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Korean Female Immigrants' Lived Experience with Depression

A Phenomenological Study

A thesis presented in partial fulfillment
of
the requirements for a Masters of Philosophy in Psychology
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Abstract

The aim of this study lies in describing and interpreting the meanings of Korean female immigrants' lived experience of depression. Depression is the most frequently occurring mental health diagnosis amongst immigrants. Waves of Korean immigrants have flocked to New Zealand for the last decade, and now the Korean language is the most common language after English in North Shore city. It is believed that a study on Korean female immigrants' mental health needs to be addressed by clinical professionals and mental health workers. Six Korean females who had lived for more than one year in New Zealand, and had once experienced depression were voluntarily selected and interviewed. The data was analysed by the following hermeneutic framework. The first chapter states the justification and impetus of the study, and the position of the researcher. It also contains an explanation about the focus and objectives of the study. The second chapter is dedicated to offering an opportunity to understand Korean culture in relation to the study's aim. The main social philosophy, religion, and norms are introduced to provide the reader with a better picture of Korean culture. The third chapter presents philosophical guidance for a hermeneutic study, and discusses how the framework has been applied to the study. The process of collecting and analyzing data and the ethical considerations that protect the participants' human rights and dignity are the main focus of this chapter. The findings section discusses four main themes which were classified to capture the core meaning of the participant's experiences. The last chapter discusses the limitations and recommendations that have emerged from the study.

Notes

Italics: The interview data from the study participants

Names: Pseudonyms in Korean are used to protect the clients' anonymity.

As English is not my first language, my proof readers, Emma and Leisa helped considerably to change my English into grammatically correct written English.

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Of course, without the participants who willingly involved themselves in the interviews, this study could not have been produced. I would like to thank all of them deeply for their bravery and participation.

As this study is for my second Masters degree, my children have had to put up with their Father's absence on many occasions. I did know of, and understand my daughter Grace's desire to be with me, but I have not been able to satisfy her wishes. I am sorry Grace, and I thank you for your patience. For my son, Jay, I will now have more time to play with you, so I look forward to that. And for my wife Christine, I would like to say "I love you and thank you for being my wife".

I also dedicate this study to my big sister, who is my sanctuary.

Dedication

This study is dedicated to

김 영 자 My mother,

이 혜 경 My sister,

최 명 희 My wife,

All of whom are typical Korean women,

and

all help me accomplish my life everyday.

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Chapter One

Introduction

Over the last decade, Korean immigrants have been one of the most rapidly growing immigrant populations in New Zealand. Koreans have been immigrating at a faster rate than any other nationality during the last decade (Statistics NZ, 2001). In 1996, the entire Asian population in New Zealand was 168,965 (4.68%). This included 12,657 Koreans, an increase of 1400% since 1991 (Statistics NZ, 1997). According to the census published in 2001, the Asian population in NZ has increased to 237,459 (6.4%), now outnumbering the immigrant Pacific Island population of 231,801 (6.2%). The population of Korean immigrants has also increased to 15,873 (Statistics NZ, 2001). However, it is unclear whether international students and people, who have applied for a residency or Long Term Business Visa (LTBV), were included in this study.

Korean culture could be described as a relatively rigid monoculture. So the shift into New Zealand's bi-cultural or multi-cultural society may have strongly impacted on their mental well-being in a number of ways. In the American environment, Kim (1995) reported that severe acculturative stress amongst Korean immigrants is commonly associated with language barriers, cultural shock, a lack of social support, and discrepancies between expectations and achievements after immigration.

Based on the American experience we might also expect that, while these strains affect the mental health of all immigrants, women experience them differently and more seriously than men (Kim & Rew. 1994). When researching the mental health of Asian immigrants in America, Tzeng and Streltzer (1997) discovered that Koreans (the most recent immigrant group in America) had the highest rate of depression amongst all ethnic groups. According to this study, the Korean community has 2.5 times the occurrence

of depression of Caucasians, closely followed by Japanese-Americans. One explanation for this could be that the Japanese-Americans are the most recent immigrant group, but the fact that another rigid monoculture - the Japanese immigrant group is the second highest afflicted group suggests that cultural background may also be an important factor. However, there is no published qualitative or quantitative research on Korean immigrant's mental status conducted in New Zealand to date. This lack of previous research illustrates a need for further study in this topic to be conducted.

A summary of my personal and professional position

I, myself, am an immigrant from Korea. I arrived in New Zealand in 1996. Since coming to New Zealand, I have completed a Master's degree specialising in psychotherapy, conferred to me by the Auckland University of Technology. Since gaining this qualification, I have worked as the sole Korean psychotherapist in New Zealand. My primary employer is the Accommodation for Mental Health Society, North Shore (Inc). In this position, I work with people from various ethnic backgrounds, who have chronic and severe psychotic disorders. My own private clinical work has been specifically with Korean or other Asian clients.

I have gained vast experience from my therapy practice in New Zealand, and discovered a pattern relating to the mental health of immigrants. From 1998 till 2002, I conducted almost 3,000 sessions with Korean clients in my private practice, and noticed the majority of my client group consisted of women with depression. This depression was mainly caused by breakdowns in their marital relationships and/or immigration adjustment difficulties. Many mental health organizations referred Korean clients to me, and sometimes asked me to work with them as a translator or co-therapist. I believe I have the experience and perception to call myself an expert in Korean immigrants' mental health.

As an immigrant myself, I have also experienced the difficulties of acculturation, language barriers, and mood swings. As a typical Korean man, I had to alter my 'way of being' and my beliefs that had been founded in Korea, to a man living in a western culture and norm-dominated society. From the top to the bottom, as my neighbour joked; he said that in the New Zealand family hierarchy, "women are on the top, children are second, cats and dogs are the next and men come last". However, I did not find my wife's situation to have improved. Finding herself 'on the top' rather than at the bottom did not mean that she was necessarily any happier, rather she has had to take on more responsibility, similar to other Korean women who have immigrated to New Zealand. She suffered with a loss of familial income, as my salary was not as much as I had earned in Korea. She struggled with discovering that this fact meant she needed to have her own income like other New Zealand women, as well as cope with house work and taking care of our children.

From the perspective of a Korean 'male' immigrant working in the mental health field for more than 10 years(including in Korea), I can understand that most Korean women's lives in New Zealand are not easy. Even though there are a lot of mental health issues to be dealt with, I want to look at an overall view of Korean female immigrants' lived experience with depression first. I believe this is the first step to understanding the depth and relative path the study will take.

The Impetus for the study

To begin this section, I would like to describe some examples of particular cases.

A few years ago, I got a call from one of my clients at 3:20am, who was suicidal. I could not say "You can talk to Life Line", simply because she could not speak English.

The other day, I got another call from a parent of a client. She was crying and crying for help. Her son, who suffered from a psychotic disorder, had beaten up his mother, and run away with a knife. The mother was suffering from depression, and was extremely frightened. She had no one except myself whom she could ask for help. She asked me to come to her place to help her find her son. It was 4:10am but I could not say "no".

Another woman who was severely depressed came to see me, telling me she had gone to a European counsellor for her depression, caused by her marital relationship. However, she felt anxious as the counsellor firmly suggested she divorce her violent husband. She asked me that if the counsellor 'ordered' her to get divorced, whether she had to do it or not. She felt confused as the thought of divorce had never entered her head. She had expected to hear some wisdom from the mental health professional; instead, the counsellor gave her a lawyer's name card at the first session.

I have worked many times on cases such as the above examples. The conclusion I came to was that my work needed to be taken up by others, and a social network needed to be developed which included government agencies. I have felt very lonely, and at times helpless as the sole Korean psychotherapist, having had to deal with many aspects of Koreans' mental health disorders, and the problems that arise from them.

I felt that research into this field was the first step, and a study from my unique perspective would help to improve this situation.

The other reason for me to conduct this study lies in helping mental health professionals gain a better understanding of Korean and their culture and mentality. A commonality between some of these clients was the impression that it was hard to feel understood by the local mental health professionals, because of their lack of appreciation of Korean cultural needs. According to a study by Jessie Heah (1998) on mental health services and psychiatric care for Asian patients, many Asian patients 'hide' themselves and their families from

the public system. The general consensus uncovered by this study was that Asians did not feel that they were understood by mental health workers, of which 73% are European.

Since many Asians and Asian families who live with mental problems do not feel that they are in a safe and understanding environment when meeting with mental health professionals, the findings of the study could be utilized as a resource to help health professionals such as GPs, nurses, occupational therapists, social workers, counselors and psychotherapists enrich their understanding of Koreans with mental health problems. In addition, the patients' families may gain a deepened understanding of the patients lived experience as they cope with their predicament and their emotional turmoil. I am hopeful that the information gathered in this study will assist New Zealand society to focus more attention to the needs of minority ethnic groups in NZ.

A glance at other studies on this issue

It was quite difficult to find other studies on the mental health of Korean immigrants' issue, even those living in the United States. All of the overseas research I located were quantitative studies (Shin, 1993; Kim & Hurh, 1988; & Kim & Rew, 1994). All these quantitative studies were trying to measure concepts such as the level of Korean-American women's depression, acculturative stress, social support, self-esteem, education, income, age and length of residence in the U.S.A. I feel much could be gained from a qualitative study in these areas.

Focus of Inquiry

"What is the lived experience of depression for female Korean immigrants in New Zealand?"

As the question implies, this study is aiming to explore the phenomena of the lived world of 'female' 'Korean' 'immigrants' with depression.

Immigrants face major changes in lifestyle and environment that require adaptation. Despite their high pre-immigration socioeconomic status, many are employed under unfavorable labor market conditions (Kim & Rew, 1994). Upon arrival in their new country, the majority will begin their careers as low-skilled service workers (Kim & Hurh, 1988). From my own experience, this sort of occupation contributes to immigrants having a higher rate of emotional distress than the host population. As with most studies on Koreans with depression, I would like to investigate how the Koreans with depression experience their lived world in a less rigid culture such as New Zealand.

Women in a western country such as the USA are expected to have a job as well as performing most of the household tasks (Shin, 1993). The combination of employment and the traditional performance of household tasks would seem to create, from my experience as a counsellor, a highly relevant situation of severe strain for the Korean-Kiwi women. Under these conditions, it is poignant to find the real meaning of how they perceived these life changes and specifically how these factors impact their quality of life and mental health status.

The Korean culture has been dominated by the principles of Confucianism and Buddhism for several thousands years, and can be said to be a monoculture, especially in terms of ethnic diversity (Lee, 1994). Korean immigrants are at risk of depressive illnesses, as they are confronted with many disappointments that result from a new life style that does not correspond with the cultural values with which they have grown up (Shin, 1993). By exploring ethnic identity and focusing on the satisfying and stressful aspects of the lives of the study's participants, each role within the context of immigration, quality of life, and depression in Korean-Kiwi women may be understood more fully.

Objectives of the study

To follow up the inquiry, this study aims to explore the phenomena of the lived world of Korean Female Immigrants with depression. The intention of this study lies in interpreting the real meaning of what the participants have experienced. The process of acculturating and adjusting in a new country affects the people who have experienced depression. By capturing their perceptions of the world of depression, I hope to discover what their lived experiences of the world were.

Exploring ethnic identity and uncovering the satisfying and stressful aspects of the lives of the study's participants in New Zealand are additional objectives of the study, in the hope that quality of life and depression may be understood more fully. Finally, a further intention is to gain some insight into the impact that this novel task of combining employment and household tasks has upon how Korean-Kiwi women adjust to life in their new country.

A brief overview of the chapters

Describing and interpreting the lived experience of Korean women immigrants' with depression is the main purpose of the study. The first chapter states the justification of, the researcher's personal and professional position for, and the focus and inquiry of, the study. In the second chapter, brief but succinct explanation and discussion around Korean culture in relation to the study is presented. The third chapter talks about how the study has been guided with hermeneutic framework and how sampling, interviewing and analysing have been done. The fourth chapter has been allocated for findings of the study as the main themes are classified in four categories and explained in one chapter. The last chapter states limitations and implications of the study including the recommendations of the further study.

Chapter Two

Cultural understanding

When many New Zealanders think about 'Asia' or 'Asian', they first think of China, Japan, and/or India. Korea, one of the far eastern Asian countries, is not often recognized as a major Asian country. Even though Korea has been the fifth biggest trade partner with New Zealand, Korea and its culture have not been well known to New Zealanders.

Korea has shared many cultural similarities with China and Japan but it also has its own cultural differences and uniqueness. No researcher or scholar will deny the fact that the cultures of China, Korea, and Japan all share the core influence of Confucianism, Buddhism, and Taoism. However, this is very different from saying that a Chinese person is the same as Japanese or a Korean person, or vice versa. These three countries belonging to the same cultural heritage still have their individual national pride, as well as history of wars, conflicts, and rivalries.

Therefore, this chapter is designed to help the reader of this study understand Korean people and their culture. It includes explanations about Confucianism and Buddhism in the context of Korean peoples lives, and discusses how these concepts have influenced Korean people and their mental health. It also briefly discusses the different points of view Korean and Western people have about depression.

A brief introduction to Korea

Korea has a population of around 70 million people, 45 million in South Korea and 25 million in North Korea. The country has been divided in two since the end of the II World War, as a result of the main western countries'

interest. The geographical size of Korea is marginally smaller than New Zealand, leading to many cities in South Korea suffering from problems relating to overcrowding.

Koreans are an ancient and homogenous ethnic group with a unique alphabet and language, distinct from both Chinese and Japanese. Korea is traditionally an agrarian society with a 5000 year history. South Korea is a materialistic, open, and capitalist country, whereas North Korea is socialistic and sovereign. All participants in this study came from South Korea which is drastically changing from a traditional society to an industrial one, resulting in serious acculturation problems.

Ancestor worship, filial piety, family ties, *Jeong* (an emotive term referring to a special interpersonal bond), individual and family prestige are the main keys to understanding the Korean mind. All of these concepts are rooted in Confucianism and Buddhism (Kim, 1995).

Buddhism

Buddhism is both a religion and a philosophy, founded during the period covering the late 6th century to the early 4th century BC. Buddhism has played an influential role in the spiritual, cultural, and social life of much of Korea (Park, 1987). Buddhism has been with the Korean people since around 4th century in AD, therefore having the longest history as a religion and philosophy in Korea. The ancient countries were able to form a government by bringing Buddhism to their nation. Since then, Buddhism had been the state religion until the Lee dynasty, which set Confucianism up as the state philosophy, was founded.

The Lee dynasty and its Government attempted to force the people away from Buddhism; however it had dwelled within people's lives too long and too deeply to be thrown away. For almost 500 years Buddhists were

persecuted, but Buddhism managed to retain a significant position in people's spiritual sanctuary.

The essence of the Buddhism can be classified into the Four Noble Truths:

- (1) Life is fundamentally disappointment and suffering;
- (2) Suffering is a result of one's desires for pleasure, power, and continued existence;
- (3) In order to stop disappointment and suffering, one must stop desiring;
- (4) The way to stop desiring and thus suffering is the Noble Eight-fold Path: right views, right intention, right speech, right action, right livelihood, right effort, right awareness, and right concentration (Choi, 2000; Park, 1987).

Samsara (transmigration of the soul) is the other important concept and belief in Buddha's teaching. Buddha says that all beings have previous lives in the past and will have other lives in the future, and all beings are tied with Karmic relationship. So, it is believed that your current life is a reflection of your future as well as of your past life. Here is an example of how the Four Noble Truth and the concept of *Samsara* are combined together and applied to a Korean's life. A Korean woman who is suffering from her husband's mistreatment may say that "This must be a punishment for what I had done to the man in the previous life". She believes that she must have mistreated him in a past relationship to fulfill her desire in the previous life.

One of the most frequently spoken sentences by Korean people is "What sin did I commit in my previous life?" when they are in a painful or difficult situation. Consequently, women may tend to blame themselves when they are suffering from their relationships with their husband, children or in-laws. This notion has been a predominant concept that many Korean people accept as a matter of course. Ironically, it gives people a rationale to help them get over difficult situations in life. A similar analogy is that of a Christian, believing that when he/she is suffering from a life conflict, "it is God's 'test' to make me stronger".

The purpose of this study is not to reveal the relationship between Buddhism and the participants' experience, however, it would be helpful for the reader to have a pre-understanding of the fundamental notion that many Koreans have.

Confucianism and Korean Women

It is vital to understand Korean culture and society when comprehending the nature and the role of Confucian thought. Confucianism has a long history in Korea dating back almost 1600 years. Since the Lee dynasty set it up as the chief social philosophy and the dynasty's religion, it has had a huge impact on people's lives. Like many other religions and philosophies, it was used to make the Dynasty's political power more stable, allowing the Government to become stronger.

Korean social structure consists of a royal monarch, strong class consciousness, and a patriarchal, extended family system that emphasized the maintenance of family lineage. This structure tends to maintain separate and unequal roles for women from those of men (Palley, 1994). This separation originated from Confucianism, which stresses the importance of harmony. To be harmonious people should follow the five cardinal rules which allow authoritarianism and paternalism the most important standing (The Academy of Korean Confucianism, 2001).

- (1) Filial piety to parents
- (2) Loyalty to the king
- (3) Respect for the elder
- (4) Obedience to husband
- (5) Trust among friends

At this stage, it is also necessary to talk about Confucian family values. In the Confucian culture, individuals are required to accept community norms to maintain harmony in their community. So, women must sacrifice themselves

to preserving harmony. More specifically, as family is the most important community, all women must always put their best effort into maintaining familial harmony. There is a famous proverb to help illustrate this situation. "Be blind for three years, mute for the next three years, and deaf for another three years after a woman gets married". This means that according to Confucian culture, women should have had no thoughts, no opinion, and even no word within the family because women may make trouble.

The Korean family system is unique in that it is defined in a very narrow and strict sense. The system demands a more blood-oriented family than in other societies. Having a son is the most important responsibility for women, to hand down their family name. In Korea, not like a Western country, the reason a married woman does not change their surname to her husband's one is not because her own family heritage is respected but because she is still treated as 'the odd one out' within her husband's family. However, one of the tenets of Confucianism includes the doctrine of three obediences. These state that before a woman is married, she must obey her father; once she is married, she must obey her husband; and she must obey her son when in old age.

Confucianism also places a heavy emphasis on education. In Confucian culture, the capacity for goodness and harmony of an individual and society can be cultivated by education. The importance of education is reflected in the way it bestows social status in Korean society (Chang & Chang, 1994). Nowadays, almost every mother in Korea eagerly seek a way for their children to get a better education. They are willing to sacrifice themselves to have their children achieve the high academic expectations of the parents.

It seems obvious that the social system strongly based on Confucianism has victimized women. Elderly men have seen the most benefits by continuing to take advantage of women, and the worst victims of Confucianism are women in Korea, even today. As evidence shows, one of the most controversial issues currently affecting Korea may be the battle between Confucianism and feminism. As Korean society changes, women are becoming more aware of

the rights that were not available to them in old fashioned society (Choi, 2000). Furthermore, it is suspected that the cultural acceptance of this norm has been a major cause of *Hwa-byung* attacking mostly women, and may be strongly related to symptoms of depression for women in Korea.

It is hoped that the reader of this study has gained a brief but succinct picture of the Korean culture through reading this section, which will enable a better understanding of the premise of this essay. Other religious philosophies such as Taoism, Shamanism, and the influences from Western culture, all have important meanings for the Korean society, which could be included in this chapter. Taoism is an Eastern system of religion and philosophy advocating a simple honest life and noninterference with the course of natural events. Shamanism, a religion of northern Asia and based on a belief in good and evil spirits who can be controlled only by shamans, still has its influence on Korean people. Also, as Korean people have been rapidly 'Westernized' since World War II, every day life for most people includes some degree of western influence. However, broad descriptions of these concepts are beyond the scope of this chapter and the study, and I believe that as Confucianism and Buddhism are mostly related to this study, I would like to limit the discussions of this chapter to include these concepts.

Acculturation: from mono-ethnic culture to multi-ethnic culture

Many studies reveal that acculturative stress may be a critical antecedent for an immigrant's depressive experience. A study of all the ethnic groups in America showed the occurrence of Korean-American's depression was ranked at the top (Tzeng & Straltzer, 1994), and other studies find that a vast number of Korean immigrants in America have experienced depressive mood or depression for various time periods (Kim, 1995; Shin, 1993).

Koreans were educated to be very proud of their ethnically mono-cultured

society. They believe that they have kept their blood heritage 'unalloyed' with any other blood. Although this is not technically true, the belief was fostered by politicians for several political reasons. For example, this notion was used politically when the Lee Dynasty closed the door to any other countries about 100 years ago, using the excuse that the Dynasty needed protecting. Recently, a Korean dictator, formal President Mr. Park, propagandized this view so Koreans could be proud of themselves as 'pure' ethnic. A parallel could be drawn between this and Hitler's Germany before and during the World War II. This notion of strong nationalism is very closely related to Koreans' life style and belief in 'community'.

Koreans are strongly community-oriented and many believe that the first priority must be given to community rather than individuals. Since the western culture and its life style have been introduced in Korea, this custom has been in conflict. However, the majority are still living with this belief. Even though the traditional form of community, typically based on farming culture, has already almost disappeared, other forms of community like 'church community' have replaced the previous ones (Lee, 1983).

Therefore, the process of Koreans' acculturation in a multi ethnic society must be far more difficult than other immigrants from European countries. Severe acculturative stress seems to be exacerbated by a number of factors such as language barriers, culture shock, lack of social support, and discrepancies between expectations and achievement after immigration (Kim, 1995).

Korean's own way to express depression

As Koreans' natural environment, social system, language, and history are significantly different from any western culture, their symptoms, feelings, expressions, and concept of depression is understandably different from Westerners'. In this chapter, discussion is categorized within the conception

and manifestation of depression in Korean people.

Cultural effects on expressing depression

Generally Korean people conceptualize and manifest emotional problems differently than people in the dominant American culture (Kim, 1995). The reasons for these differences can be found within the differences in cultural views of illness and the body. Many Koreans' conceptualizations of physical and emotional health are influenced by classical Chinese beliefs which do not differentiate between psychological and physical functioning (Lee, 1983; Kim, 1995). For example, the kidney is associated with fear, and the liver connects with one's anger (Lee, 1983). Because of the holistic nature of Eastern medicine, and the way Koreans are influenced by this, they find it extremely difficult to communicate emotional states with affective terms (Klienman & Good, 1985).

The Korean culture does not encourage open and public discussion of emotional problems as Korean people believe a person's maturity can be measured by one's ability to control one's feelings (Chang & Chang, 1994). Therefore, individuals are reluctant to seek help from anyone outside the family. Moreover, the Korean culture stigmatizes people with mental illness. Physical complaints are more acceptable than complaints of mental symptoms in Korean culture. Some authors speculate that these cultural influences are significant factors in the distinctive manifestation patterns of emotional problems in far eastern Asian people, including Koreans (Kim, 1989).

Therefore, there is a tendency for Koreans to express depression through somatic complaints; for example, back pain, headache, indigestion, and chest pain. Qualitative data on Korean American people, including ethnographic interviews and interviews with key informants, also indicate that somatisation is a prevalent mode of expressing emotional problems. (Kim, 1995).

Expressions for depression

Koreans also have distinct verbal expressions of depression inherited from their traditional culture. Every culture has idioms to express their unique feelings of the symptoms. Based on different cultural influences, the linguistic idioms represent different conceptualizations of their mental and/or physical feelings and pain. For example, a frequently used metaphor of depression in American culture is, "I feel blue." This statement does not reflect the same feeling within Korean culture. When you translate it in Korean literally, 'black' should be used as a metaphor to express depressed feelings.

Frequently used expressions associated with depression in Korean culture have been found within Kim's study (1995). "Everything surrounding me is dark and black" is the most frequently used expression. Koreans use "black" rather than "blue". They describe their somatic symptoms typically with statements like "my chest feels heavy as if a rock is sitting on me". "Nothing in the world makes me feel interested or joyful" and "I can not laugh with my whole heart" are other examples of expressions used by Koreans (Kim, 1995, p.22).

Summary

In this chapter, the two most significant social standards in Korea, Buddhism and Confucianism, are reviewed in terms of how those have affected Korean women's life concept and mental health. It is hoped that the information discussed in this chapter provides the reader with a better understanding of Korean culture. Phenomena such as somatisation stemming from common cultural roots (mostly from Confucianism), a closed hierarchical social structure, a strong stigma against revealing emotions, and the holistic conceptualizations of illness have been identified as important factors to understand Koreans' experience of depression in the context of the cultures. Different idioms and metaphors showing a strong cultural influence have been used to express Korean peoples' symptoms and emotional difficulties.

Chapter Three

Methodology and Methods

As this is a phenomenological study, it is essential to understand the methodology derived from the notions of Heidegger who has developed mostly a hermeneutic phenomenological methodological framework. Upon the understanding that I have gained from the writings, applying the philosophical notions to the actual research process is another task I have to accomplish.

In this chapter, I will state my understanding of philosophical phenomenology and its implications for, and applications of, the use of qualitative phenomenology. Specifically, Heideggerian hermeneutic phenomenology as a methodology of enquiry is used to explore the meaning of being in the world of depression for Korean female immigrants in New Zealand.

Talking about the method used to achieve this study is also included. It explains of what occurred during the study, and how I have processed these occurrences. Discussion around sampling, participants, procedure, ethical consideration, data analysis and its process is stated.

Understanding the philosophy of phenomenology and its application

Dasein is one of the very important philosophical notions for Heidegger (Heidegger, 1927/1962). Dasein can be interpreted as 'Being there' or 'Being in the world' - 'In der Welt Sein'. Sung(2001) suggests that what it means is about openness and interaction in between being and the world. Smythe says (1998, p. 26) that "our being-there, or being-in-the-world, is more than

our being, yet it is our being, for we are always in the world". That is, being can be being when being is here and now with and in the world simultaneously. In this context, when being is there to understand being and the world, understanding is occurred at the juncture (at the very moment) and it is an ongoing process.

Heidegger says the world is a dynamic entity ever shifting and changing, so he sees our challenge to understanding it as resting in interpretation (Heidegger, 1927/1962). Heidegger used the example of the statement "the hammer is heavy" (Smythe, 1998). As the hammer has a property of heaviness, it would be perceived as heavy for all times and in all ways. However, hermeneutics with an ear for Dasein(Being there) listen that statement as something like: 'I am tired', 'please give me a hand', or 'I can't take anymore'.

Heidegger reminds us that "we already live in an understanding of Being and that the meaning of Being is still veiled in darkness" (1927/1962, p.23). It is the challenge of a hermeneutic study as the meaning of Being in the everyday life of here-and-now is still veiled in darkness (Smythe, 1998).

In this contest of the study, my main concern lies in discovering, describing and verifying the light of day essences of the participant's experience, but I bear in my mind that it could be concealed, buried over or distorted by the ways in which we communicate if I do not use the ear for Dasein. Verbal communication is often failure to convey the real meaning of what the speaker means and also the writer would be unsuccessful to responsively reflect the actual words. As van Manen said (1990), creating a phenomenological text is not the research process as a final step or stage but the object of the research process. In the process of writing and rewriting particular attention is paid to the language that is used. Through the process of re-writing, re-thinking, reflecting, and recognizing, we are able to set ideas out from us and are able to do justice to the fullness and ambiguity of the experience of the life world.

Why Use Phenomenology?

Phenomenological research is an 'action-sensitive-understanding' method, which finds its beginning and end in the practical acting of everyday life and leads to a practical knowledge of thoughtful action (van Manen, 1990). Heidegger says that phenomenology is to see that which normally we do not see, because it lies hidden, that which stands in front of our eyes and we cannot see (1927/1962). Ontologically, this is really about working with Being of entities. "Phenomenology is the science of the Being of entities"(p.61). Obtaining the participants' world as whole as possible through the interview and presenting it more effectively in a written form, I, as a Hermeneutic phenomenological study researcher, should try to be an 'action-sensitive-understanding' method user.

To achieve one of the main purpose of this study which is to offer an opportunity of understanding the participants' depressed world in their daily lives, I investigated the participants' emotions of longitudes and latitudes. Then, I attempted to carry out the real meaning of the participants' saying and feeling in writing. The participants' lived experience from the data should be presented with a thick description (Morse, 1991), and this is only to interpret the way in which the people experiencing this phenomenon of being in the world of depression as Korean female immigrants.

Hermeneutic Inquiry

For Husserl(Kockelmans, 2000), the aim of phenomenology is a description of how the world is constituted and experienced through consciousness (Draucker, 1999). Hesserl maintains that conscious awareness is the one certainty for humans and thus the starting point of knowledge building (Dreyfus 1988). Heidegger, who was taught by Hesserl, "rejected the notion that we are observing subjects separated from the world of objects about which we try to gain knowledge; rather, we are being inseparable from an already existing world" (Draucker, 1999, p. 361). He wants to answer the question of the 'meaning of being'. A key distinction between Heideggerian

and Hesserlian philosophy therefore is Heidegger's position that presuppositions cannot be suspended because they constitute the possibility of intelligibility or meaning (Morse, 1989).

Heideggerian phenomenology is more concerned with understanding than description and in accordance with this notion, the readers of this study could gain deeper meanings of one's experience in terms of the participants' background, historicity and the social context of the experience (Draucker, 1999). I have used the best of my knowledge and understanding to interpret the data, to ensure the containment of all these elements.

In relation to the notion above, the aim of this study in following hermeneutic inquiry is to discover the meaning of humanity. Walters (1995) says that research based on the Heideggerian tradition seeks to uncover what it means to be a person in the world. To accomplish the task, I have tried to uncover the meaning of having been to the world of depression for Korean female immigrants. This study does need to include the art of reading a text so that the intention and meaning behind appearances are fully understood. Clark (1994) explains a meaning of interrelationship in hermeneutic study: direct conscious description of experience and the underlying dynamics or structures that account for the experience. It provides a central meaning and unity that enables one to understand the substance and essence of the experience (Benner, 1994).

The last notion I would include for discussion in this part is the hermeneutic circle which "is a metaphor taken from Heidegger to describe the experience of moving dialectically between the part and the whole" (Koch, 1996, p. 24). It seems that the central notion to this study is to uncover the meaning of the world in a deeper sense.

The hermeneutic circle embraces the prior understanding of the world and couples it with the prior assumptions about it. Further, one's interpretation from data depends on prior understanding and it goes with interpretation.

Understanding is always a reciprocal relationship. The position of the hermeneutic researcher is affirmed by philosophical hermeneutic in the hermeneutic circle (Koch, 1994). In this sense, it is important to bear in mind that the hermeneutic circle cannot be avoided - rather it is a matter of getting into it properly. (Bleicher, 1980).

The thing the researcher tries to find from this study in following the hermeneutic circle is a deeper understanding of truth in the form of an answer to the practical or existential concern. In this study, this can be gathered by collecting the data from the Korean female immigrants' everyday practical activities and by the three interrelated analysis processes: thematic analysis, analysis of exemplars, and evaluation of an interpretive account.

I have dedicated myself to immersing the data and have looked at the data from different senses and perspectives, and have developed my thoughts on the emergent themes by writing and rewriting in order to find deeper meaning than what it comes first to me. This has been the leading process for me to discover new insights and a deeper understanding of the participants' experience.

Employing the Participants

The first step in the data collection process is to set criteria to locate people willing to participate in the study.

Sampling

To gain rich and in-depth information, the selection of participants, settings or units of time must be criterion-based, that is, certain criteria are applied, and the sample is chosen accordingly (Holloway & Wheeler, 1996). Sampling units were selected for a purpose that has been specified in advance; therefore, 'purposive' sampling was used.

All participants were Korean females, aged 20 and over. All of the participants selected needed to have had an experience of depression in New Zealand. They did not necessarily need a definitive diagnosis of depression by a primary health provider but their symptoms must have met the criteria for major depressive disorder. This criterion was discussed with the researcher, the GPs and the participants.

It was preferable that the participants had lived in New Zealand at least for one year or more. After migrants have acclimatized to their new country after a specified time period they may start to appreciate clearly for the first time difference between the weather of a season in their new country and in their country of origin. This may impact on their mental state. This statement will be explained further on into the study.

The participants' mental health status was a major consideration during the selection process. If any of them were experiencing any mental or emotional difficulty at the time, it was recommended that they not participate. However, if the person exhibiting mild depressive symptoms chose to be included, this was also considered a viable option.

It was intended to select six participants depending on the practical demands of the situation.

All the participants were given an informed consent form, containing the aim of the study, a statement about the nature of the interview including how information was to be recorded, the rights of the participants and a confidentiality statement.

Participants

It is common that Korean people with a mental disorder do not want to talk about their mental difficulty to other people. In relation to this fact, selecting participants was the main difficulty encountered while gathering the data.

To enlist participants, I accessed some help through my personal and social network. I found two Korean General Practitioners in Auckland whose clients were mostly Koreans. I contacted both of them, and they agreed to inform the clients who they thought were suitable for this study. The letters of support from the GPs are attached to the application. I gave these GP's clear guidelines on the selection of potential participants. The selection criteria were: Korean women who have experienced depressive mood or have been diagnosed as having depression, aged over 20.

Then the GPs decided who was suitable for the study. They gave information to relevant candidates, based on the above criterion. I interviewed a total of six women for the study.

The GPs gave potential candidates for participation an information sheet which was written in Korean. Candidates for participation were informed about the nature of the interview they were to take part in, including how information would be recorded and used, and about the purpose of the study. The principles of confidentiality governing the study were related, and also the rights the participant had during and after the study (including rights concerning the storage and disposal of information gathered during the process of the study).

Those women who were interested in becoming part of the study were given my contact phone number and address through the GP's. When a woman contacted me about the study I introduced her to the interview process. I went over with her the purpose of the study, her rights as a participant, and the confidentiality of the information supplied by her in more detail. Then I answered any questions, mostly about confidentiality she had about the study. When I met the participants for the interview, they signed and gave me the informed consent form before proceeding with the interview.

Finally, I gathered six women for the study and I interviewed all of them. All of the six participants were in their late 30's or mid 40's. Three of them had

been divorced, and lived with their own child or children. The rest of them were in marital relationships with their husbands, but all three husbands worked and lived in Korea for financial reason. All participants have one or two children and at the time they were interviewed, all of them had lived in New Zealand between two and seven years.

Ethical Consideration

Application for approval of the research procedures involving human subjects was applied for and given by the Massey University Human Ethics Committee. It is understood that respecting participants' human dignity including confidentiality and anonymity, must be the biggest concern for the researcher and that there should be no harm to any one or any community in New Zealand through the whole process of the study.

Protecting participants' human right from the beginning

As initial contact with prospective participants took place through the GP's, there had been no possibility of knowing about the participants' identity until they decided to be involved in the study and choose to contact me. I had concerns that as the GP's did not know which of their patients may have been formal clients of mine, there might be a possibility that the GP's recommend someone who be or may have been a client of mine. I was concerned that a conflict of interest may arise if this was the case. To prevent this situation occurring, I asked the GP's to inform potential participants of my name and position in order for them to have prior knowledge of who the researcher was. However, this kind of situation did not arise.

Informed Consent

Information sheets in Korean were given to the participants so that they understood fully that their anonymity and confidentiality would be safely

guarded by the researcher. The information sheet contained explanations of the various rights that participants have, including the right to decline participation, the right to refuse to answer any particular question, to withdraw from the study at any time until the data analysis, and to ask any questions about the study at any time. I also explained clearly to participants that in the event that they wanted to withdraw their information from this study after the interview, a participant needed to let me know no later than one month after the interview.

Anonymity and Confidentiality

All the data gathered from the participants has been kept secure by the researcher to preserve the participants' confidentiality. While the study was in progress, all the data was held in strict confidence by the researcher. The only person who would have the access to the data was the researcher and the supervisor. Participants were named with a code number to ensure their anonymity when transcribing, translating, and analyzing the interviews. In the publications originating from this study, the researcher paid consistent attention to protect the participants' anonymity. No participants could be identified from any publication written from the study.

Collecting and Analyzing Data

The Interviews

Van Manen (1990) states that interviewing may be used as a means for exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper understanding of a human phenomenon. Even though I use the term 'interview', the actual meaning of it is more close to 'conversation', according to Morse (1991.). "The word, 'interview' implies that one person asks questions of another person,

however, as opposed to it, the word, 'conversation' means a discussion and best captures the attitude of this interaction" (p.17). I intended not only to capture the descriptions of experience, but the reflection of their experience by the participants on their own descriptions.

Five interviews of six were done in the participants' own homes and one was done in my office for the participant's convenience. The participants of course had the priority to choose the place, time, day of the interview. Each interview began with restating the participants' rights and the purpose of this study, and explaining about ethical consideration for the participants. I then re-sought permission for taping the interview at the very beginning. All the interviews lasted between 60-90 minutes.

One of my strategies to gain the most fully described and reflected data as possible from the interviews was to give myself enough reflection time in between each of the interviews. I used this time to listen to the interview again and again, to 'feel' and 'digest' it. I then tried to find different ways to formulate the questions. As a consequence, even though the main focuses of the interview remained the same from the first interview to the last one, the questions were constantly modified throughout the interview process.

I recognized a valid concern during this process. I needed to make sure that pictures or tentative themes I had conjured up from the previous interviews did not affect the next interview. If I considered pre-conceived themes from the previous interviews, there would have been a possibility to manipulate the next interview. To avoid this pitfall, the transcribing was done when all the interviews had finished, and the actual thematic process was done after the transcription.

I kept in mind that at the time I met the participants, I was not a psychotherapist but a researcher. I did not engage in any therapeutic conversation, but allowed the interviews to remain as flexible as possible, with the aim of having the participants speak openly about their own

experience.

Most participants willingly talked about their experiences and were quite insightful. They used the interview as an opportunity to gain new insight and meaning into their situations, and two of them asked me to make a copy of their interview so they could review their experience. I was impressed to hear from most participants that they would like their case and their contribution to the study to be used as a recovery tool for other Korean women with depression, and for the clinicians dealing with Korean female immigrants with depression.

Analyzing

To make transcribing easier, I used a good quality mini-microphone to record the interviews. I was able to draw on my experience as a psychotherapist having done a lot of verbatim work during this part of the process. I transcribed the interviews myself.

As all the participants spoke Korean, transcription was also in Korean. Upon an agreement with my supervisor, the transcription did not need to be translated into English. The study is written in English, with the exception of a few Korean expressions and idioms which cannot be translated literally into English without lengthy explanation. The few that remain in Korean are written in the English alphabet.

The most important part of the analyzing process lay in reading the transcriptions and listening to the tapes again and again until tentative themes were discovered. It was then necessary to research and read related literatures and journals to elaborate upon the themes, and then reading and listening again until the themes were firmly captured. Memos, comments, and ideas were written on the sheets of the transcription and separated papers.

During the analyzing process, I could also find a 'thematic moment' (Morse, 1991, p.19) which was the moment to capture more completely the nature of the experience for the participants. Moments did not seem to be chronological periods of time, and they are identifiable aspects of becoming that together show the nature of the trans-formative experience. For some participants, the moment arose quite obviously to my eyes. Through these thematic moments offered by the participants to me, I could group the identified themes. Themes are useful focal points or commonalities of experience around which phenomenological interpretation occurs (van Manen, 1984).

Writing was another important analyzing process, as it allowed my new understanding to emerge. Feedback from my supervisor was the most important source to help me remain on the right track. Also one other Korean counsellor who has been worked with Korean women has helped me. Some participants were willing to meet again with me to check the meaning of their stories. The process of writing and re-writing and understanding continued throughout the whole period of the production of this thesis.

Rigour

Transferability

To ensure rigor in qualitative research, it is essential that the findings are generalized or transferred from the representative samples of a population to the whole group (Holloway & wheeler, 1996). One strategy for this study to ensure transferability is the use of a comparison of the characteristics of the informants to the demographic information (age, the length of living in New Zealand, and the number of children, etc), available within the group. A possible limitation of the study is that all the participants did not live with their husband. In spite of a very good selection of the participants, in terms of their marital status, it is possible the finding of the study is limited, or non-

representative.

Dependability

Guba & Lincoln (1985) have proposed that the dependability criterion relates to the consistency of findings. The authors of a qualitative study must describe in an exact way how the data gathering, the analysis, and the interpretation are carried out in the study. Such a dense description of these methods provides information as to how repeatable the study is, or how unique the situation may be (Krefting, 1990). This study has shown a clear direction from the research question, through to the choice of philosophical stance in the interviewing and analysis. As Guba & Lincoln (1985) pointed out, I tried to describe the situation in which another researcher can clearly follow the decision trail used by the investigator in the study.

Credibility

In qualitative study there is a need to ensure the credible identification and documentation of recurrent feature is in the interviews. These may present as patterns, themes and values, and requires 'adequate submersion' in the research setting to enable recurrent patterns to be identified and verified (Krefting, 1990). I have met in person, or contacted by phone, some of the participants to ensure the meaning of their stories. Sometimes by asking the real meaning I gained different perspectives of the world they traveled. The Korean female counsellor willingly gave her view of point after reading many parts of the findings. These processes such as member checking, peer examination, prolonged involvement, and persistent observation contributed to improving the credibility of the study.

These three components of transferability, dependability and credibility were

used to achieve rigor in this phenomenological study, and provide a logical basis for both designing and undertaking such a project.

Summary

By following hermeneutic inquiry, I applied purposive sampling for the process of selecting participants, and six participants were selected with this strategy. Ethical concern was given as the first priority to them, to respect the participants' human dignity and protect their confidentiality and anonymity. Interviews took place in locations suggested by the participants, and all were successful. Transcribing and analyzing was carefully processed, and a great deal of time was taken to capture rigid and firm themes. At this point, themes were written and rewritten in accordance with other literatures and articles researched, to uncover the hidden meanings under the surface layers.

Chapter Four

Finding

This chapter describes and interprets the participants lived experience of depression. Intensive investigations of the six women's stories are classified into four main themes. Each of the themes conceptualises the participants' experience of being depressed in the world. It is important to put the experience into context, so that the course of their depression can be fully understood. However, it must be remembered that each experiences is only one part of a whole.

The themes are presented as:

Becoming disabled,

New land became a desert island,

Being dead while still living,

A new horizon.

Becoming disabled

(1st theme)

Each participant's experiences, although having some similarities, were very individual. The first theme related to a sense of losing some ability they used to have. Most participants in this study had a feeling of "being disabled" even before they had experienced depression. For several reasons including the language barrier, problems with mobility, different customs and culture, and a different environment, participants felt as if their usual level of functioning in every-day life had disappeared.

They disclosed that when they first arrived in New Zealand, they did not know what they needed to do, how they could do something, who they could ask for information, and even what questions should be asked.

Yoon stated her feelings with a funny conversation to her friend:

Two days after I arrived in NZ, I went to shopping with a friend of mine who had settled a year earlier than me. I had to buy so many things and my brain was full of the lists. But my friend insisted that I had to drive as she was going to give me a driving lesson. So I did. It was a rainy day, and at the mall, I couldn't find any place to park but a few spaces close to the entrance were available. I asked my friend why those were empty, and I could park or not. She smiled and replied 'yes you can because those are for disabled. You are disabled. You can't listen and speak'. We were laughing but, you know, I was so sad and felt so scared of living in this country with my English. Maybe, my depression, may be starting at that point that I was aware of my poor English, you know.
(Yoon, 3p)

Yoon arrived in a country where a lot of things were obviously different from where she had lived previously. The language barrier seemed the hardest hurdle she had to contend with. She had already felt overwhelmed by differences as soon as she arrived in New Zealand, or even before that, and

she felt as if she had lost her confidence. Her friend joked about her English - her friend may have also experienced this difficulty, but it was no longer a joke for Yoon. She seemed to start believing that she was 'disabled' as her friend had joked. She realised her ability to communicate with others in an English speaking country, was vital to maintain her life in New Zealand.

Even though those who completed their secondary school in Korea learned English for a year, it is almost impossible to speak English fluently in that time. Eastern Asian languages have completely different word orders when compared with the English language, and it takes far more time for Korean people to pick it up than for people from non-English speaking European countries. Young speaks:

Actually speaking English was a kind of punishment for me. An old woman at my next door seemed to be curious about me and my family. She gave me mixed feelings of smile, maybe she wanted to talk to me, and maybe she had lots of things to ask about me and my family or Korea, whatsoever. But I did not give her any space or room to let her come to me. That's simply because of my English, nothing else. I also wanted to talk to her. Why not? But I couldn't, because of my English. It was like, sort of like, being a deaf wanting to listen to beautiful music but can't. I felt I was nothing. I thought 'Damn, I am a disabled. How can I live in this country without fluent language? My decision of immigration to NZ might have been a mistake'. I became more and more speechless (Young, 4p).

For Young, English was not just a barrier to the new society, but it gave her pain as it was punishment. She was unable to satisfy the neighbour's simple curiosities, she criticized herself, and finally she blamed her decision to immigrate to NZ as she found that she made herself a deaf and a mute. Simply because spoken language is the most convenient way of communicating with others, when people cannot communicate with others in this way because of their limited language, they could experience feelings of being disabled.

There is a strong tendency that 'normal' people in Korea think of disabled people as odd; therefore when a person becomes disabled by an accident or an illness, the Korean person considers that as the end of the world. In reality, the participants were not disabled people, however, they perceived themselves to be unable to participate at the same level that 'normal' people can. This way of thinking stems directly from social influence and the concepts they already held from the Korean culture. This may have contributed to the onset of mental depression.

Ahn had predicted that she was going to face difficulties with her very limited English.

I never wanted to come to NZ. Neither did my children. I was in my late 30's. I didn't believe that I could pick up the language well. How? No way! I thought I was too old to learn something heavy, like learning English. It was obvious that I would be a deaf, mute, or even blind if I go there (NZ). I was right. Yes. Absolutely, I was right. I became a deaf, a mute, and I can't understand written English as well. But he (husband) insisted, and decided everything by himself, and forced us to come here. What hell it was! (Ahn, 4p).

Even though Ahn had known what would happen to her life when they immigrated to New Zealand, she had no choice - her life pathway was decided by her husband. After her prediction was shown to be correct, it was worse for her. She became disabled, not just because of her limited English, but also because of her sense of powerlessness and the inability to make choices in her life.

However, there is an exceptional example to these stories. One of the participants came to NZ without any other family member except her child, and decided to board with others rather than living alone. She believed that this situation could provide a way to improve her English, and she would be able to communicate more easily in a shorter period of time.

For me, it was a big task. I am here for my child to get a better education, better opportunity. But what's the point to live only with me. I can't teach her English and I can't learn English as well. So I decided to get a boarding house. We lived there for a year. It was OK. But after we moved to another city and I got a rental house and lived with my daughter. Still my English was not good enough to talk to natives, and they didn't want to listen to me. I withdraw my self more and more. (Hee, p.6)

Hee came to New Zealand so her child could receive a better education. That was her sole reason for immigrating. She did her best for the child, which meant she sacrificed her own choice of life to provide. The only person Hee could have any conversation with was her daughter. A year after settling in NZ, she still found her English was not good enough to have a conversation with natural speakers of English, and consequently she withdrew and limited all contact with others.

All of the participants are aged between 30 and 50, and one of the important tasks for people in this age range, in terms of developmental psychology, is to build a good social network, and to find a niche in the society they are in (Erickson, 0000). Otherwise, they may feel 'rejected' by the society or find themselves 'rejecting' it too. Their inability to communicate with people they met in their daily lives caused them to limit their relationships which consequently prevented them developing their lives. Therefore, it can be said that the participants' inability to speak in English was a precipitating factor in developing depression. Their perception of themselves and consequently the world (NZ, English speaking country) gave them an experience of depression.

The cultural shock most participants experienced was another fact that made it difficult to adjust to life in the new land, and gave them a sense of their incapability. For example, the life style the participants used to have had changed, and it was a bizarre experience for them.

"There were so many places to go to spend or kill the time in Korea. All shops are open until late night. I am late night person. I wanted to go out for shopping or just for outing, or for a walk. But, in June, you know, Six pm, it was dark enough to sleep. I felt sort of like being locked in. And all shops were closed 5pm or so. I don't want talk about public transportation. That's nothing. No way to go for outing, and what was worse was also I had no friend to go out with. I was only with my child, I had to take care of her by myself. All the life style was certainly changed. Can I change them to fit to me? No, of course not. Then, I had to change myself to fit to this society and the situation that I was in. But... that was... so difficult for me." (Hee, 5p).

Hee had to alter her whole lifestyle. She used to be an active career woman in Korea, but now had to give up many things she used to enjoy. She thought that there was nothing she could change except herself, which was not a pleasant experience for her. She had to suppress her passion and desire, had to minimise her activities, 'to fit herself to this society'. That effort could affect her feelings and she might have thought that she altered herself by reducing her motivation, mobility, or even sense of being.

One of the participants' experience of running her own business presented a good explanation of the process of becoming failure, devaluating herself, and finally becoming an 'idiot' or a person with limited capability. Ahn started running a business after immigrating to New Zealand as she had been longing to have her own work. She made a deal with her husband when he had persuaded her to agree with immigrating to NZ, that she was going to run a business when they settled in NZ. Luckily or unluckily, she started a business with little support from her husband. However, since she started the business, she had to take care of all the daily housework as well as running the business. Unfortunately, the business failed, and Ahn says that "she then started thinking she was an idiot"

"My husband used to call me 'an idiot' or 'a stone head (bubble head) very

often in Korea. I was so angry for that. But after I failed the business, I sort of started agreeing with that and I said to myself, 'yes, I am an idiot. There is nothing I can succeed at, nothing I can achieve'. After that, the world was certainly becoming dark and I felt like I was in a room with no window, no exit, no one, and I was in the dark. I could do nothing because I sort of believed that I was an idiot. If I had another go, I would make another failure. I thought I maybe was cognitively impaired". (Ahn, 4P)

Feelings of being disabled arise from different experiences for each participant. For Ahn, her emotions impacted on her marital relationship, as well as the pressure of immigrating to NZ. She had been told she was 'stupid' by her husband in Korea, and this was 'confirmed' after the business failed. She was now feeling she may be intellectually disabled.

For all participants, it was difficult for them to find something valuable to do. Most report that they felt like their arms or legs were cut off. It appears that during the process of adjusting to the new land the women were not provided with new opportunities, which drastically reduced their usual level of functioning. This consequently got them down and they entered the world of depression. For middle aged women from Korea, New Zealand became more like a desert island, geographically and culturally far away from what they were used to experiencing.

New Land becomes a Desert Island

(2nd theme)

After the participants felt they had become disabled, their world became farther and farther away from their 'real lives'. Experiencing their failure to communicate with people, cultural shock, and feelings of an inability to adjust to their new land had a huge impact on the participants' view of the world. Specifically in relation to settling in to their new country, the process of being rejected by the 'New Land' and consequently rejecting the 'New Land' led the women further down the spiral into depression.

"The world was not safe. I mean actually it was scary. I thought everyone in the streets, shopping mall or wherever, was criticizing me or would try to hurt me. I don't know why but I just didn't feel safe enough to go out, to meet people or even to go to dairy to buy milk. ... I thought that they were laughing at me for my not fluent language, for my being an Asian, even for my marital status. I knew that they didn't know about me and didn't dislike me, but I sort of doubt that they might know all about me and would laugh at me. I know I was stupid even then, but that's how I perceived the world. I felt I was trapped in (Young, 9p).

Young's disclosure confirms that many women experiencing depression may also experience anxiety problems as well. This experience of mood changes was a characteristic of Young and the other participants, and the changes affected their lives in powerful ways.

Eun also had experiences of struggling with feelings of ambivalence. She felt she should keep trying to make contact and socialize with people, but also wanted to withdraw and isolate herself from the same people. She did not want to be seen as someone who was unable to understand people speaking in English, or someone who behaving awkwardly. She believed that it was going to be almost impossible for her to settle down in the new land, whereas native English speakers do not have the same level of difficulty adjusting. She

met other parents at her children's school, all within the same age range as herself, but she did not feel confident approaching them, or making any contact.

"It was scary for me to go to the school to pick up my child. First time when I came here in New Zealand, I was sort like excited to do anything, especially about schooling my child. I first tried to enjoy going to school with my child and it was so interesting to see the parents waiting their children to pick up, at the play ground. They were chatting and laughing, looking so... you know... beautiful. I dreamt that I was being counted in them. And I tried, tried to be a part of the parents, but you know there was... um... there was like a glass wall in between them and me. They were friendly, I know, they were. But you know the feelings of unfamiliarity? Being a stranger or an odd one out? I just didn't know how to react, how to initiate conversation, what sort of topic I could bring, wondering what if I bothered them if I ask this question and wondering how they saw me. As time went by, I lost confidence more and more" (Eun, 8p)

In this context, it implies that the language barrier was not the only factor that caused feelings of being unable to get on well with the other parents. She felt that cultural intercommunication was not possible in her relationship with the other parents, as she sensed that she came from a totally different land, and there was no common ground between her and the other parents.

Once the participants had a perception of the new land from a recently disabled person's view, most participants said that they perceived their daily life experience as 'all terrible'. Most things they faced were obstacles and barriers which were difficult for them to get over. To some participants this kind of experience was an ongoing trauma. Jin described an experience that occurred one month after she came to NZ.

"I was invited to an opening home party when a new neighbour moved in the next door. I immediately thought that 'hmm... I haven't done this'. I felt

a bit guilty. Anyway, on the invitation card, it said that it was 'Potluck' dinner party. I didn't know what that was and thought just it might be a kind of dish or kind of something special dinner. But you know I was absolutely wrong. I arrived a bit earlier than the time with nothing on my hand. And there had been a few people chatting and they looked at me. I introduced my self to them and they greeted me and asked where I came from and so on. But I would realise that I made a mistake later. Everyone at the party, they brought a dish or drink with them. I thought Oh my god! As a Korean, we were all were educated to be a nice social person, behaving socially well is the best moral. I felt so shame on me. Realising that sort of thing was bad enough. I left there as soon as possible but what was worse was, every single time when anyone wanted to talk to me, I was surprised and scared. There were tens of thousands of butterflies in my stomach. Because I realised that I could not understand any single words, anything they were chatting about with each other. I was absolutely an odd on out. I could not stay there any more than an hour. I came back home and I cried.

(Jin, 9P)

Jin's experience at the party contains typical difficulties that new Korean immigrants would face. In Korean society, being a good person to anyone, being a supportive person to anyone, and being a social person are the strongest message taught by parents and the society. Jin did not offer a 'moving in' party to her neighbours, and she did not bring any dishes to the party she was invited to. She could not be the 'social person' Korean society had taught her to be. She was evaluating herself, and without question, gave herself a failing grade.

Most participants had similar experiences and said that afterwards, they felt so lonely, felt as if no one was with them, no one was in their world. They were isolating themselves from the world and withdrawing themselves from many activities. For most participants, even though they were surrounded by many people in different circumstances, they still felt very much alone in the world. They reduced the number of opportunities to socialise as much as they

could. Most participants reported that they developed a sense of detachment that isolated them further.

Hee described her feelings at a time when she was on her own.

It was an isolated island which I finally landed on. No one was on the island; it was really far from the main land. That's how I perceived the circumstances I was in. I phoned my husband or my friends in Korea, to reach them, to talk to them, to confirm that I had a place I belonged to, and remind me I had a good social network. But they all were in Korea. They were too far away from me. They seemed busy doing their own work and it seemed that they were alive and moving and doing something. But I was doing nothing, well I felt there was nothing I could do and no one gave me an opportunity to do something. I felt that I was being degenerated. All those who I knew were doing alright whereas I was on a desert island doing nothing. That feeling was more than just alone; it was more than just alone. (6P).

Their geographical movement from Korea to New Zealand led them to lose not only their sense of belonging (Pollio, Henley, & Thompson, 1997) but also to feel that they had been left on a desert island.

Here, it is necessary to look at the participants' family circumstances, because the way the participants perceived their world was influenced not only by language barriers, cultural shock, and/or their adjusting problems, but also conflicts in their family. These conflicts were within their marital relationships, or about bringing up the children, conflicts directly caused by their immigration to New Zealand.

Even though the participants for this study were purposefully selected, marital status was not a factor for the criteria of selecting the samples. However, it was certainly surprising that all the participants had lived

without their spouse for a while when I interviewed them. Three were divorced (two were divorced after arriving in NZ, and one divorced while still in Korea). The remaining three's husbands had jobs, and lived in Korea. These women described their marital status as reasonably stable.

Young described her feeling of being separated from her husband, and alone with her children.

When we came to New Zealand as immigrants, I could not imagine that separating from my husband was going to really happen. Actually it had been planned that my husband was going to leave us after we settled down. Like getting a house and buying a car, and getting my children into school, then he was going to go back to Korea. His job in Korea guaranteed the main income for our family, and it had been all what we could depend on. But I did not imagine, well... probably, I did not want to imagine living without husband. Anyway, after two months of time we arrived in NZ, he left for Korea. The day before he was leaving, I realized that I was going to be alone. Everybody would think I was stupid but it was true that I did not imagine that we were going to live separately. Life without my husband? Not in my life. But it happened. And everything started changing. I had to take all the responsibility. My husband earned money and sent it to us. That's all what he needed to do. But I had to take care of the car, the bills, house maintaining, and children's schooling, all about the family business. All these things used to be handled by my husband in Korea, but now those were all in my hand." (Young, p. 8)

Young's husband and Young were searching for a job while the husband was staying in New Zealand, however, because of his limited English, he was not successful. His qualification from a non-English speaking country was not valid in New Zealand. This financial factor caused the family to lose a husband and a father.

The biggest change for Young, and the one she felt most afraid of, was the

new responsibility of becoming a 'Ga jang'(the head of the family – Ga jang means more than just a father or mother, husband, provider, and/or protector, it includes the role of decision maker, or even a spiritual leader) for her family. The loss of her husband in his role as 'Ga jang' introduced a new world to Young. This experience involved a sense of being strangely out of tune with the ordinary flow of events and things. The feelings described by Young were felt by other participants, even though their marital situations were different.

Yoon was divorced from her husband before coming to NZ, and left Korea with her twin children.

I had known that I had to take all the responsibility after coming to New Zealand, as I was alone. Saying, I am a widow. You know, living as a widow in Korea, how terrible it is. I rather wanted to take a challenge to develop my life here by myself with my kids. But if it was in Korea, my parents would help me a lot and my siblings too, but here I was alone and did everything by myself and all decision was made by me. ...I was feeling apart from the world, and falling apart from the world. ...Later when I was seriously depressed, I didn't decide anything even such a little things like...whether I stepped further or stopped now, I turned on the light or not, or picking up a spoon or knife. (Yoon, p.3, p.5)

These experiences can be described as a loss of control, combined with a more global sense of not knowing exactly knowing where they are, who they are, or if they still exist (Pollio, Henley, & Thompson, 1997).

In Korean society, divorce is still not accepted. Society expects women to tolerate married life, even if the husband behaves cruelly and does not fulfill the roles of husband and father properly. So, when a woman gets divorced, she must put up with strong social prejudice; people classify her as a complainer, and a woman refusing her most important role as a wife. Yoon did not want to suffer from such prejudice; instead, she decided to adventure

to a new land by herself, to promote her life. However, she discovered it was too difficult for her to carry on by herself. Her family was geographically and emotionally too far away from her to give her the support she needed on such a venture.

One factor that Yoon identified as finding difficult was travelling and setting up a new life with twins. She came to NZ when her children were under one year old, and on reflection, decided that this choice was “michin jit” (an uncommonly made decision or mad decision followed by uncommon behaviour). Her daily life consisted of suffering from this ‘misconduct’ or bad decision, and she felt that she was lost on an isolated desert island.

Ahn got divorced after coming to NZ, having suffered within her marriage in Korea and NZ. Ahn believes that her life was saved by the decision to divorce, as for her, continuing the marital relationship felt like a lifelong punishment.

He expected me to do all the house duties like cooking, washing dishes and clothes, taking care of children, and cleaning etc., etc.... Also I had to run the business. What did he do? Only thing he did were taking all turnovers, counting it and doing bank business. Ah! And more, he ordered and treated me as if I was an employee. Yes! Actually I was a full-time, no... was a 24hours unpaid employee. It's more like a servant. He was only a taker. Situation got worse since coming to NZ. In Korea, he worked and earned enough but here in NZ, I had to carry even the role of provider but I got nothing. I felt I became exhausted, emptied and became nothing, I had nowhere to go to and to belong to, and I couldn't find myself anywhere, but I was alone in a very, absolutely lonely and strange place (Ahn, p.6).

Ahn's feelings of isolation may have been caused by a failure to establish a niche in a new country, and by a failure to repair her self-esteem wounded by the typical masochistic Korean husband.

All participants experienced feeling isolated from the real world, and finding

themselves in a strange, isolated place like a desert island. The cause of the participants' feeling of loneliness are closely connected with factors like loneliness of the inner self, deficiency in physical needs, emotional loneliness, and social isolation (Pollio, Henley, & Thompson, 1997).

According to the data gathered from the study participants, it seems that their experiences of being in an isolated land can be more accurately described as an experience of being lost rather than one of being lonely. The world they have currently experienced is not safe enough for them to settle down, which left them confused and lost, not knowing where to go, what to do, and how to resolve the situation they found themselves in.

All participants were isolated by their extended family; furthermore, they could not carry on their marital relationships for various reasons. Therefore, the feelings of physical deficiency may have resulted from frustration, and longing for physical closeness, contact, and the touch of significant others. These physical feelings relate closely to feelings of emotional alienation. These can be interpreted as feelings of sadness, when the need for emotional closeness of significant others is paramount. Physical closeness and emotional intimacy harmonize many relationships.

The levels of social isolation that the participants experienced can be described as an experience of feeling unable to find a place, and a way of being, within a social context. The outcomes for a person in this situation can take a variety of forms, such as peer loneliness, lack of acceptance in a social network or group, the loneliness of those who cannot identify with a meaningful role in society, and cultural loneliness. This experience appears to blend together with the social and cultural dimensions.

Being dead while still living

(3rd theme)

The third theme can be described as "Alive Death" which is interpreted from the participants' feelings while they were in the middle of their individual depressions. Each of the participants described their feelings with clear analogies or examples when they were overcome by depression. To give a clearer understanding of this section, a sub-theme, 'Death as an exit', is classified and included.

The poetic expression, 'Alive Death' is used to conceptualise the core theme from the data, and its actual meaning can be fully explained through the description in this chapter. However, the meaning can be explained briefly; even though the participants were alive physically and biologically at the time of their depression, their existences in the world where they had no positive interactions at any level were no different to them from non-existence in the world. It was like everyone around them was alive except themselves.

Ahn depicted the experience of living with this form of death, by drawing upon an analogy of being 'numb'.

All I did was sleeping, all day long. Actually that was not sleeping. Saying, it was more like numb, whole body, whole cognitive functioning, and all senses, that's all numb. Yes. I wanted to be numb not to feel anything. But I did what I had to do like cooking for my children, washing things, something like that I should have done. But the rest of time was spent in bed. Anything did not interest me, nothing at all. I used to like reading books, listening to music, and I used to make a schedule and to organise things that I needed to do in the day, when I got up in the morning. But, you know...I felt like my brain became blank, like a blank sheet of paper (p.6). I just slept and slept and slept for almost ten months. It was like a death, or I

felt like I was dumped in a thick swamp for a while (Ahn, p. 9).

"The body does not lie" states Williams (1994, p.15). Ahn's description of her experience tells that she did not want to feel anything in her life. It seems that she had experienced traumatic incidents that had caused her to dissociate from areas of her life. It appears that the body functions like a computer monitor, that powers up when she connects, or chooses to disconnect from something too painful to remember.

Ahn wanted to be numb so she could disconnect from her memory, from her pain, and aspects of herself that she couldn't deal with. She believed that her marriage was the main thing she wanted to forget, the relationship with her husband continued to cause her pain. Other factors for Ahn's depression included the failed business venture for which Ahn blamed herself, the failure to adjust within the new land, and to succeed at her marriage which in her mind was purely because of her 'stupidity'. Most her usual ability disappeared and she lived with an 'alive death' for ten months.

Before Ahn experienced this form of death, she experienced intense and unpleasant symptoms. Ahn gives a further description of the experience, which can be called 'Hwa-byung' which has been described as a typical "Korean folk syndrome." Literally translated into English, this means 'anger syndrome'" (DSM – IV, 1994, p.846).

I felt choked, felt terribly heavy on my chest. I had something like magma or lava in me. I felt that my heart was going to explode with... maybe... anger. My brain stopped working, and it made me feel 'dap dap' (feeling heavily oppressed with anger and something unexpressed). It's like I had to stay at somewhere which had no exit nor entrance. I felt suffocated and I opened the window. But it didn't make any difference, then I rushed off to outside. Sometimes it was raining, and I got wet in rain for a while. But no matter how long I stood in the rain, it did not cool me down (p.4).

Ahn had suffered within her marriage for more than 17 years. Her husband never allowed Ahn to express her feelings to him; consequently she had been holding her unexpressed anger till then. The social expectations Korean wives face forces them to endure with this kind of unreasonable treatment by their husbands. Cultural inclinations in Korea relating to keeping the family in harmony and peace, dictate that anger must be suppressed, penned up and accumulated. If women express anger, they risk jeopardizing their social relationships within the community.

Ahn could not find any other way to make her life better, other than to immigrate to New Zealand. However, living in New Zealand made her situation worse. Her desire "to be a human being" (p.7) and "to have a valuable life" (p.7) could never be achieved, she believed. For Ahn, who had been treated like a slave for 24 hours a day throughout her marriage, her depression seemed to have a strong connection with Hwa-byung.

Each participant expressed different variations on the same theme as Ahn. Hee also described her feeling in a 'death world'.

I was kind of a robot. No feeling, no thoughts, no interest, whatsoever. After my kid went to school, I immediately got into bed. I closed all doors and windows and drew all curtains. I felt only a bit better when in bed, in the dark. I wondered sometimes whether I was alive. There was no one who called or visited me, and I had no one I would call or visit (p.5). You know, May, June in New Zealand, raining outside all day long, dark in my room, my body got frozen. I thought what's the difference with actual death? (Hee, p.6)

It seems quite obvious that most participants were operating automatically. Doing housework, taking care of their children, and even socializing could be carried on day by day. Nevertheless, their spirituality, intimate human relationships, and motivation to progress were all frozen. In addition, the living situations of the new immigrants made their symptoms worse. In

practical terms, they had no supportive family around them, which made the situation worse. Without the encouragement of their friends and family, their social network dwindled rapidly.

The weather was another fact that led Hee to feel 'frozen'. It is widely believed that depression is more likely to occur in the winter months, and that this seasonal pattern has a greater effect on women's moods (DSM-IV, 1994). In Korea, 83% of women with depression are affected by the winter, and women are more likely to experience a relapse of depression during this time (Korea University Hospital, 2002).

Hee also expressed a significant statement when she stated "what is the difference between depression death and actual death?" In a dark room, without any interaction with any other person, Hee believed that her life held no meaning for herself, and for the world. She could not find any sense in this stage of her life, and the feelings had a strong and deep connection with a sense of uselessness. There was no one available for her and no one whom she could ask for help. She lost control on her own life, felt powerless, and felt that she was nothing but a robot, operating automatically.

A sub-theme: Death as an exit

In reality, actual death was quite close for some participants. Yoon attempted to overdose, with intent to 'avoid everything'. She believed that her life was full of suffering, as Buddha defined.

I felt that I was carrying a big iron ball with heavy metal chain on my shoulder, and I was forced to sprint 100m. Everyday, every each day, I did fight to survive. I was fighting the idea of killing my self, fighting against the pain, the heaviness. One night, I could not help myself anymore and I wanted to sleep, to have a good sleep. It was very calm and peaceful, I had no hesitation at all, and it was very, saying, very smooth process. I just took

Panadol. I don't know how many, maybe as many as I could, just for a good sleep (Yoon, p.10).

From Yoon's description, I can see are two themes: torture and escape. She felt that her depression was the torture that could destroy her life. The iron ball probably symbolises her feelings of depression, and sprinting 100m means surviving her daily life with her twin children. Her daily responsibilities, especially taking care of the twins, seemed an incredibly hard task to her. Being in a situation where she had to fight to survive every day, Yoon considered torture. She had felt tortured for several months, when she finally decided to escape. The only way she found available to her that could stop her pain was what people suffering depression commonly find, that is committing suicide. It seemed that for Yoon, there was no way to distinguish between actual death and her daily life. There was no difference for her between actual death, and her life with 'alive death.' Yoon took 'Panadol' for a 'good sleep'.

Here is a similar experience. Eun also tried to kill herself, and her reason can be considered a typical Korean concept.

It had been difficult to decide to do it (committing suicide) because of my parents. I felt huge sense of guilt as I was not a good one who could make my parents proud of, and I was doing wrong. Also I felt sorry for my children, but more sorry for my parents (p.3) I took countless Aspirins, and ... I believed that my life at that time was worse than death, because after I died, everything would be finished... I vomited black liquid. It was blood. My children started crying, and I called emergency department. (p.7) The doctor said that there would be a chance to get rupture of my heart. I felt rather ok to die; this is the end of pain (p.8).

Eun evaluated herself as being a failure, and disapproved of herself because her parents disapproved of her life. Because of this, she felt ashamed of herself. She held a huge sense of guilt for her parents and also her children,

and finally she found herself impossible to hold on to her life. As a typical Korean woman, Eun was educated to believe that she had to work to fulfill her parents' expectations when she was young, for her husband when she got married, and for her children when she got old. Eun believed that her sense of self was directly related to the opinion of other people, especially her parents. She believed that she had failed to accomplish those tasks as a woman, even though she had been living in a western country.

Jin described a very 'seductively attractive moment' when she attempted escaping this world of pain.

I got so often overwhelmed by something terribly heavy on my chest then I couldn't stay at home. I drove out, but then I immediately started thinking about oil consumption, money. It got me worse. I sped up to sometimes 180km. When I was driving on a kind of cliff curve way, I used to fight in my self, thinking 'go straight away', 'no way'. You know... I thought 'this is the end, no pain. You can stop all the pain. This is just a moment'. That was very attractive seduction. But I was scared of what's going on next and ... I had to think of my children(p.13).

The door to exit from all the pain was available to her, and she could 'open' the door if she chose. Jin described that moment as 'seductive', as it was the answer she was looking for, to rid herself of all the heavy things on her chest. However, Jin seemed to have a clue that suicide was not the answer, but would allow her escape from pain to nothing. After exiting through this door, she had no idea what would happen to her. So it might be too unpredictable for her to try, and she could not give up her children. She did not want her children to have such an intolerable experience such as their Mother's death. That was also the moment of when Jin returned to the position of a feeling like a mother.

Most participants in this study lived in a world they described as 'death while alive', and actual death was not far away from their world. Death was

breathing with them every day, and for many, actual death was a choice they could make in a second.

A New Horizon – Worst became best

(4th theme)

After suffering through a long period of depression, most participants have successfully returned from the 'black world'. Some described their will to get over the depression, with Kkang (strong propensity), sometimes positive and sometimes not. In Korean expression, when a person faces a vital situation and are desperate to win it, you can say "hold the teeth tightly." This expression can be used when the person takes up his/her Kkang. Some participants believe that they have been saved by God, and they walked out of the black world with God's guidance. No matter what they believed in, religion was a great help for all of them. However, it seems obvious that their will (Kkang) and their belief in God worked collaboratively to help them, each having influence on each other.

Yoon's experience illustrates a good example of how these factors worked to help her.

After I woke up, a psychiatrist came from the psychiatric liaison, and he asked lots of things including my marital situation. I explained how my marriage was awful and destroying my life in as much detail as I could, and the relationship was not very pleasant even while in dating period. Then the doctor asked quite curiously why I did get married to him, so... I replied very reluctantly that because...I had a premarital sexual intercourse with him.... Then... you know what happened? The doctor laughed, his facial expression like saying that it was nonsense and that he could never understand, and he looked laughing at me. I felt so angry and I asked staff to change my psychiatric. I don't know where that sort of power came from, but I felt Kkang, and after a few days, I told my self, 'get it over, get it over' (p.10 - 11).

This exemplar demonstrates a 'fine' example of how a culturally ignorant mental health professional can traumatise a client from a different

country. Yoon had the right to have someone care for her who could listen, to accept her story, and to help her change her life. In Korea, figures in authority such as doctors, teachers, seniors, fathers and husbands are highly respected by people in less powerful positions. These authority figures are respected, believed to have certain abilities to provide a form of magical power. So, Yoon willingly talked about her history and problems to the mental health professional. In this way, she hoped that the doctor would magically get rid of her illness.

Yoon, as a typical Korean woman, had believed that she had to get married to her soon-to-be-husband, because she became his wife as soon as she had a physical, sexual relationship with him. It must have been very humiliating for Yoon to reveal her shameful story; nevertheless, she trusted that the doctor would listen to her and cure her life of pain. But, for Yoon it was a disaster. The Doctor ruined her hope and trust. During this situation, she sensed a moment in which her Kkang started working. From the moment she felt ignored and disapproved of by the mental health professional, she wanted to get back her human dignity.

Yoon felt powerful enough to ask to change her doctor. Another clinical psychologist consulted with her, but she felt this person was also culturally ignorant. What was worse was that the professional did not show any respect for culturally sensitive issues. She met the third therapist after she refused the second one. She said the third person was the one she had been looking for.

It was strange how a 'western person' could have Buddha's wisdom. It's very strange; well... actually it's shocking. What she said to me seemed from Buddha's wisdom. She made me realise that I had been an egoist.... After the realisation, I could start giving up my egoistic attachment. Actually my divorce hurt me most. That was the biggest trauma in my life. But if I lived with my parents in Korea like other widows after divorcing with him, I would have taken much longer time to get over the depression...

Because I hit the bottom, meeting the doctor may be the moment hitting the bottom, I mean, the worst moment, I could escape from depression. It gave me a fighting spirit against my current life. And the counsellor with Buddha's wisdom helped me 'become normal'.

Here we see an example when the cultural needs of the client are met. Yoon felt that a strong powerful healing energy was created. The third therapist's willingness to understand the client's culture, and the therapists own understanding of Buddhism and its wisdom touched Yoon's cultural insight, which made her see herself more clearly. She much prefers the third therapist over the first two clinicians, but she also feels thankful to all of them as they helped her to survive. Yoon now accepts her own situation even more positively. Her life in NZ was a hellish situation, but she now believes that because of that severe and bitter condition, she could get out of the 'alive death' more quickly.

Like Yoon, Ahn also had a similar experience. Ahn suffered within a bad marriage, immigration to NZ, and a failed business. However, all these factors provided an opportunity for Ahn to improve her situation.

After my husband decided we were moving from Korea without any notification, just like he had done through all the marriage, I thought, Ah! This is the end. I withdrew all my expectation from him. I felt rather calm and I began to see things clearly. First, I thought of my daughter. 'I did not show a good mother figure. I am not a healthy mum mentally and emotionally. She will learn from me, I should be the best model for her'. That's what I thought. And... you know, because I live in NZ, I could more easily decide to get divorced. If I lived in Korea, I would still not be able to leave him because of the social prejudice. But here in NZ, I do not have to consider other's 'pointing finger' at 'divorced women'. It's ironical, isn't it? He brought me here, and left me behind. But now I left him and I have brought back my life, here in NZ (p.11) After I decided to get divorced with him, I could feel something in me, something hot, alive, or something got me

stand up. I felt kind of Kkang. 'I am here and still alive, not death' (p.12).

After the business failed, Ahn's husband went off to Korea. He had not discussed the possibility of his returning to Korea with Ahn at all. Ahn and her children were left alone, and all the responsibility for taking care of her children, doing house work, and even earning money was left to Ahn. These circumstances gave her back the Kkang, and made her 'stand up'. She started feeling and being brave, and she wanted her life to begin again. She seemed to believe that she had been stuck on the seabed, in the swamp of the sad world, and she had nothing to lose anymore.

Yoon thought of taking her life. While her husband was visiting her in New Zealand, they had a very hostile argument about their son. After this painful life event, she felt that she lost her confidence to carry on with life anymore.

I just got out of home. I could not stay with any person, even my family, even my son. And I drove my car to nowhere... I mean no particular destination... It became dark and I still did not want to return home.... On the night, I parked car in front of ... beach... and I looked at the water reflecting the moon light, sparkling the light. I thought that 'life is like moon light. It's there but not tangible and life is nothing but hollowness'... I walked out into the water, the tide got me wet, and my body was half drowned, then I almost completely drowned. But, all of sudden, I felt a kind of sensation like a thunder hitting on my head. Then I madly rushed out of the water...and I collapsed on the sands, crying, crying, and crying... and I prayed God and thanked... for being still alive. I felt thankful from my head to feet. I felt me, my self in the water. That might be the end of my darkness; I mean my depression (P.13).

For a Korean woman, leaving home and the family occurs only when she has decided to divorce. It may be the moment she realizes who she is as an individual. She has previously lived only as a wife, a mother, and a daughter-in-law. So leaving her place implies that she wants to live as an individual

being, rather than being identified as someone's wife, someone's mother, or someone's daughter-in-law.

Describing her life as a 'hollowness' was a milestone towards seeing the new horizon. In the water, she became aware of her existence. After getting out of the water, while crying, she felt in touch with, and connected to her whole body. She went to the edge of death, and almost touched it. She describes this moment as similar to touching a fire.

Many of the participants described a painful history, with an emotional heaviness that felt similar to sinking to the bottom of water. Afterwards, they also cried like Yoon saying that "crying made me feel purified" (Yoon, p.3). Here again, the worst situation helped show the path to gaining wellness.

Summary

Each of the participants had a different and unique experience. All have different life stories that enable them to process their depression in different ways. However, most of them reported that their feelings of depression started a year or so after arriving in NZ. They found the English language barrier was higher and tougher than they had expected before coming to NZ, and they had been unable to become immersed in a multi-ethnic society. The culture of western society compared to the environment they were raised in, was too different. They all lost the close relationships they had left behind in Korea, which meant they had no place to release their emotional, social, and practical difficulties safely. They perceived their situation as being the same as becoming marooned on a desert island; consequently their lives became more and more unbearable. Death was living with them in their daily lives, and was seen on occasion as the only escape. They felt pressed by incredible heaviness, and were drawn to the bottom of the dark and black world. They all reported that they saw a new horizon, and the experience gave them the opportunity to realize who they were as individuals. This

new sense of understanding offered a chance to see their life from a different perspective.

Chapter five

Discussion and Limitations

This chapter summarises the journey that the six participants and I have taken, through the interview process. It also examines the data gained from their experiences. Through the whole process of conducting this study, from reading the literature before and during the interview processes, the data obtained from the participants, and the process of analysing the data, a number of important findings have become apparent. This study will offer the reader an understanding of the world the participants have 'travelled' around, and how they have perceived their 'journey'.

This study was designed with health professionals in mind, but may also be a useful resource for any people who deal with immigrants. It is hoped that the study will provide an understanding of the Korean female immigrants' experience of depression. As the study is culminated in this final chapter, there is an opportunity to gain another implication of the data presented thus far. This chapter talks about the 'Four Lived' concepts, and the implications, limitations and recommendations of the study.

The Four Lived Concepts

Lived body

Is your leg you?

No!

Can you be you without your legs?

...!

Is your arm you?

...!

Can you be you without your arms?

...

Are your kidneys, heart, or lung you?

What about your whole body?

...!

Then, can you be you without your body?

...!

This is an abstract from a very famous conversation between a Zen master, and his student in Korea. In eastern countries like Korea, where society has been greatly influenced by Buddhism for almost 2000 years, there has been a tendency to accept the body as a tool, or a bowl to contain one's spirituality and invisible contents (Choi, 2000). Therefore, the body has been treated as a relatively unimportant part of 'I', and bodily expression and feelings have been suppressed to the point of prohibition (Lee, 1994; Lee, 1983).

On the other hand, because of influences within the oriental medical system, psychosomatic complaints were expressed by complaints of pain in the body. The holistic approach relating to understanding human functioning has been common in traditional medical fields. Holistic practitioners believe that each human organ represents each emotional state respectively. People believe that the body feels and says what they feel and sense.

The western concept about the body is different from the Eastern beliefs. There has been little study about the way traumatic memory is encoded in the body, but to many mental health professionals, it seems apparent that "the body can remember" (Ondra, 1994, p. 15), and that the body is the chief source of idiom and metaphor for the expression of distress (Klienman & Good, 1985).

When I began conducting this study, I wondered whether the participants had a good sense of their body, or whether they might have ignored their bodily sensations when they were experiencing depression. With all the

participants having been born in Korea, and all having lived in Korea for more 30 years, they had lived with and accepted the Eastern influences in their lives, especially the medical system. After analysing the data, I conclude that their depression lived within their body.

First and foremost, their depression was strongly perceived by their body. *"I felt like my heart was torn to pieces"* (Jin, p.3). She believed that her depression had a lot to do with her 'heart'. *"I could no longer take the heaviness on my chest"* (Young p. 6). During the time she was depressed, the chronic pain within her chest was unavoidable. In some cases, the participant felt that their bodies contained all the suffering that they could not release.

So, they believed that if they could make their body numb, then the unavoidable and uncontrollable depression could not be felt. Ahn said that she wanted her body to be 'numb'. She perceived her life to be 'full of pain' which was 'far beyond her control' (Ahn, p.5). Pollio (1997, p.67) claims that to be in the world means to be in an embodied relation to the world. This new state of being the participants' described resulted in a loss of their previous sense of self, which led them to feelings of 'wandering' (Yoon, p.7; Young, p. 4) or 'a sense of loss' (Hee, p.3; Ahn, p. 4) within the world.

Lived space

Journeys are about travelling through space as well as time. Space relates to the distance travelled, and the environment passed through on the journey. All the participants express succinctly their own words about the space they existed in. Some felt as if they were locked in a very strange place, without knowing when they could escape from the place; some believed that they wandered in an endless world without knowing their destination. These symbolic metaphors represent their perceptions of the world they were living in.

The physical mobility and motivation of the participants was also limited, and most felt that the places they ended up living in were second rate, because they had limited language to ask for what they needed. This inability to communicate for basic needs was an example of cultural unfamiliarity.

The geographical environment was very different: the driving and traffic systems, the shapes and heights of the buildings and the atmosphere of the city and the country all felt different. Living alone in a foreign country rendered a sense of feeling lost, strange, and vulnerable for the participants. It seems obvious that most participants felt their home was the only place they could feel safe, but even the homes were not safe places for these people.

Korea has a traditionally unique style of under-floor heating system called *Ondol*. This system has existed in every home for more than 2000 years (Lee, 1983). The *Ondol* system creates enough warmth for the whole home, and it represents an example of typical Korean culture. However, here in NZ, the participants felt that the coldness was strange and different from the feelings they were used to experiencing in Korea. Five of them used this expression to describe this feeling; *"the coldness intruded into even my bones"*. This feeling of strangeness was worse in the morning, especially when it was raining. When the women got up on a rainy winter morning, the physical environment they were living in made their flesh creep, and made them feel uncomfortable in body and place. This may be the effect of the living space on the body. Obviously, this experience of the living space exacerbated their mental state.

Lived time

"Nothing is new under the sun", even a memory. Memory can be reinterpreted, depending upon what circumstances you are recalling it. It is true that the past changes under the pressure and influences of the present (van Manen, 1990).

The participants were able to recall their experiences of depression, and able to describe their feelings, but some said that they might have been unable to depict their feelings if they were still depressed. As their mental state can now be described as 'Jaejeongsin'(a peaceful mental state coming back from an abnormal mental state) or as one participant said "*that she has just come back to healthy life*" (Ahn, p.13), they felt able to describe the experiences freely and 'objectively'.

For most participants, the beginning and the end of the day were only defined by needing to prepare children for school, and later for bed. The participants woke up at the time they got their children ready, and their day finished after washing the dinner dishes. This was how they existed from day to day. Time was perceived as an 'interval' in between their housework, and caring for the children. There were no dates, but only individual days. They could not find anything meaningful to do with their time. Time moved with excruciating slowness. One participant described her experience of feeling like the ticking of a clock.

I was absolutely lonely in my room, being in bed. Sometimes I was listening to the sound of the clock. I just listened to it, and the moments between the seconds were sometimes very much longer than I used to notice. It was like operating in a slow motion. I tried not to listen to it as I was afraid that my pain would last longer. I thought that "if the time went slow like that, the pain of my life would not disappear". That's one of my fears (Jin, p.4 - 5).

Jin's description of her experience contains the meaning of time for her. It seems that time going by slowly, meant the pain lasted longer for her.

However, most participants described the same unreal sense of time. Even though each moment of time went by unrealistically slowly, most participants reported that there was a moment that they suddenly realised how quickly a month or months had gone by.

Ahn (p.11) said

It had been for ten months when I was aware of where I had been, and what I had been doing. Each second went at such a slow pace, but the ten months flew away like wind.

It seems that the participant's lived time of depression did not exist. It may also be related to her experience of lived body. As the participants tried to make their bodies numb, their lived time might also have become frozen. The women knew time was passing, but they seemed to be unable to comprehend the concept of minutes in a day, days in a week. Their time did not exist as real time because of their lack of social interaction with 'others', as well as a lack of self awareness.

The focus for the participants seemed to remain in looking back at the past and losses of time. After their depression, as the pain of loneliness, sadness, anger and hopelessness have receded; most can dwell on the present and look toward to the future. They describe the time between the depression and the interviews as the recovery period, irrespective of time.

Lived others

One of the typical feature of depression is a sense of loneliness. This concept has a strong link to relationships with 'others', and how one perceives the world. The participants' experience of 'lived others' was influenced by objective circumstances, as well as their subjective point of view. They all felt excluded from participating with others in a meaningful way.

Because the participants could not communicate in English fluently, they classified themselves as foreigners. They believed that this was how others saw them. This created a barrier between the participants and any social

situation involving other people. In this context, the more vulnerable party may be those for whom English is not their native tongue. The ability to speak English tends to be considered as a 'power' in many societies. Clearly, New Zealand is an English speaking country; therefore it is possible that people who have limited English feel a sense of powerlessness.

I found myself too gentle, too soft, too compliant, and too... nice to Europeans. My voice became very gentle and behaved as if I was an angel. I found my self too generous and I behaved quite differently when I met a Korean. I tried my best not to make any mistake or an unpleasant comment to them. That actually made me feel... miserable. I was forced myself to be the nicest person to Europeans (Hee, p.9).

Many Koreans' perception of 'European others' has been influenced by their inability to communicate in English. Another important factor relates to the history of many Western countries' colonisation of Eastern countries. Many eastern Asian countries such as Malaysia, Indonesia, India, the Philippines, Vietnam, Japan, and Korea were once conquered by, or colonised by Western countries for several decades or several centuries.

I felt like they were the host of this country and I was an uninvited or unpleasant guest. Or I might have had a belief that they may see us as savages. Economically, technologically, and military power, they are far more developed countries whereas we are still developing ours (Jin, p.8).

As immigrants from an Eastern Asian country, their perception about an English speaking country and its people had created a preconceived attitude about Europeans. It seems quite possible that their limited ability to speak English and these preconceptions may have been influencing each other. As a consequence, their lived experience of 'others' would not be pleasant, and the relationship with 'others' could not be cultivated positively.

The participants' families were the most important 'others' they had to relate

to, and were the biggest responsibility. Paradoxically, their families were the turning point for them to break free from depression. The participants all had difficulties maintaining an intimate relationship with their families, before and/or during the time they suffered from depression. Therefore, I was not surprised that all the participants were able to describe sensations of isolation and loneliness.

“The four existential concepts of lived body, lived space, lived time, and lived relation to the other can be differentiated but not separated” (van Manen, 1990, p.107). As I mentioned above, each lived experience was influencing the others, and an individual lived experience was one part of the whole. Their lived body was influenced by lived space, and it consequently affected their lived time. The ‘others’ stayed away from the participants, which caused them to feel isolated.

The findings of this study reflect the same issues as found in these four existential concepts. The phenomenological hermeneutic studies such as Koch (1996), Smith (1998), and Draucker (1999) writings inspired me, and helped me understand the data in different ways and contexts. Through reading the literature, I discovered ways to understand deeper meanings, and to peel off the layers from the surface of the stories.

Implications of the study’s findings

For people with depression

Most depressed people have a tendency to believe that they are the only one suffering from depression (Lee, 1994; Kim, 1989). Each of them imagines that their symptoms and their case is unique, and is hard to cure. It may lead them to feel isolated. Further understanding and education could possibly help them realise that although their individual situation is unique, there are many people in the world suffering from depression. This could help them

put their difficulties into a different perspective, which may help lift the depression.

Depression is now considered a mental disorder that responds to cognitive therapy, as opposed to psychoanalytical theory. Cognitive theory is considered more effective, because it takes less time, and therefore is more cost effective (Klienman & Good, 1985; Beck, 1994). After reading this study, I would like to think a person suffering from depression could formulate their case, and may have an opportunity to provide a functional comparison (Beck, 1994). I hope that this study can help depressed Korean female immigrants as a therapeutic self-help tool. Therefore, I would like to use my personal social network to make this study more available to Korean people. I have a good relationship with all the Korean newspapers and magazines published in New Zealand, and have written articles for one of them for almost 4 years. I would propose to condense and report the findings from this study, and publish it in a series.

For health professionals

The first consideration that needs to occur is the acceptance of a Korean female's inability to express their emotions and feelings. As they believe that having a mental disorder is very shameful, they tend to minimise their mental difficulties and to place more stress on their physical discomfort. They often complain of somatic symptoms, such as insomnia, hypersomnia, chest pain, headache, heart palpitation, or back pain. When health professionals like GP's meet a Korean client with these kinds of physical symptoms, they may need to pay more attention to the client's mental state.

These symptoms may also be strongly related to their anger in some cases. Therefore, the second area of learning is about the Korean family dynamic. It appears that Korean female immigrants living in NZ feel pressure from difficult responsibilities. Most obligations are similar to those they used to

have in Korea, but the addition of new stressors in their lives seems much harder for them to accept. However, in Korean families there has been a tendency for women's efforts to be minimised, with women taking the load of the whole family on their shoulders. There is no-one to care for them. So they oppress or suppress their anger, which consequently gives them uncontrollable and 'strange' symptoms, called *Hwa-byung*. The literal translation of this concept relates strongly to depression.

The third concept health professionals need to consider is about recognising symptoms of cultural unfamiliarity for the clients. Without knowing a clients' cultural background, it would be hard for health professionals to work with clients from a different culture. One participant's experience with the two culturally ignorant professionals was a clear example of this. Yoon's experience with the psychiatric increased her fear and lack of trust in others (refer to theme 'new horizon'). Most participants had a fear that they are not going to be fully understood by health professionals. However, clients feel safe when the professionals show an interest in, and care for, the clients' cultural sensitivities.

I have tried to include a brief but succinct picture of Korean culture in relation to depression, so that the readers from relevant health fields have an introduction to Korean culture. As the ultimate purpose of this study is to describe and interpret the real meaning of Korean female immigrants' lived experience of depression, health workers such as counsellors, psychotherapists, psychiatrists, nurses, GP's, occupational therapists, and social workers could gain an understanding of the Korean clients cultural background as well as their experience of depression.

When the health professional knows the client, it is easier for the collaborative setting of goals and plans to become a reality. To do so, health professionals need to make every professional effort to create a climate in which clients can feel sufficiently valued, so clients trust the relationship enough to share who they are. I believe that the findings from this study

would be a helpful reference for health professionals to understand the Korean female immigrants' depression; furthermore, it would help both clients and professionals to develop a rapport, enabling a professional relationship. I would like this study to inspire health professionals to provide attentive care for the mental health of Korean female immigrants

For the government

I strongly recommend the government reconsiders the policies relating to new settlers especially for those with English as their second language. From the findings of this study, the language barrier impacted greatly on their mental state. Learning the different social systems is the new settlers' obligation. They believe that they have been neglected and abandoned by the government. They can only get help from personal friends who have already settled in the new land. This perception may or may not be correct, but the participants in this study felt that there was no help available for them.

To prevent mental disorders like depression for new settlers, the government must pay more attention to providing them with the resources they need to allow an appropriate adjustment into this multicultural society.

Limitation of this study

Some limitations of this study lie in the sampling. One of the limitations this study faces is that all the participants live without a partner. As the findings shows, the marital relationship and family situation had a great affect on their mental state. I presume that if the participants could have had support from their spouses, their experience with depression might be somewhat different. The husband is a huge part of a Korean women's life meaning, and women believe that their life will take on new relevance when they are married. Losing their marriage causes them to suffer. Therefore, women with a husband, in stable marital relationship may have a completely

different experience.

Another limitation in the sampling selection for this study is the participants' age group. All are aged between their late 30's to their early 40's. Different ages may have provided a different life style, with different perspectives in their lives. For example, a woman in her late 50's with fully grown children and without financial concern would experience depression differently. All the participants in this study are in their mid-life transitional period, which is a turning point from young adults to older adults. It includes significant tasks from the psychological developmental perspectives. Five of the participants have teenage children, and three of them were financially desperate.

I am aware of that hermeneutic study does not search to generalise findings, in order to compare with other situations. It is rather hoped that the finding of this study offers a well presented in-depth understanding of the experience.

The last limitation I would consider is that I am a male researcher. Because all of the participants are females, there could possibly be difficulties for them when talking about sensitive issues, such as sex. Culturally, for both genders, talking about sexual issues to the opposite gender is a taboo in Korea. I am unsure how freely the participants expressed their feelings and thoughts while they experienced depression.

Recommendation

This study is strictly subjected to find the meanings for the Korean female immigrants' experience of depression. While I managed this study, I considered that a wider range of study on immigrants' lived experience of acculturation, and the process of adjusting and settling in this country was necessary. As the history of immigration from Eastern countries began over ten years ago, these immigration waves have changed the face of New

Zealand within the last decade. As a consequence, many say that NZ is now a multicultural country. Now, in North Shore City, the second most common language is Korean, not Maori nor Chinese. However, health professionals, and the NZ Government appear to know little about Korean acculturation concerns. At this stage of NZ life, a broader and wider range of studies on acculturation of immigrants is necessary.

Conclusion: My own journey

My own process of conducting and accomplishing this study was a lonely but meaningful journey to me, just like my own immigration history. Having been the only Korean psychotherapist in New Zealand for 5 years, I have taken on a lot of responsibility given to me by the community and my clients. I could not get the support I felt I needed from any social or governmental network for several reasons, and I also felt very isolated like the participants in this study described. There were occasional times when I did not really want to take some cases on due to my own physical and mental tiredness, but I felt I had to simply because I was the only therapist who could help them. To deal with various problems that have occurred in Korean-New Zealander's lives, I have been dreaming of establishing a mental health centre for Koreans in New Zealand by applying for funding from the government. I believe that this study is the first step to making my dream come true.

I hope that this study offers an opportunity for health professionals' to increase their understanding of the needs of Korean females with emotional difficulties, as well as depression. Furthermore, this study may provide a valuable message to those who work with clients from different cultures to pay more attention to cultural sensitivity. Even though the professionals had no idea about the clients' culture, as the study has revealed, the clients feel so much safer when the professional shows a genuine interest, and makes an effort to understand them.

I had to look at the studies published in America, as there has had been no study written on this issue in New Zealand. It made me feel like I was adventuring somewhere no one else has visited yet. And now, I feel that I have explored as far as I could and have carried out what I should have had. It has been a meaningful as well as lonely journey.

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Korean Female Immigrants' Lived Experience with Depression

INFORMATION SHEET

(to be presented in Korean)

Introduction

Thank you for considering taking part in this research study. First of all, I would like to introduce myself. My name is Simon Seung Wook Lee. I have worked as the counsellor of the Korean Society of New Zealand for 4 years, and have worked at the Accommodation for Mental Health Society, Inc. for 3 years. I am currently working towards a Masters of Philosophy (Psychology) at Massey University's Albany campus in Auckland. The study you are being invited to participate in is part of my masters thesis on female Korean Immigrants' experience of depression. The study is supervised and guided by Kerry Chamberlain, Associate Professor of Psychology at Massey University, Albany campus.

Purpose of the Study

Due to the only recent immigration of Koreans to NZ in sizable numbers, Korean-Kiwis' mental health situation has not yet been explored adequately. Nothing is currently known about how living between two cultures affects the mental health of Korean immigrant women in New Zealand. According to Statistics New Zealand (1997), the Korean population in New Zealand was 12,657 in 1996. A lack of research into the health behaviour of Korean immigrants, and a greater focus on the health needs of established minority groups such as Maori and Pacific Islanders has possibly resulted in insufficient understanding of Korean-kiwis' mental health needs.

The purpose of this study is to explore the nature of Korean women immigrants' experiences with depression. The findings from the study may help not only health professionals dealing with Asian immigrants, but also Asian immigrant community groups, families and friends of people with depression, and of course the people experiencing depression themselves.

Participation

Your participation is totally voluntary, and you do not have any responsibility to take part in this study. The GP who told you of this study should already have explained to you your right to confidentiality as a participant in the study, and your right to withdraw from the study at anytime up to a month after the interview and have all the information you have provided removed from the study.

Please do not think that you are under any obligation to take part in this study simply because your doctor has selected you to mention the study to. If you do not wish to take part then simply do nothing and that will be the end of the matter. If this study is interesting you to participate in, you can contact with me by calling or sending a letter to me. My phone number and the address are provided at the end of this sheet.

Once you decide to participate in my study, I will contact with you to organise an interview. Before this, feel free to contact me to discuss any concerns or questions you have. You cannot take part in the interview before you have signed the informed consent form. The interview will be recorded on audio tape. The recorded tape will be transcribed on my computer. To ensure all participants' anonymity, your names will be replaced with code numbers. After publishing the study, the tape and the transcription will be destroyed. However, if you would like to hold the tape of your interview, you can request it at the beginning of the interview or before I destroy it. If you want to hold your own tape and request it before it is destroyed, the original copy of the tape will be given to you after publishing the study. If the request is made before publishing, I will give you a copy of the original tape and the original tape will be destroyed after publishing. If you want to withdraw from this study after the interview and want to hold your own tape, I will give you the original tape, but the withdrawn should be made no later than one month after the interview.

If you decide to participate in this study, but, later, you want to withdraw from the study, you are able to do so. However, if you do want to withdraw, please let me know no later than one month after your interview. If you do not inform me that you want to withdraw from the study within a month after the interview, there will not be any other chance to withdraw. You can refuse to answer any question if you feel unsafe or uncomfortable when being interviewed. You also can request me to stop the tape at any time during the interview.

It is intended that interview should take for about 60 minutes and last no longer than 90 minutes. However, when you think you have nothing more to say about your experience with depression, the interview will be ended at that point. In the interview, I will ask some questions to find out about what your experiences have been like while you have been in a depressed mood. The questions will focus on finding out how you have perceived yourself, the place you live in, the people around you and the world while in a depressed mood. Again, I would like to stress: if you want to stop the interview at any time, or do not want to answer any particular question, then please let me know and I will respect your request.

As I have already mentioned above, if you are not interested in the study, you can just decline to take part by not responding at all. If you would like to participate in my study, please call me or to send me an acceptance letter, containing your contact details, mail or email.

You are more than welcome to make known any concerns and/or questions you have regarding the study or your participation in the study.

How You Have Been Contacted in Regard to the Study

I contacted your GP and asked him or her to consider who, among his or her clients, were suitable candidates for this study. Your GP should already have explained to you about the purpose of study, about your rights to anonymity and the confidentiality of information given by you during the study, and about your right to withdraw from the study up to one month after the interview. I have sent this information sheet via your GPs. Until you decide to contact me and give me information, I will have no knowledge of who you are or where you live.

Use of Information

I will send you the summary of the findings of the study, which you can share with others. The study, when completed, will be submitted to the School of Psychology in Massey University for the degree of Master of Philosophy (Psychology). A copy of this study will be handed in and will be held in the Massey University Library to be used as a reference.

I believe this study is unique so far in New Zealand, so I may have the responsibility to disseminate the study results to a wide group, including colleagues, and other health professionals, the Department of Immigration, Korean migrant community groups, WINZ/Department of Social Welfare, Ministry of Women's Affairs, Minorities Rights/Welfare groups, etc., etc. Also I intend to seek permission to publish my study in several Asian ethnic groups' magazines such as Korea Town and The Chinese Daily, to help Asians in New Zealand have a deeper understanding of mental illness and of those among their family or friends who have mental problems.

Appreciation

Whether or not you decide to participate in this study, the time you have taken to read this information is very much appreciated. The information here contains a lot to think about, so if you have any questions or inquires, please feel free to contact with me on the phone, by email, or in person. Thank you very much. Take care of your health.

Contact details

Simon Seung Wook Lee is my name and you can contact me at the number and address below.

Ph: 09) 480-3046

E-mail: simonlee@world-net.co.nz

8 Lynngate Pl,

Northcote, AK.

If you have any concern with regard to your participation in the study but you feel uncomfortable to talk to me or I am not available when you have an urgent issue about your participation in the study, then you can directly talk to my supervisor.

Associate Professor Kerry Chamberlain

Ph: 09) 443-9799 ext-9078

E-mail: K.Chamberlain@massey.ac.nz

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Korean Female Immigrants' Lived Experience with Depression

CONSENT FORM (to be presented in Korean)

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I understand I have the right to withdraw from the study at any time up to a month after I have been interviewed, and to decline to answer any particular question during the interview.

I understand that my name will not appear in any form of publication as a result of my participation in this study and that the information will be used only for the purposes of this research and publications arising from this research project and for no other purpose.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signed:

Name:

Date:

4 December 2001

~~Simon Seoung Wook Lee~~
~~C/o Associate-Professor Kerry Chamberlain~~
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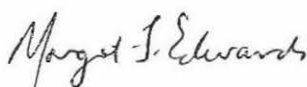
Dear Simon

**HUMAN ETHICS APPROVAL APPLICATION: MUAHEC 01/056:
"KOREAN FEMALE IMMIGRANTS' LIVED EXPERIENCE WITH DEPRESSION"**

Thank you for your amended application details, which we have received and placed on our files.

The amendments you have made now meet the requirements of the Massey University, Albany Campus, Human Ethics Committee and the ethics of your application, therefore, are approved.

Yours sincerely



Dr Margot Edwards
ACTING CHAIRPERSON,
MASSEY UNIVERSITY, ALBANY CAMPUS
HUMAN ETHICS COMMITTEE

CC : Associate-Professor Kerry Chamberlain, School of Psychology, Massey University,
Albany

To Whom it May Concern

I, a General Practitioner,
agree to support Simon Seoung-Wook Lee's study into [Korean female immigrants' lived experience of depression] under the supervision of Kerry Chamberlain, the Associate Professor at Massey University.

I will recommend any of my clients who I think are suitable for the study, to participate in Simon's research and I will explain to any potential participant the nature of the research, why it is being undertaken, and what her rights are, both during her participation in the study, and after the study with regard to access to, and power over, information that is held about her. I will give potential participants the researcher's contact details so that they can make contact with the researcher if and when they decide they are ready to participate in the study.

I am happy to help Simon carry out this research project.

Yours,