhism, Confucianism, and Christianity (Hyuck, 2004). It is interesting to note that the Korean government does not include Shamanism in its demographics because it is dispersed among different religions (Hung-youn, 1999).

Buddhism. Buddhism emerged in the nation during the fourth century B.C. (D. Lee, 1995). The ease of introducing Buddhism to Korea was due to the relative similarity between it and Shamanism, which allowed the integration of Buddhist gods into Shamanistic tradition (Hung-youn, 1999). The integration of Buddhism with Shamanism is apparent in the symbols depicted on shrines and temples in Korea (Hung-youn, 1999). Its appeal was in the message that it would “promise... effective techniques for escaping suffering by developing insight that will dissolve the illusions that cause that suffering” (Baker, 2007, p. 18). Korean Buddhism is considered Mahayana Buddhism (Baker, 2007). This prevalent form of Buddhism adapted by Korean culture is meditative. Studying sutras conveys the transitory nature of existence on earth, and through meditation and intellectual transcendence, one could “let go” of worldly limitations (Baker, 2007). Another characteristic of the Mahayana sect of Buddhism is its focus on compassion, which Korean believers could receive through the god Kwanum, who “listens to the cries of humanity” (Baker, 2007, p. 19).

Buddhist rituals prepare the deceased for the afterlife, and integrate elements of Shamanism in its Korean form (D. Lee, 1995). Much of their rituals were initially propagated through *kasa* or poems (Y. Lee, 2007). Buddhist *kasa* can be categorized into various themes. Some promise transition to the Pure Land through repetitive recitation of Buddha’s name, and others portray the ephemeral nature of life on earth (Y. Lee, 2007).

A third theme urges followers to convert from living a life of “undiscerning immorality to a life of insightful virtue” (Y. Lee, 2007, p. 101). For example, there exists a *kasa* that depicts the Ten Kings (Judges) of Hell, who judge the merit of the decedent’s life by holding court over a 7-day period of time with a decision required on the 49th day (Y. Lee, 2007). During this period of judgment, the surviving relatives pray in mass for a positive ruling of their deceased loved one (Y. Lee, 2007).

Buddhism in Korea differs from Shamanism in that Buddhism has a generally accepted set of standardized rituals, revered writings, and explicitly stated doctrines (Y. Lee, 2007). Similar to Shamanistic rituals, the Buddhist rituals are concerned with appeasing the spirit of the deceased so that surviving family members can live free of illness that can be brought on by the possessing spirit (Uhlmann, 2007). For example, *sisik and kubyong sisik* are food-offering rituals performed as part of the funerary practices that prepare the deceased for the afterlife. But *kubyong sisik* includes a procedure of bathing the spirit and is specifically carried out to cure the surviving family members who are thought to have been made ill by the possessing spirit (Uhlmann, 2007). Still another ritual is *chondojae*, which is done when the funerary mass is thought to not have been properly performed in order to liberate the family member from the possessing spirit and the ensuing illness (Uhlmann, 2007).

Confucianism. Since 1300 to 1400 A.D., or roughly the beginning of the Choson Dynasty, Confucianism influenced the cultural development of Korea (Hung-youn, 1999; D. Lee, 1995). During this era, Confucianism prevailed over Shamanism and Buddhism among men of the ruling Confucian patriarchy who dismissed Shamanism as superstition and lacking religious credibility (Hung-youn, 1999). Despite the oppressive view of

Shamanism, women, citizens of lower social class, and members of the royal family continued practicing Shamanism thereby sustaining its existence in Korea (Hung-youn, 1999). Furthermore, Buddhism was reduced in its importance due to the political and economic problems that emerged between royalty and the average citizens (Hung-youn, 1999).

Due to the value placed on hierarchical relationships between children and their elders (filial piety) in Confucianism, family ancestral worship is practiced (Pang, 2000; Yoon, 2007). The universe is viewed as a balance between *yang* (light and masculine) and *um* (dark and female), creating the Great Ultimate (taekuk), and achieving this harmony in life is the ideal. Another Confucian ideal is humanity attaining harmony with Tao (the Way) which can lead to a powerful interaction between heaven and earth. Confucianism was important for the development of the traditional patriarchal family system (H. Kim & Hope-Graff, 2001). This religion was introduced and gained popularity because it stressed filial piety and familial obligations, unlike Buddhism, which focused on individual enlightenment (Shin-yong, 1982).

One of Confucianism's greatest legacies is *p'ungsu* (also known as fengshui and geomancy), a practice using nature and the environment to select ideal sites, such as the location of a building, temple, and grave site (Yoon, 2007). Finding an ideal grave site is an important decision, as the decedent's satisfaction with the grave site placement is believed to influence the well being of the decedent's survivors (Janelli, 1992).

Characteristics of nature that are important for selecting the ideal grave site include *sugu*, being at the mouth of a watercourse; *suri*, the availability of water; *sanhyong*, the formation of mountains; *t'osaek*, the color of the soil; and *yase*, the features of the grave

site area under consideration (Yoon, 2007, p. 217). Buddhism, Confucianism, and Shamanism in Korea have had a symbiotic relationship with geomancy for over a millennium, and relied on translations of text from China to guide their practice (Yoon, 2007).

Confucian beliefs of valuing patriarchal lineage are important for understanding how geomancy is practiced in Korea for selecting grave sites of deceased family members. Korean women who wed are given to the husband's family, where she is expected to resume full responsibilities and privileges of being part of the family (Yoon, 2007). A famous story, "The Grave at the Yu Family of Andong," is a geomancy tale that tells of a wife who tricked her own natal family to steal an auspicious grave site for her husband. This tale conveys a significant contribution of Confucianism to the Korean culture, i.e., the import placed of patriarchy. In other words, misappropriating from one's family of origin is considered a commendable act when the action was taken to honor one's husband (Yoon, 2007).

The influence of filial piety and patriarchy from Chinese Confucianism has been retained in modern Korean culture (Yoon, 2007). Moreover, the practice of geomancy has had a resurgence of popularity in Korea since the 1980s due to rapid industrialization and unprecedented wealth that has reawakened nostalgic feelings about past cultural practices (Yoon, 2007).

Taoism. In Korean history, Taoism (also known as Daoism) has not been extensively discussed due to the dominance of Shamanism, Buddhism, and Confucianism (D. Lee, 1995). It was introduced to Korean culture in 649 A.D. (D. Lee, 1995), although adherents were primarily members of the royal family who requested Taoist rituals in

addition to Shamanistic, Buddhist, and Confucian rituals during particularly challenging times (Grayson, 2002; Hung-youn, 1999). Although animism and other concepts of Taoist thought have influenced Korean culture (D. Lee, 1995), its influence was overshadowed by Shamanism as well as Buddhist and Confucian ideologies, although the latter two religions to a lesser degree (Hung-youn, 1999). Korean Taoist concepts are “largely mediated through the metaphysics of Chu Hsi’s form of Neo-Confucianism” (Grayson, 2002, p. 51). Chu Hsi (1130-1200) was a Confucian scholar of the Sung Dynasty, whose “system of philosophy” (Grayson, 2002, p. 51) dominated Korean Confucian thinking during the Choson Dynasty.

Taoism in Korea was particularly influenced by the Chinese Taoist belief of *Kwangsong-chegun*, which worshiped *Kwanje*, a fearless god of war; this belief was introduced by the Chinese soldiers who came to support Korea during the Japanese invasion in the late 1500s A.D. (Hung-youn, 1999). Given the nation was under attack and the belief that *Kwanje* could help win the war, the people of Korea readily worshiped him (Hung-youn, 1999). The adoption by Shamanism of Taoist gods, such as *Kwanje*, occurred with ease as Shamanism did not confine worship to native Korean gods but welcomed the worship of gods from other religions (Hung-youn, 1999).

Illustrations of Taoistic influences include the import placed on living a long life (*su*) and blessings (*bok*) as well as the use of geomancy (*pungsu*) to find an ideal site for a grave, home, and temple (D. Lee, 1995). *Pungsu*, or grave siting (positioning), is executed through the use of perceived flows of *ki* traveling along the earth, in Taoist geomantic tradition (Baker, 2007). This practice advocates an alignment with cosmic patterns, not unlike Confucian philosophies. One of Taoism’s contributions to Korean

spirituality has been the use of *ki*, or life-giving energy. Through the practice of internal alchemy, it is said that *ki* can be enhanced and improve health and longevity (Baker, 2007). According to Taoist teachings, one can bring health to others and oneself by exhibiting forgiveness, openness, and other similar virtues, which, in turn, grants immortality in the afterlife (Pang, 2000). In other words, exercising healthy practices during life has benefits upon death.

Christianity. Christianity has had a substantial influence on Korea. The Catholic Church was introduced in 1784 through a traveling scholar from Beijing (Baker, 2007). This was the first introduction of monotheism to Korean society, and faced initial resistance as a new concept (Baker, 2007). Protestant missionaries introduced Korea to Protestant Christianity in 1884 and it became more popular than Catholicism by 1910 (Baker, 2007), but not without substantial strife as the Protestant Christians were more adversarial toward Shamanistic beliefs and rituals than were the Catholics (Hung-youn, 1999). The appeal of Protestant Christianity when compared to other religions, though, was its accessibility to average Koreans. For example, services were offered in vernacular Korean as opposed to the Latin for Catholicism, Sanskrit for Buddhism, and Chinese for Confucianism (Baker, 2007).

The road to Christianity taking root in Korea was fraught with challenges and could best be characterized as an acculturation process (Hung-youn, 1999). Christianity comes from a Western perspective, a religious view foreign to Asian nations such as Korea. But as the nation became more industrialized and Westernized in its views, greater support for Christianity arose.

The zealous attitudes of newly converted Christians allowed for extremely rapid expansion of Christianity, going from 21,000 members in 1900 to 10 million in a little over a century (Baker, 2007). However, some Christians continue to seek shamans to receive guidance on significant life decisions (Hyuck, 2004). In fact, Christian clergy in Korea have integrated Shamanistic beliefs and rituals for a more culturally congruent religious experience for Koreans (A. Kim, 2000). For the same reason people have embraced Shamanism and its emphasis on harmony in one's life, the positive value of Christian promises for prosperity, salvation, and health to those who believe have drawn Koreans to Christianity (A. Kim, 2000). On the other hand, critics of Korean Christianity argue that it has excessively infused Shamanistic ideology into its practices (Hung-youn, 1999). But the integration of Christianity with other Korean religions, including Shamanism, is a product of the long-standing Shamanistic tradition of the Korean people in which the adoption of gods from other religions is embraced rather than criticized (Hung-youn, 1999).

Rituals memorializing the dead have since the 1890s fused Christianity and Korean tradition (Grayson, 2007). For example, it was common for Korean converts to Methodist Christianity to light candles, offer prayers to God, and sing hymns to praise God as would be common funerary practices among many Christians. But these traditionally Christian practices were combined with the Shamanistic practices of *yebae* or the death-date rite and *Ch'udo yebae* or the grieving rite (Grayson, 2007). Moreover, there were also Confucian elements introduced to the Christian funerary practices such as the strong emphasis on filial piety, which is similar to the Christian concept of "honor thy father and mother," that required a memorial rite for a parent be performed on the actual

date of the parent's death (Grayson, 2007). Interestingly, though, Confucianism conceptualizes the ritual as an attempt to *worship* the spirit of one's deceased parent, whereas from the Christian perspective, one is expressing *respect* to one's parent. Grayson (2007) refers to the integration of traditional Confucian religious practices with Christianity as "indigenization" (p. 438).

According to records, indigenization was first noted at the Chongdong Methodist Church in Seoul in 1897 (Grayson, 2007). Hence, within 10 years of the arrival of Western missionaries to Korea, the first generation of Korean Protestants found a way to merge the traditional theological beliefs and rituals of the culture with the theological views and practices of their newly found religion, Christianity (Grayson, 2007).

Although there has been an integration of some of the traditional Korean religious funerary practices with Christian practices, there still exist rituals that commemorate the dead which have not been acknowledged by denominational books of liturgy, yet are practiced by Korean Protestants (Grayson, 2007). Three such rituals are: (a) *Ch'ot songmyo*, the first visit to the deceased's grave; (b) *Songmyo*, the annual visit to the deceased's grave; and (c) *T'alsang yebae*, the final worship of the mourning period. Furthermore, these rituals have been extended to honor family members other than one's parents as well as promote more frequent grave site visitations (Grayson, 2007).

Although traditional Korean religious beliefs continue to exert its influence on how the dead are honored and how funerary decisions are made by the surviving family members, these traditional views are continually tested as new perspectives emerge. The potential for conflict between the traditional and Western values is particularly pronounced among those families who have immigrated to the United States.

The Korean American Experience: The Interplay of Acculturation with Death, Dying, and Bereavement

Emigration history. Prior to providing a brief overview of the history of emigration from Korea, it is important to note that in accounts of immigration statistics, neither the Department of Homeland Security nor the Census Bureau distinguishes immigrants from North Korea from those immigrants from South Korea (Yau, 2004). But due to the stringent migration control exercised by the North Korean government, most Korean immigrants to the U.S. are from South Korea (Yau, 2004).

Emigration from Korea is generally described as occurring over three major waves of migration. During the first wave, which occurred roughly between 1903 and 1920, approximately 8,000 Koreans immigrated to Hawaii (Kim-Rupnow, 2001), which was annexed by the U.S. in 1898 (I. J. Kim, 2004). With the Chinese Exclusion Act of 1882, the Hawaii Sugar Planters Association (HSPA) was unable to recruit enough Chinese laborers (I. J. Kim, 2004). Moreover, Chinese and Japanese laborers were leaving plantations to seek other forms of employment (I. J. Kim, 2004). During this same period of time, strict and oppressive Japanese laws prohibited the Korean culture from flourishing in its own country and famine was common (I. J. Kim, 2004; Kim-Rupnow, 2001). Hence, with promises of financial reward, sugar plantation recruiters enticed impoverished Koreans to come to Hawaii to work on the sugar and pineapple plantations (I. J. Kim, 2004). In 1905, under Japanese control, further migration of Korean laborers to Hawaii ceased (I. J. Kim, 2004).

Many Koreans, like the Chinese and Japanese before them, decided to remain in Hawaii and left the plantations to start small businesses (e.g., restaurants, laundries), after

settling their debt for passage to the U.S. and fulfilling their plantation contracts (I. J. Kim, 2004). Some of the immigrants elected to migrate to the continental U.S., while other returned to Korea since they had difficulty acculturating to life outside of Korea (I. J. Kim, 2004).

The first wave also included “1,100 picture brides” (I. J. Kim, 2004, p. 20) who were allowed to migrate to Hawaii by the Japanese in 1910 to marry plantation laborers. In addition to the plantation workers and their brides, the first wave of emigrants also included students who came to study after the 1919 Korean independence uprising, many of whom later returned to Korea and undertook leadership roles (I. J. Kim, 2004).

The first wave of migration ended with the 1924 Immigration Act, also known as the Oriental Exclusion Act, which prevented Asians from immigrating to the U.S. (I. J. Kim, 2004). This Act was repealed in 1943 (Chang, 2003), which allowed immigrants from Asia, including Korea, to enter the U.S. once again.

It is important to note two major historical events in the Korean nation that affected the life of Korean families during the mid-20th century and influenced who immigrated to the United States during the second wave of migration. The first event was the formal division of Korea along the 38th parallel that occurred in 1945 and the second event is the Korean War in 1950 (B. C. Kim & Ryu, 2005). From 1950-1965, approximately 17,000 Koreans came to the U.S. (Kim-Rupnow, 2001). Many of the immigrants of this time period were the wives and children of American military men who served during the Korean War as well as children orphaned during the war and adopted by U.S. families (I. J. Kim, 2004; Kim-Rupnow, 2001).

With the passage of the 1965 Amendment to the Immigration and Naturalization Service Act of 1955 that eliminated immigration quotas that were imposed on Asian nations, the third wave of migration commenced, with more than 30,000 Korean immigrants arriving in the U.S. between 1976 and 1990 (B. C. Kim & Ryu, 2005; Kim-Rupnow, 2001). By 1994, as South Korea began to prosper and political freedom a reality, migration to the U.S. began to decline, but by this time, over half a million Koreans resided in the U.S., making it the third largest Asian population following Filipinos and Chinese (Kim-Rupnow, 2001). Moreover, the Korean Americans of the third wave numbered over 1 million by the year 2000 (Barnes & Bennett, 2002). The third wave of Korean immigrants was different from the previous two waves of immigrants in a number of key ways. Immigrants of this time period tend to be college educated, middle class, and have migrated to the U.S. as a family to seek educational opportunities for their children (B. C. Kim & Ryu, 2005). Furthermore, about 75% of the newly immigrated have close friends or relatives already living in the U.S. to ease their transition into their American life (B. C. Kim & Ryu, 2005). Nevertheless, the lack of English proficiency and unfamiliarity with the American social system creates challenges for Korean immigrants of the third wave (B. C. Kim & Ryu, 2005). Nonetheless, unemployment is relatively low among third wave Korean immigrants due to the willingness to accept employment that is less than commensurate with their education and training (B. C. Kim & Ryu, 2005).

Acculturation among Korean Americans. B. S. K. Kim (2007) refers to both the processes of acculturation and enculturation in describing the immigration experience of Asians in America. The former concept, acculturation, refers to the process of adapting

to the American cultural norms while enculturation refers to the process of maintaining one's native culture norms (B. S. K. Kim, 2007). B. C. Kim and Ryu (2005) discuss the particular elements of traditional Korean culture that influence the acculturation experience of Korean Americans, i.e., the “[h]ierarchies by gender, generation, age, and class” (p. 351). By respecting the intersection of these hierarchical protocols for relating to one another, social order is maintained among its members.

Traditionally, the Korean culture subscribes to segregation between sexes and clear gender role differentiation (B. C. Kim & Ryu, 2005), which is rooted in Confucian doctrine (I. Kim, L. Kim, & Kelly, 2006). The culture is patriarchal in nature with men responsible for life outside the home and women confined to home related responsibilities. True to Confucian principles, the women were required to abide by their father's authority prior to marriage, be a dutiful spouse in marriage, and a devoted mother to her son in advanced age (B. C. Kim & Ryu, 2005; I. Kim et al., 2006). Men were generally tasked with the family's livelihood and decision-making while women were responsible for properly raising their children (B. C. Kim & Ryu, 2005; I. Kim et al., 2006). Furthermore, male offspring are traditionally more highly valued than female offspring (B. C. Kim & Ryu, 2005; I. Kim et al., 2006). Although some Korean American families maintain these traditional hierarchical values, the division between sexes and strict adherence to specific gender roles have largely disappeared among more acculturated Korean Americans, particularly among Korean Americans who are better educated and economically independent (B. C. Kim & Ryu, 2005). Moreover, among the more acculturated couples, decisions are more often made jointly, and men and women tend to share relational power.

Traditional Korean culture also subscribes to a protocol based on generational and age related hierarchies. In fact, the Korean language has three classes of nouns and verbs to appropriately communicate in a manner respectful of the hierarchical protocol, and the inability to do so is often a point of contention between generations (B. C. Kim & Ryu, 2005; I. Kim et al., 2006). Lacking fluency in the English language, when residing in an English dominant nation, creates challenges to maintaining the hierarchical protocol since the more acculturated generations of children are often placed in the position of translating for their less acculturated parents, thereby reversing the roles of parent and child (B.C. Kim & Ryu, 2005; E. Kim & Wolpin, 2008).

Furthermore, inter-generational conflict has the potential to erupt when ideological differences arise as the younger generation begins to question the older generation, and the style of communication and language attend less to the traditional Korean protocol (B. C. Kim & Ryu, 2005; E. Kim & Wolpin, 2008). For example, Chung (2004) describes such a conflict arising in Korean American politics in which both the ideology and style of interacting created generational tension not only among the first and second generations but the 1.5 and second generations as well. Furthermore, first-generation Koreans often remain strongly connected to their native country and are consumers of media that focus on events in Korea (E. Kim & Wolpin, 2008), which may ideologically perpetuate the divide between their generation and the younger, more assimilated generations that tend toward American values and ideals.

Korean Americans appear to maintain their ties to traditional Korean cultural values and hierarchical protocol in their relationship with family members (B. C. Kim & Ryu, 2005). The parents provide guidance to their children and children are expected to

respect their elders (B. C. Kim & Ryu, 2005; I. Kim et al., 2006). However, as illustrated in a study by E. Kim and Wolpin (2008), shifts in absolute adherence to a traditional Korean worldview appear to be occurring. In their study of 105 Korean American families residing in the Midwest, E. Kim and Wolpin found that these families continue to retain a Korean worldview and apply this cultural perspective to the way they choose to live their lives, including the use of the Korean language. Yet, over 90% of these parents acknowledged the importance of their children acculturating to American values and practices since it was viewed as valuable for achieving academic success. In contrast, only 65% of the adolescents who participated in the study reported it was important for their parents to acculturate to an American way of life. Furthermore, these adolescents appeared to understand the benefit to their parents of maintaining a Korean identity. However, similar to previous findings, E. Kim and Wolpin found that only 21% of mothers and 40% of fathers reported speaking English “well”, while only 59% of the adolescents were fluent in Korean, which creates challenges to intergenerational communication.

Finally, class based hierarchical protocols, which are rooted in Confucian ideals, are also part of traditional Korean culture and have continued to influence the lives of Korean Americans (I. Kim et al., 2006). From a Korean worldview, all its members are considered equally capable of making the vertical climb in their social status through hard work and the desire to improve their standing (Breen, 1998; Miller, Sung, & Seligman, 1999).

Higher social status among Korean immigrants is associated with educational attainment and financial success, and one’s rewards are relative to the effort one puts

forth (Miller et al., 1999). Despite one's success, self-effacement is exercised by those who achieve success so as to maintain social harmony (Bae & Brekke, 2003). Korean culture places a particularly heavy emphasis on the acquisition of academic credentials (B. C. Kim & Ryu, 2005), and friendships are often based on associating with others who share in similar educational attainment (I. Kim et al., 2006). Interestingly, in a study of Korean immigrants in the U.S., those individuals who interact socially with non-Korean friends appeared to attain more financial success than individuals who tended to confine their social network to Korean friends (Stodolska, Marcinkowski, & Yi-Kook, 2007). Stodolska et al. (2007) suggest that the opportunity to practice the English language, network for securing jobs, and familiarize oneself with the U.S. culture enhances one's chances of better employment. What is being implied by these findings is that the more acculturated Korean American is likely to more successfully improve their social class standing.

Cultural beliefs and practices associated with death, dying, and grief among Korean Americans. Although fearing death may be a universal experience, how death is framed is a cultural phenomenon (Kwon, 2006). Much of the conventional literature on death and dying focuses on the concept of "death fear" or "death anxiety", which is fundamentally the fear of all things related to death (Flurian & Mikulincer, 1993, Hoelter & Hoelter, 1978, and Schulz, 1979, as cited in Moore & Williamson, 2003). In fact, Hayslip (2003) discusses how society uses euphemisms to describe or refer to death as a way to cope with their fears. Not only does Kübler-Ross (2003) corroborate Hayslip's observation, but she adds how the dead are made to look "as if they are asleep" (p.3) and children are oftentimes not allowed to visit the dying as ways to avoid the anxiety

associated with death. Although there exists substantial literature on fearing death from a more Western perspective, little to no literature exists on the fear of not “dying well” or not ensuring a dying family member will have a “good” death (Kwon, 2006; Pak, Lee, Kim, & Cho, 2005). This latter concept is deeply embedded within a Korean worldview. It is not death, itself, that is feared, but the potential of not meeting one’s responsibilities to others—whether the person who is dying to the survivors or the survivors to the person who is dying—before death occurs. For example, if the person dying is responsible for the care of an elderly family member, to die before such care is arranged would influence whether the person can experience a good death.

Research acknowledges the importance of culture in making end-of-life care decisions (Ko & Lee, 2009; Koenig & Gates-Williams, 1995; Volker, 2005; Werth, Blevins, Toussaint, & Durham, 2002). For example, Volker (2005) argues that valuing patient control over end-of-life decisions is rooted in a Western worldview that may not characterize cultures that believe in a more collective family approach to making such decisions. To illustrate this point, Blackhall et al. (1999), in a study comparing four ethnic/racial groups on the use of life-support, observed that Korean Americans elders supported the use of life support, although they personally preferred their life not be sustained. Although this observation may appear to be a contradiction, one must understand that from a Korean worldview, treatment decisions are the responsibility of the family, not the individual. The value of filial piety requires family members to prolong the life of the elder; hence, the elder respects the wishes of their family and sets aside his or her own preference. Furthermore, in the forum and focus groups conducted with Korean Americans as part of the Community Ethic Program in Philadelphia, a

common concern raised by the advanced age was their children's ability to breach their filial responsibility and abstain from sustaining life in cases of terminal illness (Phipps, True, & Murray, 2003).

To fully appreciate the Korean American perspective and practices related to death and dying, one must take into account the merging of Korean worldview with the views of the Western culture (Kwak & Salmon, 2007). In the American culture, it is considered a patient's right to be informed of their terminal status, whereas typically in Korean families, discussing terminal illness directly with the patient may be viewed as an unnecessary burden (Galanti, 2004).

In a qualitative study conducted by Kwak and Salmon (2007) on end-of-life planning among Korean American older adults and their adult children caregivers, these investigators conclude that healthcare providers need to appreciate the variability of attitudes that exists among members of the Korean American community. To illustrate their point, Kwak and Salmon discuss how the cultural value of filial piety can be used to argue in favor of hospice care (palliative) as well as continuing with aggressive treatment (curative). In their research, older adults and their adult children who supported curative treatment believed this was the morally responsible course of action since it was the duty of adult children to do everything they can to prolong the life of older adults. In contrast, those caregivers and adult children who preferred hospice care emphasized the importance of respecting their parents' wishes for a relatively comfortable end-of-life experience and saw it as their moral responsibility to ensure that this occurred. Hence, to appropriately facilitate end-of-life decision-making, the healthcare provider must not only

understand that culturally based values influence the decision, but there is no culturally universal way in which families elect to act on these values.

Ultimately, the adult children caregivers make the end-of-life decision for their older adult parents (Kwak & Salmon, 2007). Although caregivers desire their parents' guidance in preparation for the decision and older adult parents understand the value of offering their children with the said guidance, initiating conversations on this topic can be a challenge.

Kwak and Salmon (2007) refer to two Korean values that influence the ability to communicate about end-of-life decisions. The first is *noon-chi*, which refers to the indirect expression of one's preferences. In the Korean culture (as well as many other Asian cultures), "more-subtle, indirect, and implicit verbal communication is valued" (Kwak & Salmon, 2007, p. 1869). For example, Pang (2000) refers the use of storytelling as a process for healing, and proverbs specifically, to discuss issues that may otherwise be difficult to address. A second Korean value that may influence communicating about end-of-life decision is the disrespect associated with discussing negative topics, such as death and dying, with one's parents (Kwan & Salmon, 2007). Hence, if it is disrespectful to engage in a conversation of negative topics, such topics will not be addressed. Therefore, for caregivers to understand the wishes and desires of older adults, they must draw conclusions based on nonverbal cues and indirect comments that arise during conversations (Kwak & Salmon, 2007). To facilitate a more direct conversation on end-of-life planning, Korean American older adults and caregivers both suggest healthcare providers initiate these conversations with the person dying (Kwak & Salmon, 2007).

The Korean values of a collectivistic family approach, *noon-chi*, and the respectful avoidance of discussing negative topic are at odds with what Kübler-Ross (2003) suggests for family members coping with death and dying. From her Western worldview, the family should be encouraged to directly engage in the discussion of the impending death. In fact, she would suggest that the person who is dying initiate the conversation to reassure the surviving family members as well as to provide them with an emotional outlet and an opportunity to deal with any feelings of guilt they may be experiencing. Her suggested approach would certainly be incongruent with Korean values and beliefs on how such a life event should be managed by the family. From the Korean perspective, family members have an obligation to protect the dying person from the burden of discussing matters of death, not the dying person protecting the family from the impending event,

Upon reflecting on his experience attending his first American funeral while a student of divinity in the U.S. and then grappling with the death of his own father, Kwon (2006) offers an interesting analysis of the intersection of funerary practices as characterized in the Genesis, American Christian funeral rites, and traditional Korean funeral rites. His major assertion is that those individuals ministering to the grieving must understand the multicultural implications of engaging in this work. Although his article specifically targets those individuals who provide pastoral care, there are a number of practical issues Kwon raises that are relevant to psychologists and other clinicians who work with Korean American individuals and families on issues related to death, dying, and grief.

Kwon (2006) considers four cultural areas that distinguish Korean from American funerary practices and have cultural implications for ensuring a “good” death: (a) the location at which the individuals dies (dying at home surrounded by family members watching over the deathbed vs. dying in an impersonal hospital room where warmth is devoid, even with the presence of family members); (b) the preparation of the deceased (simply washing and binding the decedent so she/he can naturally decompose and return to the ground vs. embalming to keep the decedent intact, perhaps in preparation for bodily resurrection); (c) the vessel used for burial (a simple wooden coffin so the decedent can more readily return to the ground and make it easier to reunite with one’s ancestors vs. a metal casket that is legally required to ship remains out of the U.S. that prevents reunification with ancestors); and (d) how death is framed (as an extension of this world and the returning of the decedent’s spirit vs. the end of this world and moving into the world of God and the resurrection of the decedent). Kwon believes traditional Korean views of death are not religiously based (i.e., “non-theistic”), although this observation appears at odds with the observations of scholars who write about the diverse religious systems that have influenced Korean funerary practices over its 5,000-year history (e.g., Baker, 2007; Hyuck, 2004; D. Lee, 1995; Y. L. Lee, 1981; Uhlmann, 2007; Yoon, 2007).

Pak et al. (2005) further elaborate on the intersection of traditional Korean and Korean American Christian rituals to honor the decedent. Pak et al. describe “dying well” requires living to an old age with limited discomfort and the presence of one’s family at the time of death. Furthermore, how the decedent is treated after death is equally as important. Although ancestor worship as such is not congruent with a

Christian perspective, filial piety is remains a revered duty among Korean Americans and memorializing deceased family member is practiced annually. For example, many pastors of Korean American Christian churches conduct special services on *Chu-sok* and the memorial day on which the family member died (*kee-il*) to recognize deceased church members so the present generation of Korean Americans maintain adherence to the expression of reverence to ancestors (Pak et al., 2005).

Interestingly, unlike Kwon (2006) and Pak et al. (2005), Kübler-Ross (2003) would suggest that family members attempt to maintain a more normal lifestyle rather than spending their time with the person who is dying, and states that the dying family member would be more pained by knowing his or her illness is disrupting the lives of the family members. In fact, she suggests the surviving family members begin to shift their attention to considering life after death rather than being so focused on the death itself. Clearly her perspective deemphasizes the potential of non-Western cultural practices where “moving on” is not congruent with one’s worldview.

Throughout the discussion that has ensued on the Korean cultural beliefs and practices associated with dying in the United States, it is clear that two traditional cultural themes consistently emerge—the valuing of one’s obligation to family and the importance of honoring one’s ancestors. Interestingly, a best-selling Korean novel published in 1997, *The Most Beautiful Farewell in the World*, written by Hee Gyoung Noh focuses the nexus of these themes in families faced with the impending death of a family member, the contents of which were analyzed by social scientists (Rosenblatt & Yang, 2004, 2005). Their narrative analysis highlights the complexity of honoring these traditional values; that is to say, failing to meet one’s filial duty as a child and grieving to

meet one's maternal obligation to her family. According to Rosenblatt and Yang (2004), the dying process is not only about the grief experienced by the person who is dying and the survivors, but about the unmet obligations (i.e., "debt"). In this case, to allow the mother to die in peace, the survivors show their appreciation to her by promising to meet their filial duty. Emphasis is placed on the positive contributions of the person dying, not on the negative, i.e., a "beautiful farewell" rather than one weighted down with unpleasantness. The final goodbyes should be a time to forgive and be forgiven so the dying person can move on in peace (Rosenblatt & Yang, 2005).

Chapter IV. Supporting Korean American Families with End-of-Life Matters

Introduction

Belief systems about death and practices for worshipping the dead vary from culture to culture; therefore, as clinicians working with families who are dealing with end-of-life matters, it is important to examine the cultural needs and wishes of the family in order to offer culturally congruent services. The end of the life cycle is challenging for both the person who is dying and those who are close to him or her. Families with strong cultural ties often experience conflicting feelings about honoring their dead family members within a cultural context that lacks understanding for or familiarity with the importance of native values and practices. Hence, it is incumbent on the clinician who serves families coping with end-of-life matters to prevent introducing unnecessary burdens that result from expectations or practices that are in conflict with the family's worldview. Rather, the role of the clinician is to facilitate how the family can negotiate the two worlds of native culture and the adopted culture in a way that respects their cultural worldview while considering the realities of residing in a context that may not.

My personal journey with the death of my beloved grandmother along with my professional commitment to introduce culturally specific ways of viewing how best to serve clients from diverse culturally perspectives, has provided me with the impetus for offering recommendations on serving members of the Korean American community in the United States who are dealing with issues of death, dying, and bereavement. But before moving forward, it is important to delimit the scope of the proposed recommendations.

Delimitations of the Recommendations

In presenting suggestions for serving the needs of Korean American families who face issues related to death, dying, and bereavement, it is important to acknowledge the following delimitations to the scope of the discussion:

1. The recommendations intentionally focus on facilitating the “normal” grief process experienced by Korean Americans, not on pathological forms of grief reactions.
2. The recommendations attempt to identify the major culture-specific values that may influence behavior in the expression of grief among Korean Americans.
3. The recommendations are intended to familiarize clinicians with the Korean beliefs and behaviors that are associated with death, dying, and grief, not to make clinicians proficient to serve the population.
4. The recommendations assume that therapists will not prescriptively apply the proposed observations absent of a comprehensive understanding of the client and without thoughtful consideration of their clinical orientation.
5. The recommendations assume that Korean American families are often composed of family members of varying degrees of acculturation.

To appreciate the relevant clinical issues, it is important to gain an understanding of the key concepts of the Korean worldview that influence how members conceptualize issues related to death and dying, and how families, in turn, manage end-of-life matters. The following discussion offers this contextual understanding.

Korean versus Western Values

To illustrate the distinctions between Korean and Western values and how these values influence how death is conceptualized and dealt with, the following discussion analyzes material from the best-selling Korean novel, *The Most Beautiful Farewell in the World* (Noh, 1997), and contrasts the identified themes with those from the movie, *Two Weeks* (Marias & Stockman, 2006).

The Most Beautiful Farewell in the World is a novel with rich examples of Korean traditional values that influence how families behave when faced with the death of a loved one. This is a story of three generations of a family, which includes a grandmother (Harmani) the parents (In-Hae and Jung-Chul), In-Hae's younger brother (Gum-Duk) and his wife (Gum-Duk Dek), and the two children of In-Hae and Jung Chul (Yun-Su, daughter, first born, single; and Jung-Su, son, single). The terminal illnesses of both Harmani and her daughter-in-law, In-Hae, and the family interactions that result reflect a very Korean vantage on the approach to death. In contrast, *Two Weeks* offers a glimpse into the life of two generations of a White family in the United States, composed of a mother (Anita Bergman), her second husband (Jim), Anita's four grown children (Keith, Emily, Barry, and Matthew), and Katrina (Matthew's wife) as they come together during the final days of Anita's life. Through the use of these two media forms, the differences in cultural beliefs and practices between a more traditional Korean worldview and one from a more traditional Western perspective are compared (see Table 1).

Table 1

Korean versus Western Values

<i>The Most Beautiful Farewell</i>	Korean vs. Western differences	<i>Two Weeks</i>
<p>In Korean culture, the direct and candid conversation about sensitive topics, such as one's death, is considered disrespectful to the patient and viewed as an unnecessary burden. For example, In-Hae's physicians do not inform her directly of her terminal condition, but instead inform her husband, Jung-Chul.</p>	<p>Indirect communication about patient's condition vs. direct communication with patient about her/his condition</p>	<p>Anita is directly informed of her terminal condition by her physicians, and this disclosure is considered the right of the patient in the United States. The direct communication about her medical status allows Anita to plan for her own death and it is her decision as to whether she elects to inform other family members about her condition.</p>
<p>Filial piety has a strong influence on how end-of-life decisions are made within traditional Korean families. For example, the decision as to whether to use life support is made by the family, not by the patient, although <i>noon-chi</i> (indirect expressions of wishes) might influence what the family decides. Moreover, the patient respects the wishes of the</p>	<p>End-of-life decisions as a family collective vs. the individual patient</p>	<p>From a Western perspective, the patient controls the decisions about his/her medical condition. For example, Anita made the decision to not prolong her life and elected for hospice care, without consulting her children. The family only became involved in the decision-making process once Anita was no longer capable of making her own decisions.</p>

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family by setting aside his/her own preferences. Patriarchy is the other value that influences how end-of-life decisions are made. For In-Hae, her husband, Jung-Chul made the decision to prolong her life for the family, despite the terminal nature of her condition. Although the other family members may express their personal wishes, the decision is entrusted to the patriarch.

In-laws in traditional Korean culture have clear roles in the family and filial obligations to meet, particularly in times of illness. It is also important to note that the daughter-in-law, particularly the one who marries the eldest son, has more responsibilities than a son-in-law. This value is exhibited in two ways in In-Hae's family. In-Hae, as the wife of the eldest son, is obligated to care for her mother-in-law, Harmani, who is suffering from dementia. As In-Hae realizes she will eventually become unable to serve as Harmani's caretaker, burdening the rest of the family and risking Harmani not receiving adequate care,

Duties of in-laws vs. disengagement of in-laws

From a Western perspective, it appears in-laws' roles in families are less prescriptive, and in-laws may remain relatively uninvolved in family matters, either by choice or imposed by family members related by birth. For example, Katrina Bergman, wife of Matthew Bergman, accompanies her husband on a visit to her terminally ill mother-in-law, and while present, did not help with caretaking chores in which Anita's other children were engaged. To punctuate her

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<i>The Most Beautiful Farewell</i>	Korean vs. Western differences	<i>Two Weeks</i>
<p>out of love for Harmani and a duty to her family, In-Hae makes the decision to end her mother-in-law's life. The second expression of this filial duty of in-laws is exhibited by In-Hae's sister-in-law, who is the wife of her only and younger brother, Gum-Duk. As the eldest female sibling in her family of origin, In-Hae was responsible for raising her younger brother after their mother's death, therefore, out of deference to the elder sister/mother figure of her husband and gratitude for In-Hae's support, Gum-Duk Dek puts on hold her business and agrees to help care for In-Hae.</p>		<p>detached feelings toward the Bergman family, she at one point refers to them as "you people," accentuating her feelings of disconnect to her in-laws. Such a strong lack of concern for one's in-laws, particularly from a daughter-in-law, would be viewed as a character flaw in traditional Korean culture.</p>
<p>Since the direct discussion of sensitive topics such as dying is considered disrespectful as well as the importance placed on the family as a collective making end-of-life decisions, <i>noon-chi</i> (indirect expressions) is exercised by the terminally ill family member to convey his or her wishes to the rest of the family, often through stories, and the surviving family members listen attentively to these indirect</p>	<p>Inferring end-of-life decisions through <i>noon-chi</i> and vs. direct expressions of one's wishes</p>	<p>From a Western perspective, the direct expression of one's end of life decisions is more typical than not. In fact, it is not unusual for end-of-life wishes to be planned by the person dying ahead. For example, Anita left specific orders for her family to cremate her and spread her ashes over her own father's gravestone, and the assumption is that her family will act on her wishes.</p>

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<i>The Most Beautiful Farewell</i>	Korean vs. Western differences	<i>Two Weeks</i>
<p>disclosures so they can make decisions that will ensure a “beautiful farewell.” For example, In-Hae tells her husband the story of her own mother’s cremation and subsequent spreading of ashes along the Han River. Since the river spread the ashes, In-Hae was unable to find a single spot where she could honor her mother, requiring her to walk along the river in a state of grief. She wanted to spare her own children of the same burden. In-Hae did not directly state her desire, but her wishes are conveyed through this story. Her family will take her wishes into consideration, although the decision will still be her husband’s to make as the family patriarch.</p>		
<p>In Korean culture, the responsibilities for others one had prior to death continue after death as death is not viewed as the end of life but an extension of life. Furthermore, death, itself, is not feared, but the thought of dying without meeting one’s responsibilities to the</p>	<p>Death as an extension of life’s obligations vs. death as the end</p>	<p>From a Western perspective, death is viewed as “final.” Prior to Anita’s death, each family member lives independent, autonomous, obligation-free lives in their relationships with one another, and after death, these same values endure. In other words, one does</p>

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family, or as surviving family members, not meeting their responsibilities to the deceased, are significant for ensuring that the family member “dies well.” This belief is powerfully exhibited by In-Hae’s decision to take her mother-in-law’s life so she could continue to provide quality care to Harmani as well as spare her family the burden of having to care for her mother-in-law, although her attempt was prevented by the family. In a poignant plea to Harmani, In-Hae says, “I shouldn’t say this, but when you have a moment of lucidity, bite your own tongue if you have to and follow me. Don’t make Jung Chul and the children suffer, I will wait for you” (Noh, 1997, p. 134). By making this plea to Harmani, In-Hae is asking her mother-in-law to join her in death so she can continue to meet her duty to care for her mother-in-law rather than leaving her family with the responsibility. In another illustration, In-Hae’s

not hand down obligations that must be fulfilled by family members for perpetuity but keepsakes by which to remember the deceased family member. For example, Anita takes responsibility for negotiating with each family member as to how her possessions will be distributed, and she is concerned with distributing her possessions and assets equitably among her children. Furthermore, she leaves a journal with advice for each of her children as a final act of motherly love for her children.

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<i>The Most Beautiful Farewell</i>	Korean vs. Western differences	<i>Two Weeks</i>
<p>children must fulfill their filial responsibilities to their mother, In-Hae, through rituals that memorialize her as a way to maintain a harmonious relationship between themselves and their mother's spirit. Although their mother may not be physically present after her death, there is still the assumption that she is with them and overseeing their maternal needs, therefore, entitled to timeless deference. Through <i>noon-chi</i>, In-Hae suggests that her ashes be confined to a specific place to make paying one's respect easier for her children, further fulfilling her maternal responsibilities to her children.</p>		
<p>In Korean culture, the roles and responsibilities ascribed to each family member are clearly defined. Immediate and extended family members and in-laws know their purpose and function within the family constellation. In the novel, there are a number of illustrations of the cultural protocol to which families adhere. For example, as the</p>	<p>Clearly defined protocol for family roles and responsibilities that is adhered to without reservation vs. fluid and ill-defined family roles and functions that are influenced by personal choice</p>	<p>Consistent with their more independent, autonomous, obligation-free lives, the Bergman family does not operate from a pre-specified protocol for how family's function relative to one another. A particularly powerful illustration of this value system is Barry Bergman's initial angst as to whether he should remain and care for his</p>

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husband and family patriarch, Jung-Chul is the family decision maker; In-Hae, the wife of the eldest son, is responsible for the care of her mother-in-law; and Gum-Duk Dek, the wife of In-Hae's only and younger brother for whom she cared after their own mother died, is responsible for the care of In-Hae. In Korean culture, children are not considered adults (*arhun*) until they marry, and neither of the children of In-Hae and Jung-Chul are married, therefore, their responsibilities are limited, although filial responsibilities do exist. For example, out of respect to her mother, Yun-Su, after hearing of her mother's illness, decides to discontinue an affair with a married man; Jung-Su is unable to gain enrollment into a prestigious school due to his low entrance test scores, so he discontinues his revelry with friends and diligently studies to improve his scores as a show of filial obligation to his mother and to assure her that he will lead a

mother or attend to his work responsibilities, although he did elect to remain. In order to care for their mother, the siblings develop a written plan, led by Keith, the eldest. Attention was given to ensuring that all siblings cover an equal number of shifts. Matthew's wife, Katrina, elects not to take part in the care of her mother-in-law since she felt the Bergman family did not support her when she, herself, was hospitalized.

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successful life. Upon In-Hae's death, Yun-Su, as the only daughter, will be responsible for the care of her father and younger brother, and this responsibility will continue until Jung-Su marries. As In-Hae nears death, she says to Yun-Su, "I love you very much... You are me, and I am you" (Noh, 1997, p. 140), implying that she is passing on the caretaking responsibilities for the family to her daughter. When her brother, Jung-Su marries, he and his wife will be responsible for caring for Jung-Chul, the ancestral rituals to worship In-Hae, and the caretaking needs of Yun-Su if she should require such support since she is the older sister and served as a mother figure to Jung-Su upon In-Hae's death.

A Korean Perspective on Death, Dying, and Bereavement

In the literature on Korean cultural beliefs and practices related to death and dying, two traditional cultural themes consistently emerge—the import placed on meeting one's obligation to family and the value of honoring one's ancestors. There are several interdependent values and practices that underlie these cultural themes, which are important for clinicians to consider when facilitating end-of-life matters: (a) harmony in

relationships, (b) filial piety and patriarchy, (c) respectful conversations on terminal illness, and (d) ensuring a “good” death.

Harmony in relationships. Over Korea’s 5,000-year history (Kim-Rupnow, 2001), a number of religious belief systems have exerted influence on the values and beliefs of the culture (Baker, 2007; D. Lee, 1995), including Shamanism, Buddhism, Confucianism, Taoism, and Christianity. Of these religions, Shamanism, the original religion of Korea (Baker, 2007), has had a profound and ongoing influence on the subsequent religions introduced to the culture. From Shamanism, the concept of *harmony* in one’s relationship with the living and with one’s ancestral spirits has been influential in shaping how the culture views and ritualizes death (Hyuck, 2004; Y. L. Lee, 1981). By not ensuring the security and happiness of the decedent, the decedent’s spirit becomes adrift rather than revered. The influence of spirits on the existence of the living is powerful, and rituals that mollify unhappy spirits are important for survivors to live free of misfortune and from potential harm (Hyuck, 2004; Y. L. Lee, 1981). Although death, in itself, is a tragedy, death in disharmony is particularly dire as it prevents the decedent from dying in peace and the survivors suffer consequences at the hands of unhappy spirits for whom they did not ensure a good death. Hence, it is important that the clinician understands that the family system takes into account not only the survivors but the spirit of the decedent when helping a family cope with the loss of a loved one. This point is particularly critical since the Western perspective believes in the finality of death rather than the concept that death is an extension of this world and to which surviving family members await the return of the decedent’s spirit. This ideological disparity may contribute to misunderstanding what is normal behavior from a Korean worldview.

The tenacity of Shamanistic influenced rituals that memorialize the dead can be observed in the practices of modern day Korean Christians (Grayson, 2007; Hung-youn, 1999; A. Kim, 2000). It is important to note, though, that the acknowledgement of the Shamanistic roots of these rituals is a controversial issue, particularly among Christian clergy, so it is a topic one must approach with sensitivity in working with families and family support systems. In other words, the cost of confronting the Shamanistic influence on Christian practice is greater than any benefit derived; hence, for the sake of maintaining relational harmony, the need to directly address this issue is contraindicated.

Filial piety and patriarchy. To maintain harmonious relationship among its members and sustain social order, the Korean culture is organized by hierarchical relationships based on gender, generation/age, and class considerations (B. C. Kim & Ryu, 2005). Of particular interest to this dissertation are the hierarchies based on generation/age and gender, which align with the values of filial piety and patriarchy, respectively. These hierarchical protocols were introduced during the period of Korea's history when Confucianism exerted its religious influence on the culture (Hung-youn, 1999; I. Kim, et al., 2006; D. Lee, 1995). Although strict adherence to traditional Korean hierarchical protocols have lessened with acculturation, these hierarchies still potentially play out in important ways when a family is dealing with issues of death and dying.

Filial piety (*hyodo*) acknowledges the hierarchical relationship between children and their elders (Pang, 2000; Yoon, 2007). Expressing respect for deceased family members through the practice of ancestral worship (*chesa*) is as central to the value of filial piety as the expression of respect to elders who are living (Grayson, 2007; Pang, 2000; Yoon, 2007).

The literature on end-of-life decisions indicates that filial piety obligates the family to prolong the life of the elder, although the elder may personally prefer to not be placed on life support (Blackhall et al., 1999). From a Western perspective, the patient controls decisions about their medical condition (Volker, 2005), but in the Korean culture, end-of-life decisions are made by the family as a collective, not by the individual who is dying, and the elder respects the wishes of the family by setting aside his or her own preference (Blackhall et al., 1999). A common concern raised by terminally ill, elder Korean Americans is their children's willingness to breach filial responsibility and abstain from the use of life support (Phipps et al., 2003).

Rather than feeling morally compelled to prolong life, others argue that palliative care can also be viewed as an expression of respect for one's elders since it honors the wish of family members to experience a relatively comfortable end-of-life experience (Kwak & Salmon, 2007). Hence, filial piety influences end-of-life decisions, but there does not appear to be a universal way in which families discharge their responsibilities.

Traditionally, the Korean culture subscribes to gender role differentiation that is patriarchal in nature (B. C. Kim & Ryu, 2005; H. Kim & Hope-Graff, 2001; Yoon 2007). Male offspring are more highly prized than female offspring, with males responsible for affairs outside the home and decision-making, and females confined to home related responsibilities such as properly raising children (B. C. Kim & Ryu, 2005; I. Kim et al., 2006). Although acculturated Korean Americans tend to share in relational power and decision-making, one does still witness the remnants of the patriarchal value system on decisions related to death and dying, such as the family member who is designated to make funerary arrangements. The challenge is when members of the family are at

different levels of acculturation that contribute toward ideological differences, potentially creating inter-generational disharmony in their attempt to ensure a good death for their family member (B. C. Kim & Ryu, 2005; E. Kim & Wolpin, 2008). In such cases, it is important to help family members not lose sight of their responsibility to the decedent, and support the family as they work toward finding common ground.

Respectful conversations on terminal illness. The Western view of medical care assumes it is the patient's right to full disclosure of his or her terminal condition. In fact, Kübler-Ross (2003) would encourage engaging in a candid discussion on the topic. In Korean families, discussing terminal illness directly with the patient may be viewed as an unnecessary burden (Galanti, 2004). Others would even argue that the direct discussion of a negative topic by the family, such as the person's impending death, is openly disrespectful to the patient (Kwak & Salmon, 2007). Therefore, in order for caregivers to understand the patient's end-of-life wishes, they must draw conclusions from nonverbal cues or indirect expressions of preferences (i.e., *noon-chi*) during normal conversations with the patient (Kwak & Salmon, 2007). For example, listening carefully to the patient's storytelling and reminiscing may provide insights into the patient's wishes. In fact, the use of storytelling and proverbs has been suggested as methods of engaging in difficult conversations (Pang, 2000).

In the event a direct conversation is preferred, both Korean American caregivers and elders suggest the use of healthcare providers, specifically physicians, to facilitate the conversation (Kwak & Salmon, 2007). Given the status often accorded physicians, it comes as no surprise that family members are willing to engage in this difficult conversation if a physician facilitates the discussion. This observation is consistent with

the emphasis placed on the acquisition of academic credentials as an indicator of success in the Korean culture and the concomitant respect for achieving such success (B. C. Kim & Ryu, 2005). In other words, hierarchically, physicians hold a more privileged status than family members, which affords them the freedom to engage families in said conversations. Although this status accords physicians privileges, those who have sufficient awareness of Korean values and beliefs are likely considered more credibility by family members and may experience more success in gaining the support of family members in making medical decisions.

Ensuring a “good” death. Fearing death is a universal experience, but why death is feared is a culturally-based phenomenon (Kwon, 2006). From a Western perspective, all things related to death appear to engender anxiety and fear, whether anticipated or a current reality (Flurian & Mikulincer, 1993, Hoelter & Hoelter, 1978, and Schulz, 1979, as cited in Moore & Williamson, 2003; Hayslip, 2003; Kübler-Ross, 2003). In contrast, from a Korean worldview, it is not death, itself, that is the source of the anxiety, but the potential of not meeting one’s responsibilities to others before and after death occurs (Kwon, 2006; Pak et al., 2005). It is important to note that both the person dying and the surviving family members have responsibilities to one another in order to ensure “dying well” or a “good” death.

Moreover, ensuring a good death centers on the value of harmony in relationships among the living and ancestral spirits. In traditional Korean culture, there is no separation between death and life after death as death is not viewed as the end but an extension of the world to which the decedent’s spirit will return (Kwon, 2006). In other words, the family system is composed of both the living and one’s ancestors. Although ancestral

worship is not congruent with a Christian perspective in which one moves from this world into world of God upon death (Kwon, 2006), filial piety remains a revered obligation among Korean Americans so memorializing deceased family members remains a practice in many Korean American Christian churches (Pak et al., 2005), thereby maintaining a good death. One such practice is *p'ungsu*, also known as geomancy or fengshui, for selecting a grave site that is satisfactory to the decedent (Janelli, 1992; Yoon, 2007). By selecting a grave site that meets with the satisfaction of the deceased, it is assumed the well being of the surviving family members is also protected. Hence, Korean American Christians reconcile the adoption of practices with roots in Eastern religions by conceptualizing these practices as secular Korean cultural traditions, rather than practices with any religious ties.

There are also cultural considerations that distinguish traditional Korean from American funerary practices, which have implications for ensuring a good death: (a) dying at home surrounded by family members watching over him or her versus dying in an impersonal hospital room, whether family is present or not; (b) preparing the decedent in a manner so he or she can naturally decompose versus embalming the decedent to keep him or her intact; and (c) burying the decedent in a simple wooden coffin so he or she can more easily reunite with ancestors versus burying the decedent in a metal casket that prevent reunification with one's ancestors (Kwon, 2006). The inability to engage in these practices to ensure a good death for the decedent may be a source of angst for more traditional Korean American families.

Ensuring a good death for a loved one becomes complicated when the traditional values of the culture take on new meaning as ideological shifts emerge between

generations through the acculturation process. How one family member conceptualizes dying well may be at odds with other family members. Some family members might subscribe to particular traditional Korean values and practices but not others. Moreover, to engage in practices that ensure a good death may be in conflict with the practices deemed appropriate by the larger cultural context.

Working with Korean American Families

To facilitate a discussion of the clinical implications of culture in working with Korean American families who are faced with end-of-life decisions, a fictitious case summary of a multigenerational Korean American family is offered.

Case summary. The following case summary is a composite of a number of Korean American families encountered both professionally and personally by the researcher.

Identifying information. Mi-Sook (Hannah) Kang is a 48-year-old Korean American homemaker married to 50-year-old Ki-Joon (Jack) Kim, a contractor. They have two sons, Joshua, age 20, and John, age 19, who are both college students. Hannah also has a Chinese American daughter-in-law, Janet, who is married to Joshua. They have a 6-month-old son, Christopher Kim. Hannah and Jack have two homes and a guest house on their property, just outside of Los Angeles. Hannah lives in the largest house with Jack and John, who comes home on the weekends from college. Jack's father, Kil-Dong Kim, and his mother, Bok-Soon Yang, live in the smaller house. Joshua, Janet, and Christopher live in the guest house that was formerly used as Jack's office.

Presenting problem. Hannah has been referred to counseling by a friend from church. Hannah's mother, Young-Mi Oh, died recently at a 4th of July family barbecue

hosted by her younger brother (and only son of Young-Mi Oh), Jong-Pil (Ken) Kang, and his wife, Hee-Ju Bek who live in San Diego, California. Hannah was unable to attend the barbecue. Hannah reports feeling guilty for not attending the family event, especially since her now deceased mother, who reported feeling ill weeks before, requested that she attend. She also feels regret over not inviting her mother to stay with her for the summer, which she has done over the past few years, because she was too preoccupied with taking care of her father-in-law and her grandson, whom she looks after while Joshua and Janet attend school.

Although it is customary for the eldest son (or only son) to make the funeral arrangements and pay for funeral costs, Hannah's brother, Ken, has asked her to pay for the costs but leave the decisions about funeral arrangement to him and his wife. Hannah asked Jack for money, and he has agreed to help cover most of the funeral costs. However, he resents Ken for excluding him in the decision-making process, causing a rift in Jack's relationship with Ken. Moreover, Hannah and Jack were required to open their home to Hannah's older sister, Hyun-Sook, and her husband who were visiting from Korea since Ken neither had the funds to host his sister's visit nor the space in his home to offer them a place to stay, which created further resentment on the part of Jack since these are the responsibilities of the eldest or only son. Hannah feels caught in the middle between her husband and her brother, and she hopes that they will return to good terms soon.

Hannah feels overwhelmed by all of her family responsibilities, which leaves her with no time to visit her mother's grave. She reports wishing that she would like a year to herself without any of these responsibilities. She also voices regrets for not finishing

high school and wonders how life might have been if she went to college and had a career. Hannah also reports sleeping difficulties because she worries about the members of her family, feeling fatigued, and experiencing chronic indigestion. Her father-in-law, Kil-Dong Kim, has been diagnosed with cancer, and Hannah reported being responsible for taking him to most of his hospital visits. Hannah reported feeling grateful to her mother-in-law who frequently makes kimchee and cooks food for all three families, alleviating some of her household duties. The hospital visits have been very stressful for Hannah because she has to interact with hospital staff members who only speak English when her father-in-law's Korean speaking physician is not present. Being at the hospital also reminds Hannah of her deceased parents, which reminds her of the regret she feels for not spending more time with them.

Hannah reports having a Catholic upbringing, but since her husband does not go to church with her, she attends a local Korean Protestant church with a close friend, the same friend who suggested she seek counseling. Her children identify as Christians and have been brought up in Christian private schools. Her mother-in-law frequently visits a Shaman to seek guidance for her family. This practice is a source of tension for the family as Hannah's children complain about their grandmother's reliance on a Shaman and go so far as to be disrespectful toward her, such as calling her "weird" and accusing her of "messing with the occult." Hannah does not believe in Shamanism, but she will sometimes go with her mother-in-law for consultations.

Hannah reports feeling she is caught between two cultures, and she feels lost at times. She says:

Sometimes I forget how to say certain things in Korean, and I don't know the American words for it either. I feel like I do not have mastery over any culture. At least my husband knows English and has American friends, and my children know American culture. I feel lost sometimes. In Korea, people have roles, but here these roles get mixed up and sometimes switched and this causes a lot of conflict.

Other family members. Hannah has two siblings. Her older sister resides in Korea and is a school teacher, married to a physician, and the mother of two young adult children who attend college in the United States. Hannah's younger brother resides in the U.S. and owns a liquor store, is married, and the father of two children, one of whom is a young adult battling drug addiction and the other still in high school. Hannah reports feeling sad for her younger brother and his family and wants to help them, but has not found a way to be helpful.

Hannah has a close relationship with her husband's two younger brothers. As the eldest son's wife, Hannah was responsible for helping Jack find wives for both his brothers. In addition to the wives of her brother-in-laws, she has two nieces and a nephew.

Immigration history and acculturation. Mi-Sook was born in South Korea in 1963 and immigrated to the United States in 1979 at the age of 16 years with her parents and 15-year-old brother; her older sister remained in Korea. Mi-Sook selected an American name, "Hannah," when she immigrated to the United States as a way to feel more a part of her new home. She now uses her American and Korean names interchangeably. Hannah attended public schools. She reported that she did not know a

single word of English and had no idea what was being said in class. Hannah also had trouble making eye contact with her teachers, who repeatedly told her to look them in the eyes. She wanted to make friends with English-speaking classmates but could not communicate with them. She did make a few friends with classmates who were also ESL students. After one year of school, Hannah felt discouraged after receiving mostly Ds and Fs in her courses, so she left high school during her junior year and worked at a dry cleaning business owned by the family of one of her friends. Hannah's father, a former police officer in Korea, opened a liquor store, which he closed after 5 years, after being robbed at gunpoint. Hannah's mother was a homemaker. Hannah's parents lived with her brother in San Diego until their death, but regularly visited Hannah in Los Angeles and less frequently visited her older sister in Korea.

Hannah met her husband, Ki-Joon, in high school, who picked the American name, "Jack," when he and his family immigrated to the United States in 1976. Jack also picked American names for his two younger brothers. Jack was 15 years old at the time of immigration, and learned English by watching television and memorizing the Korean-American dictionary. Jack was often the brunt of ethnic slurs and teasing about his Korean accented English, but he avoided altercations to serve as a positive role model to his younger brothers. Jack's mother worked in a factory and his father worked for a contractor. Jack graduated from a California university, majoring in business, and he later obtained his contractor's license. Jack now owns his own business and speaks both Korean and English fluently.

Unlike Jack, Hannah reports she is unable to speak English well, and even has difficulty communicating with her two sons who do not speak Korean very well. She

feels her sons are “too Americanized” and do not treat her with the same respect she has for elders. She reports that her husband oftentimes translates for her, which frustrates her sons. Hannah’s sons tell her she needs to learn English, rather than spending all her time with family. She reports feeling ashamed that she has not learned English after over 30 years in the U.S., but she is also content to live her life surrounded by her parents-in-law, children, and grandson.

Hannah admits that she does not understand her sons, and they do not understand her. A case in point was her astonishment last March when her 20-year-old son, Joshua, announced he was marrying his pregnant girlfriend, Janet. Hannah was surprised that Joshua did not discuss the decision with her or ask her permission to marry Janet. In fact, she was the last person informed of the wedding date. Hannah recalls that her mother was the one who met with Jack’s mother to plan their wedding. She reports feeling sorry for her parents-in-law, given the irresponsible way her son handled his wedding plans. But now that Christopher has arrived, Hannah feels it is her duty to care for her first grandson, so that both Joshua and Janet can complete their college education, something she regrets not having had an opportunity to complete herself.

Clinical implications. To discuss the relevance of the Korean culture in working with Hannah on issues related to death, the therapeutic process is divided into three major areas for consideration: (a) rapport building, (b) assessment, and (c) therapy.

Rapport building. Rapport begins at first glance and depends on Hannah’s unstated reaction to the therapist’s age, gender, and cultural background. This phase of the therapeutic relationship is critical to encouraging clients to return and remain in

treatment. The following issues related to building rapport are discussed: (a) initial greeting, (b) communication style, and (c) therapist disclosure.

Initial greeting. When Hannah arrives for her appointment, she may be unsure how to behave, including where she should be seated. To deal with her uncertainty, she may exercise *noon-chi* and will expect to take direction from the therapist.

Specific attention is warranted of the handshake, which is a common way of greeting a person in the American culture but may be interpreted differently by a Korean client, depending on the degree of acculturation. Typically, physical contact upon meeting someone with whom one is unfamiliar is not common in the Korean culture. A bow is a more likely greeting, particularly if it is a woman or if the meeting is between a man and a woman who are strangers. If the therapist should extend his or her hand, to the client upon meeting, the handshake may be accompanied by a bow, particularly among the less acculturated. Moreover, the person with lower status is required to bow lower than the person of higher status. In this case, Hannah would likely bow deeply in deference to the therapist who is viewed as the authority figure in this particular relationship.

Traditionally, American etiquette waits for the woman to extend her hand upon meeting, particularly if meeting with a man, as a way to provide her a choice of either shaking the hand of the individual or greeting the other person in some other cordial manner, such as a nod and smile. In the Korean culture, the person who holds the higher status initiates the handshake; hence, Hannah would likely only extend her hand if the therapist initiates such a greeting. Moreover, whether the recipient of the handshake extends a single hand or both hands depends on the degree to which deference is

necessary. One-handed handshakes are more typical among the more acculturated, or between individuals who are of equal status, regardless of acculturation. Two-handed handshakes are expressions of deference and would likely be the way Hannah reciprocates the extension of the therapist's hand. The placement of the hands relative to one another for the handshake also has meaning. For example, where the individual grips his or her right arm with the left hand after extending the right hand for the handshake also is an expression of deference. The lower on the right arm, the left hand is placed, the greater the expression of respect for the other person. The firmness of the handshake also requires consideration, with a gentler grip conveying a more welcoming demeanor.

The expectations of the Korean client upon initial meeting with the therapist is influenced by a number of factors, including the degree of acculturation of the client, the client's assumptions about the acculturation of the therapist or the therapist's knowledge about the Korean culture, and age and gender differences. For example, a less acculturated Korean client, such as Hannah, is likely to expect a Korean American therapist to bow rather than shake her hand, regardless of age or gender. If a hand is extended by a Korean American therapist, how the behavior is interpreted may be influenced by the age and gender of the therapist relative to those of the client. If a non-Korean therapist were to extend a hand, regardless of demographic characteristics, Hannah may have fewer expectations due to the assumption that the therapist has limited knowledge of the Korean culture, although less physical contact is preferred over more contact.

Communication style. Out of respect, Hannah may refer to the therapist as "Teacher" or "Doctor." Hannah would likely be more comfortable with a formal

relationship with the therapist. Being asked to refer to the therapist on a first name basis may actually create an obstacle toward building rapport rather than facilitating the therapeutic relationship. Furthermore, as an expert, Hannah may feel more comfortable if the therapist exercises his or her authority by offering directives rather than requests. For example, saying, “Please have a seat here” would help Hannah feel more at ease than requesting “Would you like to have a seat here?” or “Please take a seat where you are comfortable.”

An often misinterpreted behavior is the lack of eye contact. In Korean culture, one does not stare into the eyes of those for whom one wishes to express deference; hence, Hannah will likely not engage in direct eye contact with the therapist. While listening to Hannah, it would likely make Hannah more comfortable if the therapist occasionally diverts his or her eye contact away from her. To intensely stare into Hannah’s eyes may be misconstrued as judgmental.

Therapist disclosure. How acculturated a Korean client assumes his or her therapist, influences the degree to which he or she feels comfortable posing direct questions about the life of the therapist. With a Korean therapist, if *noon-chi* indicates that the therapist is less acculturated, the potential of being posed direct questions is relatively assured. With a more acculturated Korean therapist, it may take longer before such direct questions are posed. Among non-Korean therapists, the degree of familiarity with Korean culture will influence whether direct questions are posed or not. For example, if a non-Korean therapist indicates his or her spouse is Korean American, the likelihood of direct questioning is increased. These questions are posed to gain a contextual understanding of the therapist, as this understanding helps clients determine if

the therapist is in the position of serving their needs. Questions about one's family, native origin, and education are commonly asked. Openly responding to such questions may facilitate establishing rapport with the client. It is not suggested that the therapist respond to the client's question with another question, particularly with a less acculturated Korean client, as it will be viewed as the therapist questioning the trust of the client. If the therapist works from a theoretical orientation that minimizes the use of self disclosure in therapy, it is important for the therapist to establish, at the beginning of the relationship, how he or she will respond to such questions.

Assessment. To assess Hannah's clinical needs in a manner that takes into account her cultural system, the following topics are considered: (a) the use of *noon-chi* and asking questions, (b) Hannah's role in her family, and (c) the grief process.

Use of noon-chi and asking questions. To assess Hannah's needs, it is important for the therapist to use *noon-chi* and listen attentively to her stories. The stories Hannah tells about others may actually be an indirect means by which to discuss her own concern with family's issues. For example, when Hannah refers to feeling sorry for her parents-in-law because of the way her son elected to marry his pregnant girlfriend, it was likely a culturally congruent way of expressing her own angst about the situation while also acknowledging the lack of respect exhibited toward her parents-in-law by her son's behavior.

Moreover, the "I" is buried in the "We" so that the assessment of Hannah's clinical needs is not just of Hannah, but Hannah within the context of her family. By listening for whether Hannah speaks primarily using singular or plural first person may provide some context for her degree of acculturation. Particularly relevant is the use of

the singular first person, which may often be associated with someone who is more acculturated.

In addition to exercising *noon-chi*, the therapist must also ask questions to assess the client's needs. The therapist, as expert, is expected to pose questions of the client, just as a physician poses questions to the patient about his or her medical problems. Furthermore, the comfort of the client with questions he or she is posed will likely depend on the directness with which the therapist has responded to questions posed by the client. In posing questions early in the therapeutic relationship, the therapist must consider both the types of questions that provide clinical insight as well as the questions that will likely elicit a response with the least amount of discomfort to the client. For Hannah, given that her identity appears strongly tied to her caretaking role in the family, to begin with questions about her family and caretaking responsibilities is likely an appropriate place to begin the questioning. Moreover, focusing on younger family members, such as her children, over other family members such as her husband and elderly parents-in-law would be a more comfortable way to begin the questioning as it does not threaten cultural protocols that honor filial piety and the patriarchy.

Family roles. To gain an understanding of Hannah's clinical issues, assessing her family roles and functions are critical. These observations must take into account the potential dilemmas created by the intersection of culture and acculturation in the lives of family members, and how Hannah manages the strain of these competing belief systems.

Traditionally, marriage unites the wife with her husband and his family. This union is based on hierarchical relationships that are founded on the values of patriarchy and filial piety. Consistent with these values, Hannah's first responsibility is to Jack's

elderly parents, and by serving her in-laws needs, she meets her responsibilities as wife to her husband. For Hannah this created a major dilemma. The care of her father-in-law prevented her from spending time with her own mother prior to her death. In making this decision, Hannah could not meet her filial responsibility to her own mother.

Another potential dilemma is the clash between respecting the patriarchy of one's family of origin and fulfilling one's filial duty to one's husband. This dilemma was illustrated by the funeral arrangements that were made by Hannah's brother and only son of their family of origin, but for which the expenses were paid by Jack.

Finally, a potential dilemma worthy of consideration is the emotional bond of a mother with her children and grandchildren and her filial responsibilities. One demonstration of this dilemma is when Hannah elected to care for her grandson while her son and daughter-in-law attended college, which meant she was unable to meet her filial responsibilities to her own mother.

The grief process. Depending on the degree of acculturation, the grieving client may not explicitly address her or his sadness or acknowledge the loss. Rather, it is important for the therapist to exercise *noon-chi* to situate the client in the bereavement process. Examples of culturally related behaviors exhibited by individuals who are early in their grief process might include findings reasons not to engage in ancestral worship, specifically the death anniversary memorial rite (*k'ilche*), complaining about other family members or situations, blaming oneself or others, somatic complaints, anger or aloofness, and neglecting culturally expected responsibilities. For example, Hannah may still be in the early stages of her bereavement process as she has yet to visit her mother's grave and appears to blame the lack of time for her inability to meet her filial responsibilities. As

one moves to the stage of a “beautiful farewell,” these behaviors subside and the relationships among family members are strengthened as demonstrated by promises of fulfilling one’s filial responsibilities, both the responsibilities that were left unmet during the person’s life and the responsibilities one does to honor the decedent.

It is culturally appropriate, and even expected, that family members express grief for extended periods of time through traditional rituals that honor the decedent and ensure a harmonious relationship between the surviving family members and the spirit of the decedent. Traditionally, white attire was used to express grief in the Korean culture, which has been replaced by black among Korean Americans. This observation may be particularly relevant among the less acculturated who may find the use of black in lieu of white as distressing, perhaps even protracting the grieving process. Suggesting simple gestures such as wearing a white barrette in one’s hair or a white scarf around one’s neck may be ways to facilitate the grieving process.

There are also times that expressions of grief may not adhere to cultural norms, hence, raising questions about the psychological well being of the individual. For example, uncontrollable anger or rage (*hwabyung*) may be a sign of an unhealthy bereavement reaction, believed to be caused by resisting “the formal observance of ancestor veneration ceremonies” (Pang, 2000, p. 7). Moreover, against whom this anger is directed is also an important consideration, specifically if directed toward individuals that disregard the values of filial piety and patriarchy. For example, if Hannah expresses her anger towards her children by refusing to look after her grandson, this might be a potential sign of problems with daily functioning. But because her children are adults, and she is their elder, this may be nothing more than normal bereavement. On the other

hand, if she were to report angry outbursts toward her husband and parents-in-law as well as disregard her caretaking responsibilities for these family members, something more serious may be occurring.

Therapy. Up to this point, a substantial amount of attention has been directed to cultural awareness in building rapport and assessing the client's needs, as the initial development of a therapeutic relationship is critical to whether the client will return for and remain in therapy. Although cultural awareness remains important as one begins to engage in therapy, this phase of the process increases in complexity and requires moving beyond a simple awareness of cultural considerations. The potential of how culture might influence therapy must be integrated with a broader understanding of the client and his or her context and the therapist's theoretical grounding of how he or she understand the client's behaviors, cognitions, and feelings, and, in turn, elects to treat the client.

Regardless of the therapist's theoretical orientations, there are some fundamental skills required to work with diverse client populations, particularly cultural populations with which one might be less familiar. These skills include: (a) balancing cultural awareness while avoiding stereotyping; (b) listening intently to the uniqueness of the client's story about the interplay of culture, death, and bereavement rather than acting on preconceived notions that may or may not have clinical relevance; and (c) avoiding the prescriptive application of cultural awareness education, such as the suggestions offered in this discussion.

Functionally, the therapist serves as facilitator, teacher, and advisor, and these roles are particularly germane to the lives of immigrant or less acculturated Korean Americans such as Hannah. The therapist as facilitator helps ease Hannah's adaptation to

a multicultural experience that respects her native cultural worldview while considering the realities and challenges of acculturating within her adopted culture. The therapist as teacher provides Hannah with psychoeducation on negotiating everyday issues that face immigrant families. And the therapist as advisor offers Hannah counsel and guidance on fulfilling her roles and meeting her obligations in a manner that does not compromise her health.

To offer an illustration of potential goals for Hannah's therapy, the following clinical issues are considered: (a) identifying Hannah's numerous family roles and validating the reality of why she feels overwhelmed, (b) acknowledging Hannah's unmet obligation to her deceased mother and creating a plan for meeting her obligation, and (c) acknowledging Hannah's filial duty to support her dying father-in-law and creating a plan to meet her father-in-law's end-of-life needs. Note that the discussion that ensues intentionally sets out to amplify potential cultural nuances related to end-of-life matters and to offer a culturally responsive conceptualization; hence, it is important not to over-generalize the conceptualization offered to other cases of similar ilk.

Family roles and feeling overwhelmed. Depending on the level of acculturation, the client may be adhering to culturally ascribed family roles that are connected to the client's position in the family. To help Hannah gain insight into why she is feeling overwhelmed, it is important to initially identify these roles and the related cultural expectations of individuals who are in these positions. In Hannah's case, there are three key roles, which include being the wife to the eldest son of her husband's family, mother to her children, and the only sibling in the U.S. with the resources to meet filial responsibilities.

In the course of discussing Hannah's roles and the related expectations, it is important for the therapist to both affirm Hannah's experience of feeling overwhelmed while also indicating the points of tension between her expectations of herself and the expectations the members of the family have of her. For example, Hannah could be asked what she thinks her children expect of her as a mother. Hannah will likely describe financial support, housekeeping, and other functions she performs for her children. Once the therapist validates Hannah's genuine effort to fulfill her responsibilities as a mother, she can then be asked what she believes her children expect of her, leading to a discussion of the differences in expectations. Also relevant to the discussion is what Hannah expects of her children and how her expectations may or may not align with what her children feel is their responsibility to their mother. A similar inquiry process can be used to examine differences in expectations between Hannah and other members of her family.

Unmet obligation to deceased mother. What may further contribute to Hannah feeling overwhelmed is guilt over not ensuring her mother's "beautiful farewell." For example, her mother had wanted to spend time with Hannah prior to her death, but circumstances prevented Hannah from obliging her mother's desire. Moreover, Hannah was not present at the time of her mother's death, which is required for family closure, i.e., saying farewell, promising to meet one's filial responsibilities, including memorializing her mother after death, and forgiving one another so the dying person can move on in peace. In Hannah's case, she was unable to meet any of these end-of-life obligations that ensure a harmonious relationship between herself and her mother's spirit.

To help Hannah understand the connection of her guilt to her unfulfilled filial obligation and facilitating ways for her to meet these responsibilities are essential steps in her healing process. As previously discussed, it is also important for the therapist to validate Hannah's feelings of being overwhelmed while also exploring the expectations she has of herself and the reality of such demanding expectations. For example, there are Korean adages that may help Hannah face reality. One such illustration is the concept of "water flows down," that is to say, it is natural for parents to fulfill responsibilities to their children (water flows down), but children are unlikely to meet their obligations to their parents (water cannot flow up). Given that water flowing down is the natural order of how parents and children interrelate, asking Hannah to reflect on how she would feel if her own children experienced such guilt upon her death may encourage her to reassess the reality of her expectations.

Meeting filial duty to dying father-in-law. Another source for Hannah's feelings of being overwhelmed is the end-of-life responsibilities she has for her terminally ill father-in-law. From a traditional Korean worldview, the wife of the eldest son of her husband's family has a patriarchal responsibility to her husband to care for his parents and a filial responsibility to her parents-in-law to care for them. A challenge to ensuring a "good death" for Hannah's father-in-law is the cultural clash between how terminal illness is handled in the U.S. versus from a traditional Korean perspective. For example, in the Korean culture, it is disrespectful to engage in direct conversations about terminal illness with the individual who is dying, in fact, such conversations are considered burdensome, hence, unnecessary. In the U.S., the dying person being informed of his or her terminal condition is considered a patient's right. Consequently, Hannah is faced with

a challenging dilemma between doing what she knows will ensure her father-in-law a beautiful farewell and the conflicting actions of medical personnel. Further compounding her distress is the inability to effectively communicate to medical personnel her father-in-law's needs to experience a good death.

To help alleviate the distress Hannah is experiencing in her attempt to ensure a good death for her father-in-law, the therapist should engage Hannah in an exploration of how addressing her father-in-law's end-of-life decisions alone is in conflict with the cultural belief that such decisions are made by the family as a collective. Moreover, alternative ways of understanding why other family members, such as her husband, Jack, are less involved in her father-in-law's care are important to examine. For example, Jack, being more acculturated, might not be aware of how he should be directly involved in these decisions. The therapist can then work with Hannah to find ways to request Jack's fuller participation in her father-in-law's care. In this way, not only would Hannah have additional family support, but Jack's ability to speak English fluently will alleviate the distress of effectively communicating with medical personnel about her father-in-law's end-of-life needs. Moreover, there may be times that the family may require the therapist to intervene and offer cultural brokering support between the family members and the medical or other professionals with whom they come in contact.

Summary of Key Considerations

It is a challenge to offer a slate of considerations that balance enough culturally responsive details while not becoming prescriptive. The intent of the discussion clearly falls on the side of awareness over proficiency in working with Korean American families who are faced with end-of-life matters. Despite this limitation, the issues raised

in this discussion have been raised due to the import of how a client from this worldview faced with this particular challenge might be understood, or more important, misunderstood. Moreover, there is no question that these issues shape how a client is conceptualized and treatment is planned.

To serve as a recap of the discussion, the following is an abbreviated overview of the major considerations raised.

1. The key cultural values that may influence how family members cope with end-of-life matters include the need for:
 - a. Maintaining harmonious relationship among family members, including the spirit of decedents.
 - b. Sustaining social order among family members through hierarchical relationships based on filial piety and patriarchy.
 - c. Engaging in respectful conversations that do not directly address a person's impending death; exercising *noon-chi*, i.e., listening and observing carefully for indirect messages, including through story telling.
 - d. Ensuring a "good death" by both the surviving family members and the person dying having opportunity to meet their responsibilities to one another so all parties face the death with harmony.
2. Levels of acculturation among family members may vary substantially; hence, the degree to and manner with which each member of the family subscribes to the values referred to above and is understanding of one another's perspective are critical clinical considerations.

3. To take the time to develop rapport when initially meeting the client is integral to establishing a therapeutic relationship, with behavioral expectations for hierarchical deference based on gender, age, and assumed familiarity with the Korean culture holding high salience.
4. To assess the needs of Korean American clients in a culturally responsive manner, the therapist must be aware of the importance of understanding the client in the context of his or her family rather than independent of family; respect the family hierarchical protocol in collecting family history data and asking questions; and listen intently for indirect communications to uncover clinical insights, particularly about topics considered “negative,” such as death and grief.
5. To understand grief within a Korean cultural system, it is important for the therapist to consider the level of acculturation, where in the grief process the client is situated, and familiarize oneself with what is culturally typical versus atypical expressions of grief.
6. To help Korean American families cope with end-of-life matters in a culturally responsive manner, the therapist must move beyond cultural awareness to integrating the relevance of culture within a broader context of understanding the client that takes into consideration the therapist’s way of conceptualizing cases and selecting treatment approaches.
7. Regardless of the therapist’s theoretical orientation, culturally responsive therapists remain open to hearing about the client’s lived experiences rather drawing clinical conclusions based on one’s preconceived notions, and

understand that cultural awareness provides alternative ways to view behavior, not compartmentalize behavior.

8. Therapists must feel comfortable with serving as facilitator, teacher, and advisor in addition to the responsibilities traditionally associated with clinical responsibilities, particularly when serving immigrant or less acculturated Korean American clients.

Chapter V. Discussion

Recommendations for Future Directions

Cultures have unique beliefs and mechanisms for coping with the inevitable phenomenon of death. It is important that those in the field of psychology are privy to the diverse ways in which end-of-life matters are understood, and this observation is particularly important for clinicians who practice in a nation as ethnically diverse as the United States. Yet, the current theory and practices on issues related to death remain decidedly Western in perspective. Given the current status of the field, the need for further research and development of culturally responsive theoretical frameworks and treatment approaches to better serve communities that do not readily fit the Western view are critical. From a review of the literature, it is evident that Korean Americans is one such community.

The concept of death, itself, requires further examination. From a Korean worldview, the spirit of the decedent remains alive through the decedent's survivors. Rather than life ending, the spirit of the decedent remains connected to world of the living. Moreover, "family" among more culturally traditional Korean Americans is defined as family members who are living as well as deceased ancestors, and the path to a "beautiful farewell" is achieving harmony among survivors and the decedent's spirit. Such a worldview has a number of implications for how families navigate the loss of a loved one, but, as clinicians, we have little guidance on culturally responsive ways of unraveling the subjective meaning of death for this population. More discussion and research to this regard would better serve clients and benefit the psychology profession.

Another direction worthy of consideration is the development of theories for understanding dying and grief that move beyond individualistic, Western models to ones that better capture the experience of individuals whose relational identity is collective in nature. The processes of dying and grief are not universal as the current literature leads us to believe. To address the culture-specific elements of the Korean worldview, models of dying and grief would consider these processes within the context of the larger family, not as a solitary individual, including consideration of hierarchical protocols based on filial piety and patriarchy. Death is often viewed as something to fear from a Western perspective. While from a Korean worldview, the inability to meet one's obligations to others is at the root of the fear, not death, itself. The emphasis for models of dying and grief from a Korean perspective would emphasize how one can be supported and support others to "die well." It is important to note that both the person dying and the survivors have obligations to one another, and whether one is able to meet these obligations has much to do with whether the death will be met with harmony or angst.

Moreover, further exploration is required of how end-of-life matters are addressed between therapist and families. The recommendations that emerged in the literature were unequivocally Western in perspective. For example, to directly address "negative" topics such as death is considered disrespectful from a traditional Korean worldview, whereas it would be considered an appropriate action among Western trained clinicians. *Noon-chi*, storytelling, and the use of proverbs are indirect communication strategies that warrant further study as these approaches appear more comforting methods for communicating one's feelings and thoughts, particularly for less acculturated Korean Americans.

Finally, the beliefs and practices regarding death, dying, and bereavement of the Korean culture were influenced by a number of religions over its 5,000 year history, yet, today, Christianity has a significant influence on the lives of Korean Americans. For some members of the Korean community, the integration of the old with the relatively new religious belief system has tested the faith, cultural identification, and relational harmony between and within the generations of the Korean American community. Therefore, further examination of how members of the Korean Christian community reconcile the practices rooted in Eastern religions in which they engage with their Christian beliefs appears warranted.

Conclusion

The study of death and dying is a somber but infallibly necessary endeavor. All humankind will, at some point, witness the passing of their loved ones as the cycle of life continues. For some, this experience may be faced after a long, fulfilling life together and the passing is part of the natural course of the life cycle. For others, the experiences of death and dying may be a sudden and unexpected traumatic event. Regardless of the circumstances, death is a challenging life event to face, and the difficulty might only be compounded if clinicians who are trained to support others during such times of need are unable to consider and be open to alternative ways of understanding the experience. For me, Korean Americans is one such community. As this dissertation presents, how death is conceptualized and memorialized in the Korean culture is considerably different from the experience of many American clinicians. I hope this dissertation has contributed to broadening the perspective of psychologists and other clinicians who might be called to support members of this community in navigating this challenging life experience.

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APPENDIX A

Reviewer Comments for Questions 5-10

Question 5: Please share your thoughts about the manner in which the cultural values and clinical recommendations are presented to the reader. Consider any or all of the following issues in formulating your thoughts.

a. Was it tedious and boring or an interesting read?

Reviewer 1: “interesting to read”

Reviewer 2: “I thought it was mostly interesting, but the background information of the case presentation was very long and very confusing, especially with all the names, relationships, and all of their life circumstances. It was difficult for me to follow.”

Reviewer 3: “I thought it was well written and was [an] interesting topic.”

Reviewer 4: “The paper was a fairly interesting read, particularly in the comparison chart.”

Action taken: To address the issue raised by Reviewer 2, the Case Summary was reviewed and edited, particularly the subsection entitled, *Other family members*, as this was the subsection that contained a substantial amount of background information, which upon reviewing, made a negligible contribution to understanding the case.

b. Was it condescending or respectful to the reader?

Reviewer 1: “respectful to the reader”

Reviewer 2: “I didn’t think of it in those terms but I thought the recommendations made would have made sense only to those therapists who are already fairly familiar with Korean culture. They definitely could not implement with any degree of competency unless they’re already familiar...”

Reviewer 3: “It was culturally sensitive and thoughtfully written.”

Reviewer 4: “Overall, the paper was presented in a neutral to rather respectful manner to the reader.”

Action taken: To address the issue raised by Reviewer 2, it became apparent that the scope of the recommendations was never delimited. Hence, a section entitled, *Delimitations of the Recommendations*, was included, and Point 3 specifically addresses the concern raised by the Reviewer.

c. Were there enough details presented or an excessive amount of unnecessary detail?

Reviewer 1: “enough details presented”

Reviewer 2: “See comment a.”

Reviewer 3: “Details were adequately presented.”

Reviewer 4: “Information was presented with a sufficient amount of detail, such as in the various hand-shaking practices, though it would be also good if it includes Korean’s general reluctance in having any physical contact with a stranger in their initial meetings.”

Action taken: Reviewer 2’s concern with the excessive details provided in the Case Summary was addressed under 5a. The concern of Reviewer 4 was addressed in the subsection entitled, *Initial greeting*. More attention was given to how a handshake may be an unfamiliar and a less acceptable form of greeting for clients who subscribe to a traditional Korean worldview.

d. Was there a logical flow to the presentation of content? If the organization of content could be improved, please offer suggestions.

Reviewer 1: “logical flow to the presentation/no suggestion”

Reviewer 2: “Yes, I thought the paper flowed well.”

Reviewer 3: “The content was logically presented and was easy to read.”

Reviewer 4: “There was a logical flow throughout the work, leading to a better understanding of the Korean culture and ending with appropriate recommendations for culturally uninformed clinicians.”

Action taken: Not applicable

Question 6: Were there any important traditional Korean values that were overlooked in the discussion? Please identify any omissions.

Reviewer 1: “Not that I can think of now”

Reviewer 2: “Not that I could think of. I don’t know if you thought about including how pathology could complicate grieving, especially since most Korean Americans would not seek therapy for grieving. Also, the whole thing about [the] handshake was possibly an overkill, especially for women, who would not be expected (in my experience) to shake hands, but just bow. I think this would be even more true across gender lines (male therapist w/ female client and vice versa). As a woman therapist, I can’t remember shaking hands with any of my Korean clients. Non[-]Korean clients are more likely to shake hands, I think.”

Reviewer 3: “The writer covered fairly thoroughly regarding the topic.”

Reviewer 4: “The paper seems to have addressed in fair detail some of the significant cultural and family values and practices in the Korean culture. The paper explains well the Korean family’s typical behavioral styles of indirect communication and immediate solution seeking regarding what to do from a well-informed doctor/educator than seeking emotional understanding from a friend of an equal status.”

Action taken: The second portion of Reviewer 2’s feedback was addressed under 5c. To address the first suggestion of Reviewer 2, Point 1 was included in the Delimitations of the Recommendations section.

Question 7: Was the table that compares Korean and Western values using popular media a helpful method for presenting the cultural differences?

Reviewer 1: “Yes, it was helpful.”

Reviewer 2: “Yes. I thought you could clarify the issue of in-laws, in terms of how gender plays an important role. In my experience, daughters[-]in[-]law have more responsibilities toward their in laws than sons[-]in[-]law do (i.e., women marry into their husbands’ families but not necessarily the other way around). In more traditional families, daughters[-]in[-]law who show too much interest in their families of origin may be seen as untrustworthy.”

Reviewer 3: “I thought it was an excellent comparison and was very helpful in a way to see cultural differences regarding the topical matter. Particularly, the uses of examples representing the cultural differences have helped this reader to pick things up right away with ease.”

Reviewer 4: “Yes, it was very helpful in comparing several key aspects of the two sets of cultural values.”

Action taken: To address Reviewer 2’s observation, an explicit statement was added to the table on how a daughter-in-law has more responsibilities to her in-laws than a son-in-law.

Question 8: Was the use of a hypothetical case to serve as the stimulus for discussing key clinical implications when working with Korean/Korean American families a helpful method for understanding the intersection of culture and the stages of the therapeutic process?

Reviewer 1: “Yes, it was helpful; however, I am not sure the hypothetical family can represent an average of Korean American families. For example, parents in the hypothetical family got married when they were relatively too young in Korean culture and so on.”

Reviewer 2: “Yes.”

Reviewer 3: “Yes. I thought it was interesting in dealing with a case involving four (4) generations, that echoed sentiments and real life issues of Korean-Americans living in the US.”

Reviewer 4: “Yes. It was better than discussing general ideas without examples from a hypothetical model of a Korean extended family.”

Action taken: The ages of family members were adjusted as suggested.

Question 9: In the discussion of potential clinical considerations, were there any important issues overlooked? Please identify any omissions.

Reviewer 1: “No, not that I can think of now”

Reviewer 2: “No.”

Reviewer 3: “Understanding the scope and limits of the d[is]sertation, I thought clinical considerations were well covered. However, if I were to add, I would include the client's personal and own psychological/psychiatric issues in the discussion.”

Reviewer 4: “I think it would have been better if the paper separated the initial rapport-formation phase from the later treatment phase when discussing the importance of cultural awareness. A simple generalization with a unilateral prescription based on the cultural factor may be dangerous for clinicians who may apply their superficial understanding into all phases of their clinical approaches regardless of their particular orientation, such as Psychodynamic, Cognitive behavioral, Gestalt or Reality therapy, etc.”

Action taken: In the Delimitations of the Recommendations section, Reviewer 3’s suggestion was addressed by Points 1 and 2, i.e., the dissertation wanted to confine the scope of the discussion to grief, and the normal grieving process specifically, and the relevance of culture to the discussion. Points 3 and 4 of the Delimitations address the observations of Reviewer 4, i.e., the recommendations are not to be applied prescriptively but rather considered relative to context and theory and are offered to provide potential clinical issues of which clinicians should be aware. Moreover, content was added to the *Therapy* subsection preamble and the Summary of Key Considerations section was revised to further addresses Reviewer 4’s concerns.

Question 10: Overall, do you feel the recommendations will be of practical value to mental health professionals who provide support to Korean/Korean American families facing end-of-life matters? Why or why not?

Reviewer 1: “Yes, it will be practical value. It is well written to understand Korean culture.”

Reviewer 2: “See 5b.”

Reviewer 3: “Yes. I feel very strongly that the recommendations would be that of practical value. As a Korean-American psycho[lo]gist, I have resorted to utilize non-contextualized and generalized grieving process protocols, not taking the cultural sensitivity into account assisting clients to deal with life challenges, particularly in facing end-of-life matters.”

Reviewer 4: “Yes in the sense that the clinicians can utilize the recommendations especially in the initial rapport-formation stage to encourage Korean families to stay in treatment until real treatment takes place. For the later part of the treatment, however, the paper can also include the importance of a more open-minded attitude such as willingness to learn about the particular Korean family and culture facing their culturally unique end-of-life experience rather than unilateral recommendations based on some information the clinicians may have acquired through cultural awareness education or reading this paper.”

Action taken: Reviewer 2’s issue was addressed under 5b. Reviewer 4’s concerns were addressed by offering a more context in the *Therapy* subsection preamble, particularly the paragraph on the fundamental skills required to work with diverse client populations.

APPENDIX B

Email to Recruit Mental Health Professionals for Peer Debriefing

Dear _____:

My name is Jung Yi and I am a doctoral student in clinical psychology at Pepperdine University, Graduate School of Education and Psychology. I am conducting a study for my dissertation entitled, "Dying and Cultural Meaning: Recommendations for Psychological Support of Dying and Bereaved Koreans/Korean-Americans," under the direction of Joy Asamen, Ph.D., my dissertation chairperson.

The purpose of this study is to propose clinical recommendations for supporting Korean/Korean American families with end-of-life matters in a manner that respects their cultural worldview while also considering the realities of residing in a context that may be less understanding of these values. The target audience for this resource is those therapists who may be less familiar with traditional Korean values and how these values may influence how families cope when faced with death and dying issues.

As part of the development of the clinical recommendations, I am interested in obtaining feedback from clinicians with experience working with Korean American families. I would like to invite you to share your insights about the way in which I presented the clinical recommendations and the content of the clinical recommendations themselves. Your participation in this study is strictly voluntary and you may elect to discontinue your participation at any time. However, your input would be greatly appreciated and would be a substantial contribution to my work.

If you agree to participate, you are asked to do two things. First, please review the attached document of the proposed recommendations. And second, please REPLY to this email to provide responses to the questions that are listed below in blue font. You may just insert your response under each question. I have also attached a Word document that contains the same questions, if you prefer responding in this manner rather than replying to the email.

I anticipate that it will take about 30 minutes to read through the clinical recommendations and another 30-45 minutes to respond to the questions. I would be most appreciative if you could offer your response by _____.

There is no more than minimal risk in electing to consider this invitation, although I realize you are very busy so there is the inconvenience of the amount of time required to read over the clinical recommendations and offer your responses to the questions. Furthermore, you derive no direct benefit from accepting this invitation, although your participation may strengthen the proposed recommendation, which may benefit the community. I can offer a copy of the final set of clinical recommendations, when it is available. If you are interested in receiving a copy of the recommendations, please let me know by responding to Question 11, which is the final reviewer question.

I realize that you are very busy, so I am most grateful for your time, consideration of this request, and any assistance you can provide. If you have any additional questions concerning this invitation, please feel free to contact me or my dissertation chairperson. If

you have issues related to your rights as a participant, please contact Yuying Tsong, Ph.D., Chairperson of the Pepperdine University Graduate and Professional Schools Institutional Review Board, at yuying.tsong@pepperdine.edu or (310) 568-5768.

Sincerely yours,

Jung Yi, EdMA, Doctoral Candidate

Joy Asamen, Ph.D., Professor of Psychology

Reviewer Questions¹

Question 1: What is your profession? (Please check what you consider your primary profession)

LCSW MFT` Psychiatrist Psychologist

Other (Please specify: _____)

Question 2: Have you conducted therapy in the Korean language?

Yes No

Question 3: How would you rate your knowledge of traditional Korean values?

Minimal knowledgeable Fairly knowledgeable Knowledgeable

Question 4: How would you rate your knowledge of end-of-life matters?

Minimal knowledgeable Fairly knowledgeable Knowledgeable

Question 5: Please share your thoughts about the manner in which the cultural values and clinical recommendations are presented to the reader. Consider any or all of the following issues in formulating your thoughts.

- a. Was it tedious and boring or an interesting read?
- b. Was it condescending or respectful to the reader?
- c. Were there enough details presented or an excessive amount of unnecessary detail?
- d. Was there a logical flow to the presentation of content? If the organization of content could be improved, please offer suggestions.

Question 6: Were there any important traditional Korean values that were overlooked in the discussion? Please identify any omissions.

Question 7: Was the table that compares Korean and Western values using popular media a helpful method for presenting the cultural differences?

Question 8: Was the use of a hypothetical case to serve as the stimulus for discussing key clinical implications when working with Korean/Korean American families a helpful

¹ These questions will be embedded in the email and also available in a separate Word document. In this way, the reviewers may choose their preferred method for returning their responses to the questions.

method for understanding the intersection of culture and the stages of the therapeutic process?

Question 9: In the discussion of potential clinical considerations, were there any important issues overlooked? Please identify any omissions.

Question 10: Overall, do you feel the recommendations will be of practical value to mental health professionals who provide support to Korean/Korean American families facing end-of-life matters? Why or why not?

Question 11: Finally, please indicate if you would like to receive a copy of the final set of clinical recommendations. Yes No