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April 8<sup>th</sup>, 2012

Religion and Mental Health: The Role of The Korean Church and Faith in the Mental Health  
Perceptions of Korean American Undergraduate Population

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## Abstract

### Religion and Mental Health: The Role of The Korean Church and Faith in the Mental Health Perceptions of Korean American Undergraduate Population

By Susanna Kim

I explored how young adults perceive mental health issues—how do university students think about mental health issues? How do they perceive their own mental health? What coping strategies and mechanisms do they utilize? Are certain individuals more likely to seek out mental health services than others? What barriers, if any, keep individuals from seeking professional help? I focused on the Korean American community and examined how individuals brought up in protestant churches perceive mental health compared to those who were brought up in a non-religious environment. I explored the perceptions about mental health and the utilization of mental health services among Korean American undergraduate students who are religious in comparison to those who are not religious.

For mental health, I focused on three major concepts: how individuals perceived mental health in general (including mental illness and the stigma associated with it), how they perceived their own mental health, and finally the types of coping mechanisms individuals utilized (including the utilization of mental health services). For religion, I focused on the dimensions of religious affiliation, religious beliefs and views, religiosity, and religious attendance and participation.

Among the Christian students mental health seems to be an entity that is closely tied to one's spirituality and belief in a higher being. Both groups reported various coping mechanisms, and although overlapping occurred, there were distinct coping mechanisms reported by members within each group. Non-Christian students reported risky-type behaviors including drinking, smoking, and partying that was not reported by the Christian students. Almost all respondents attributed stigma as a cultural phenomenon that was the main deterring factor keeping them from speaking publicly about mental illness and seeking professional mental health services. Among Christian respondents none reported utilizing mental health services and only one non-Christian student reported seeking counseling. It was surprising that all respondents believed that the accessibility of mental health services on campus was extremely important for the general student body, yet not personally beneficial for themselves.

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## INTRODUCTION

Mental health is studied in ways that seek to explain how social structures, life events, social integration, social roles and cultural systems of meaning influence the development and mental health of individuals. Issues in mental health are important for overall health in individuals, but such issues are often difficult to talk about because of the social stigmas that are attached to mental illness. In many communities, mental health issues are often overlooked and treatment for illness is disregarded due to the stigma and apprehension that surrounds such topics.

While mental health issues are often overlooked in public forums, the problem is exacerbated by recent statistics that have uncovered the sheer magnitude of mental illness in this country alone. The numbers are staggering as one in every five Americans experience a mental disorder in any given year and half of all Americans have such disorders at some time in their lives. According to the World Health Organization's World Health Report in 2002, mental illnesses were the leading source of disability found among Americans and Canadians ages 15 to 44 (World Health Organization 2002). Furthermore, the 1994 National Comorbidity Survey reported that the age of highest prevalence for 12-month disorders (the proportion of people who experienced a disorder at some time 12 months prior to the survey) was between the ages of 15 and 24 (Kessler 1994). Mental illnesses affect all individuals, regardless of age, gender, economic status or ethnicity.

For young adults, learning about and understanding these issues is particularly important as the problem continues to impact future generations. Therefore, I would like to explore how young adults perceive mental health issues—how do university students think about mental health issues? What factors affect their view on mental health? How do they perceive their own



mental health? What coping strategies and mechanisms do they utilize? Are certain individuals more likely to seek out mental health services than others? What barriers, if any, keep individuals from seeking professional help?

Religion is an integrated part of culture as it consists of systematic patterns of beliefs, norms, values, and behaviors that are acquired by its members. Because a defined group shares these religious values, there is a set of rituals and norms that remains consistent and is accepted over other minor belief systems. Religious norms and views have the ability to shape individuals' perception on issues such as mental health.

Although America does not have one dominant religion, many communities who share ethnic and cultural backgrounds are more likely to share similar beliefs on many issues. The Korean American community is the fifth largest Asian American subgroup in America and about 70-80% of these identify themselves as Protestant Christians (Hochang Lee 2008). I will focus on the Korean American community and examine how individuals brought up in protestant churches perceive mental health compared to those who were brought up in a non-religious environment. I will compare how the two groups utilize coping mechanisms and if there are differences between the two on how they perceive their own mental health. Specifically, I will explore the perceptions about mental health and the utilization of mental health services among Korean American undergraduate students who are religious in comparison to those who are not religious. (I look at four dimensions of religion as detailed below).

## BACKGROUND & LITERATURE REVIEW

### **Mental Health**

Mental health describes the psychological condition of well-being among individuals. For one to be mentally healthy, he or she has the ability to enjoy and lead a normal, functioning life while balancing adversities and challenges through psychological resilience. According to the World Health Organization, mental health is “an integral part of health, that is more than the absence of mental illness, and mental health is intimately connected with physical health and behavior” (World Health Organization 2005:2). There is an interplay of mental health and physical health that affect many factors of life including educational achievement, productivity at work, reduction in crime rates, and decreasing harms associated with use of alcohol and drugs (4). Thus, there have been recent efforts to promote mental health as well as treat and prevent mental illness.

Mental illnesses are conditions of the human brain that disrupt a person's ability to think, feel, communicate, and relate to others. The seriousness of mental illnesses rests on the individual's ability to function daily—as the capacity to function diminishes, an individual's level of mental illness is seen to have a significant impact on his or her quality of life. According to the National Alliance on Mental Illness (NAMI), mental illnesses affect people of all ages, race, religion, income, physical ability/disability, etc. and are “not the result of personal weakness, lack of character or poor upbringing”(National Alliance on Mental Illness). Because mental illness is a condition that cannot be quantified by physiological or physical abnormality, but contains subjective measurements, the definition of mental illness varies by country, regions, and ethnic community.

The study of mental health issues is imminent as recent publications have found alarming statistics on the projected prevalence rates of mental illness. The most disheartening statistics are found within the Global Burden of Disease, implemented by the World Health Organization,

which found that unipolar depressive disorders were the number one leading cause for the burden of disease, also known as Daily Adjusted Life Years (DALYs) within middle-income and high-income countries. Even in low-income countries unipolar depression came in eighth on the list and worldwide they were the third leading cause for DALYs. However, these predictions were made 2004 and most researchers believe that by 2030, unipolar depressive disorders will become the number one leading cause for years lost due to disability (World Health Organization 2005).

Yet mental illness and mental health continue to be neglected by politicians, government officials, and communities because the promotion of mental health is often “seen as far removed from the problems of the ‘real world’ (World Health Organization 2005) thus many countries lack the resources available to promote mental health and establish adequate prevention and treatment measures for mental illnesses. Furthermore, the stigma of mental illness has been one of the most deterring factors that have kept people from taking significant aims to address the issue of mental illness.

The stigma of mental illness is based on prejudice, misinformation, and biased opinions that lead many individuals to discriminate against others due to their odd behavior or mention of a mental illness. The presence of stigma frequently leads to the reinforcement of negative attitudes and discrimination, creating a vicious cycle that affects individuals suffering from mental illnesses by “decreasing self-esteem and self-confidence” and causing “low treatment effects or high probability of relapse for those in remission” (Sartorius 2007:810). In addition, the stigma that surrounds mental illness fuels the division that keeps those who are mentally ill from receiving suitable treatment options and further exacerbates the prevalence of mental illness within our societies.

If we fail to prevent the spread of mental illnesses, promote positive mental health, and

outline proper measures to address mental health issues, future generations will be greatly affected by the burden of mental illness individually, culturally, socially, and economically.

### **Religion**

Individuals frequently formulate their views to correlate to the views of those within their cultural and social realm of behavior. Many of the thought-processes of members within a community are highly influenced by the type of environment in which they are socialized. Religion often plays a major role in the decisions of individuals and the worldviews of social groups (Scott 1999:20). Substantive cultural traditions such as religion, promote and create “normative ideas of what is good and bad, right and wrong, higher and lower, worthy and unworthy, just and unjust, and so on which orient human consciousness and motivate human action” (Smith 2003:20). As a result, the foundational underpinnings of religions provide an encompassing system of beliefs that shape the overarching moral order and perceptions of general issues by individuals within a community.

Many religions provide an explanation for the creation and purpose of life outlined by a set of beliefs, norms, and rituals that the practicing society adheres to. These rituals and norms become ingrained within societies and connect individuals in a way that directs their thoughts to represent those of others with whom they share the same rituals and norms (Thomas 1997, Ryan 1993). Often, religious beliefs are maintained within cultures and passed down through generations as cultural norms and symbols ideas—specific religious beliefs and understandings are maintained through “cultural transmission,” thereby shaping much of the views of the cultural communities that practice the religion (Ryan 1993:586).

According to classical theorist Emile Durkheim, “religion is a unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden—beliefs and

practices which unite in one single moral community” (Durkheim 1995:47). This suggests that individuals who engage in religious assemblies participate in a unifying body of organization that fosters their beliefs through the regulation and integration of norms and practices. Durkheim contended that through the practice of collective effervescence social actors engage in a shared activity in which the objects of ideas of the community become venerated, emblematically represented by a sacred symbol. Such is the way societies create unified group solidarity that impacts the inter-workings and daily exchanges of the members involved.

In the modern age, secularization theories have posited that religion has become increasingly privatized from other sectors of life (e.g. the economy) and that it no longer informs all sectors of life in the way that it did in the U.S. and Europe in the 19<sup>th</sup>, and early 20<sup>th</sup> centuries (as per Max Weber’s *Protestant Ethic and the Spirit of Capitalism*) (Scott 1999). These theorists believe that religion is relegated to the religious sphere of individuals’ lives. However others have shown that religion may not inform action in non-religious spheres, but it still influences the way that individuals think about all aspects of their lives (Scott 1999). Researcher John Green proposed that, “even minimal measures of religious affiliation and involvement show impressive relationships with political attitudes and behaviors, quite apart from other social and demographic characteristics” (Green 1996). In addition, research has found that religion plays a role in the habitual choices, activities, and thoughts of young adults and adolescents, “influencing their attitudes and behaviors in ways that are commonly viewed as positive and constructive” (Smith 2003:17).

### **Religion & Mental Health**

The relationship between religion and mental health has drastically changed throughout history. Initially, religious groups were regarded as “therapeutic communities” (Allport 1963)

and provided compassionate care to vulnerable groups such as the elderly, mentally ill, and the disabled (Ryan et al 1993). During the Middle Ages, hospitals sponsored by the church were established to care for the mentally ill while its patients were cared for by the priests (Alexander & Slesnick 1996). However, modern researchers such as Freud have postulated that religious participation hindered the emotional and mental health of individuals, referring to religion as a “universal obsessional neurosis” (Koenig, Larson & Larson 2001:353), and suggesting an association between hysteria, neurosis, and psychotic delusions among religious individuals.

Recent research in the behavioral sciences has shown that religious involvement provides beneficial and protective effects on one’s mental health. This evidence was found through both cross-sectional and longitudinal studies, as well as studies from samples gathered in clinics and communities. The studies found that religious participation and religiosity significantly impacts the overall well-being of individuals. Koenig and Larson conducted an evaluative study of previous research papers and found that religious beliefs and practices consistently related to “greater life satisfaction, happiness, positive affect, and higher morale” (Koenig, Larson & Larson 2001:71). Other studies have found that religiousness is a great predictor of well-being and social support (Ryan 1993, Cinnerella & Lowenthal 1999, Koenig, Larson & Larson 2001). In addition, Koenig and Larson posited that the presence of supportive relationships at times of stress within church organizations may boost “coping and buffer against emotional disorder or substance abuse” (72). Others have also contended that participation in religion can maintain and enhance personal and mental health through “support and guidance” (Ryan et al. 1993:586).

Researchers posited that religious participation leads to a higher utilization of coping mechanisms directly related to their religious beliefs and views. Prayer, for instance, was perceived to play a role as “self-administered therapy” by religious individuals—moreover,

individuals who engage in prayer found that they were able to gain better inner knowledge about themselves and maintain feelings of control and self-efficacy (Cinnirella & Lowenthal 1999:516). The research suggests that individuals who place significant amount of trust in the efficacy of prayer may have higher levels of “positive possible selves” in certain situations and times when they are faced with mental health problems (516).

Review of literature also suggests that religiosity and religious participation (for example church attendance), and high priority of religious faith, are “inversely related to thoughts of suicide, attempted suicide, and actual suicide among American teenagers” (Smith 2003:17). Further research has found that individuals who regularly attend church services report higher overall satisfaction with their lives (Varon and Riley 1999). Finally, adolescents who are actively involved in religious organizations and report high attendance of services are significantly less likely to engage in “health-compromising behaviors” as opposed to those who do not report religious participation (Wallace and Forman 1998).

### **Mental Health and the Korean American Community**

Research by Cinnirella and Lowenthal also suggests that religious-cultural communities such as the Orthodox Jewish and Asian communities prioritize their religious beliefs when it comes to addressing mental health and help-seeking behavior. This in turn affects how they utilize coping methods to cope with stressors and mental health issues, allowing “stereotypical beliefs about health professionals such as general practitioners and social workers” to keep them from seeking professional help (1999:505).

The underutilization of mental health services by Asian American populations is a phenomenon that has been consistent among research findings (Ku & Matani 2000, Abe-Kim et al 2007, Jang et al 2007, Sunmin Lee et al 2009). Moreover, there is considerable evidence that

suggests that Korean Americans underutilize mental health services the least among any other ethnic group in America (Jang et al 2007, Hochang Lee et al 2008). The lack of health insurance, language barriers, inadequate knowledge of mental disorders, limited awareness of available mental health services, the belief in traditional medicine, and distrust of medical services are just some of the reasons for such low utilization of mental health services among Korean Americans (Hochang Lee et al 2008:15). Furthermore, the stigma of mental illness is much more prevalent among Asian American communities due to traditional and sociocultural influences that have shaped the attitudes and perceptions of mental illnesses among both Asian American and immigrant populations (Ng 1996). “It is likely that strong psychiatric stigma is attached to the family because of the burden of intense shame and guilt individuals carry. Mental illness tarnishes family honour, name and ancestors” (Ng 1996:385).

Other researchers interviewed Asian American young adults about their views of mental health and mental health concerns within their communities (Sunmin Lee et al). They found that among 1.5 or 2<sup>nd</sup> generation Asian Americans youths, mental health problems are an important area for health concerns. Among these students, stigma associated with mental illness was the most common deterring factor that kept these individuals from seeking professional help. Traditionally, Asian cultures manifest collectivist characteristics and as such, individuals raised within such societies are socialized to accept responsibility and assume obligations that are most beneficial for the honor of the family.

“Traditional Asian culture suggests that mental health problems exist because one cannot control oneself, and therefore it is considered shameful to reveal that one has mental health problem or to seek help. Consequently, Asian Americans oftentimes hide the problem because they fear the associated stigma” (Lee, Sunmin et al 2009:145).



The students in this study reported that in addition to the negative perception surrounding professional help seeking processes, Asian parents often go through periods of denial when their children make efforts to gain mental health counseling. Among Korean American populations, many factors specific to the Korean community keep individuals from seeking help. As is the case for many immigrant populations, many individuals who were brought up in Korean communities note the difficulties in accessing health facilities, obtaining psychiatric help, and gaining professional medical information (Lee, Sunmin et al 2009). In relatively young immigrant communities as well as pronounced Korean American communities, the Korean language remains the dominant spoken language creating a language barrier among health professionals and Korean patients. Finally, many Korean communities lack the necessary information and awareness of mental health issues while many culturally shared beliefs hinder individuals from seeking outside help. Beliefs that mental illnesses are a “heritable shameful family trait that should be hidden from others” manifests a “stoic sense of self-reliance” as a commonly accepted characteristic when dealing with emotional problems (Hochang Lee 2008:16).

Cultural implications and beliefs closely tied with the religious values within ethnic groups play a role in the types of coping mechanisms, and treatment options individuals seek.

“Religious cultures are the most powerful factors that modify the individual’s attitudes toward life, death, happiness, and suffering. Therefore it is crucial to examine the religious cultural background of the patient to understand the personality—particularly in respect to his or her value orientation” (Rhi 2001:573).

### **Religion in the Korean American Community**

Religion, particularly Christianity, is one of the most integrative roles in the Korean American community—more than two-thirds of the Korean American population, a staggering

75-80 percent, identify themselves as protestant Christians (Hurh and Kim 1990, Chong 1998, Hochang Lee et al 2008). “Korean Americans display a high level of ethnic religious participation compared with many other ethnic groups” (Hochang Lee et al 2008:261).

Compared to other Asian ethnic groups, Koreans report a higher level of religious participation and attendance being the “single most important organizing force for the immigrant community, given its geographic dispersion” (Hochang Lee et al 2008:17).

The church serves as an institution where members of the community, young and old come together to exchange cultural values, norms, traditions, and engage in religious activities. According to previous research, Korean Americans report gathering *at least* once a week to attend services; many attend Sunday afternoon, Wednesday evening, Saturday morning prayer services in addition to the traditional Sunday morning service (Hochang Lee et al 2008). It is also regarded as a place of education where children are taught to speak, read, and write the Korean language often through Saturday Korean school; in addition, the church provides older members to engage in programs where they can learn English and engage in other forms of educational and acculturation activities.

Another aspect of the Korean church is the hierarchy of leadership that is prioritized in the governing body of the Korean church by its members and community. Studies have shown that the Korean community places a significant amount of responsibility, trust, and reliance on the pastors, leaders, and elderly among the Korean church. “The clergy of Korean churches assume more than the traditional role of a spiritual leader; they are also social service providers, teachers, interpreters, and counselors for those Korean Americans in need” (Hochang Lee 2008:17). One particular study found that the conceptualization of mental health and mental illness by the Korean clergy greatly affected their referral activity and referral intent of

individuals to mental health services (Kim-Goh 1993). Because a majority of concerns among individual within the Korean community is addressed within the church, it can play as an “ideal setting for preventive work with Korean immigrant families and individuals” (Kim-Goh 1993).

The importance of religious life amongst Koreans is attributed to the “strong degree of ethnic identity and consciousness” where the Korean American church plays as an “integrative arena” for many Korean Americans to come together (Chong 1998). Many outsiders find that there is a strong sense of camaraderie and strength among communal interactions of the Korean American community, typically found among church organizations. This strong degree of ethnic identity and exclusivity among second-generation Korean American churchgoers is exacerbated by their “defensive ethnicity against their perceived ‘marginal’ status within American society as a non-white minority group” (Chong 1998:262). As such, collective patterns of thinking have the power to shape the internalization of ideals and the views of individuals within the group, such ways of thinking and “behaviors related to various religious expressions with their doctrines, worldviews, and rituals might be designated as religious cultures” (Rhi 2001:573).

### **Research Questions/ Hypotheses**

Using the theoretical underpinnings of Durkheim and following previous research I will explore *how* and to what effect religion (very religious vs. not religious) influences Korean-American undergraduates’ perception of mental health issues.

Based on prior research, I expect to find that the religious views of an individual combined with his or her integration within a religious community may shape their perceptions towards mental health and mental health services. I also expect that religion will influence a person’s perceptions of his or her own mental well-being.

For mental health, I will focus on three major concepts: how individuals perceive mental

health in general (including mental illness and the stigma associated with it), how they perceive their own mental health and well being, and finally the types of coping mechanisms individuals utilize (including the utilization of mental health services).

For religion, I will focus on the dimensions of religious affiliation, religious beliefs and views, religiosity, and religious attendance and participation. Religious affiliation refers to the denomination of religion one associates themselves with, practicing the rituals and traditions that are outlined by the domination. Religious views and beliefs correlate to the moral, ethical, behavioral, and spiritual thinking an individual has towards issues. Finally, religiosity and religious participation relate to how important religion is to an individual and how fervently he or she participates in religious activities.

I believe that the four dimensions of religion may shape an individual's perceptions towards mental health and well-being and their utilization of certain coping mechanisms. Furthermore, differences with regard to the "religiosity" of individuals and higher religious participation levels may lead to stronger connections between religion and perceptions of mental health and mental illness.

## METHODS

Because of the exploratory nature of my research question, qualitative methods are best suited to the purpose of this research. I seek to understand complex relationships between religious background and perceptions of mental health. In-depth interviews provide a way to understand individuals' thinking about mental health issues and the way in which their religious background influences these perceptions (Lofland et al 2005, Weiss 1994). I purposely chose one ethnic group (Korean-Americans) so that I could focus on the element of religion and

compare those with strong religious backgrounds (on all four religion dimensions) and those with no religious affiliation and low religiosity.

I conducted a total of nineteen interviews of Korean American undergraduate students at a private Southeastern university located in DeKalb County, Georgia. This mid-sized university has an undergraduate population of approximately 6,000 students and is comprised of a diverse student body. Fifty-four percent of the Emory Undergraduate population is white, 11.4 percent is black, 5 percent is Hispanic, and 20 percent is Asian American. All students were at least 18 years of age and there was not an upper age limit as long as they were currently enrolled in the university and completing their third or fourth year of study. This study's design was to conduct in-depth, face-to-face interviews with twenty individuals at the conclusion of the research. By the completion of the interview stage, I collected responses from eight Korean-American students who affiliated themselves with the Protestant Christianity and eleven Korean-American undergraduates who do not affiliate themselves with any religion.

Recruitment was conducted solely through email using a snowball sampling procedure. The recruitment email explained my objectives and my intended sample (Appendix B). The email also explained that participation in the study was voluntary and that in no way would their responses be linked to their academic success or failure or standing with the college, faculty members. Students who initially responded were then asked for referrals to other students with similar religious backgrounds. These individuals were also contacted via email.

All interviews were conducted at a place of the participant's choosing on the university campus and each interviewee was asked to sign an informed consent form as part of the first step in the interview process.

I was able to successfully interview nineteen participants, eleven who reported that they held no religious beliefs and eight who practiced Protestantism (Appendix A). I collected responses from fourteen females, four who were third year students and ten who were in their fourth year of study. I collected five responses from males, one in their third year of study and three in their fourth year of study. Each interview lasted approximately thirty minutes to an hour long.

**Table 1.** Past Experience in Religious Organization by Religious and Non-Religious Students

Experience in Religious Organization	YES		NO	
	Religious	Non-Religious	Religious	Non-Religious
Attended Korean Church when Young	Elizabeth Julia Gina Colin Molly Jane John Lily	Teresa Natalie Lisa Brynne		James Alex Josh Julia G. Irene Hannah Emma
Attended Religious Organization at least once in College	Elizabeth Julia Gina Colin Molly Jane John Lily	Emma Julia Natalie Irene		James Alex Josh Hannah Teresa Lisa Brynne
Regularly attends religious services	Elizabeth Julia Gina Colin Molly Jane John Lily			James Alex Josh Julia G. Irene Emma Teresa Natalie Lisa Hannah Brynne

Table 1 captures the level of participation and past experience within a church organization by respondents in both groups. The university organizations in which the Christian students reported participating in consist mainly of Korean American and Asian American students. While some undergraduates in the non-religious group stated that they attended religious services at some point in their lives (a few times during childhood, by the insistence of childhood friends as well as university friends), all individuals reported themselves as atheists and/or non-religious individuals who did not practice any form of religion.

To capture the meaning of mental health amongst undergraduates, I asked a set of questions on the topic of mental health and followed by an in-depth exploration of their religious affiliation, religious views & beliefs, religious participation, and religiosity. I focused on their perceptions of how mental health issues are represented in society, what they believed was the main issue of concern in societal concerns of mental illness, their perceptions of positive mental health, the types of coping mechanisms they utilized, and any personal experiences with mental illness.

After conducting the recorded interviews, I transcribed them and used the computer program MAXqda to code and analyze the codes for the topics discussed. Using the guidelines provided by Miles and Huberman (1984), I organized a set of categories and codes related to perceptions of mental health (including mental illness), one's own mental health & well-being, coping mechanisms, religious affiliation, religious views & beliefs, religiosity, and religious participation. Utilizing the iterative process of fitting codes of my observations, I continuously found opportunities to come up with new categories of codes as I transcribed and analyzed my data. Throughout the analysis process, I retained, revised, and discarded particular codes and categories of evaluation and periodically visited the interview guide to amend the questions and

revise my ground evolving theory. This was the most imperative part of the process as I determined to focus on a specific category set following the analysis part of my research.

## RESULTS

Over the course of the nineteen interviews, I observed a set of clear patterns that addressed my research questions in some depth. I assessed the degree to which each individual's religiosity and religious participation affected their views on mental health (see Appendix A for list of participant pseudonyms and religious affiliation). I found that among the Christian students, religiosity, religious participation and religious views/beliefs were closely related to the students' perceptions of their own mental health and general well-being. Coping mechanisms utilized overlapped among both groups, but individuals within each group reported drastically differing types of coping mechanisms.

### **Perceptions of Mental Health among Christian Students**

When I asked these individuals about how they felt about mental health some provided a holistic approach to mental health and mental illness referencing spiritual as well as secular definitions of what it meant to be mentally healthy. Table 2 is a comprehensive outline of all responses made by individuals in both groups regarding personal perceptions of *mental health*. Initially, many referenced scientific definitions of *mental health* as they had perceived it through their academic courses and other sources. I found this the most difficult point of the interview because many of the individuals were unsure of what I was looking for and strived to provide me with the "correct response". However, I found that as I engaged the interviewee and encouraged relaxed atmosphere that interview became more conversational and the respondents became more comfortable with providing me with open answers.



**Table 2.** Perceptions of *Mental Health* by Religious and Non-Religious students

Perceptions of Mental Health	Individuals	
	Religious	Non-Religious
1.) Mental Health as absence of mental illness (such as Bipolar Disorder, Depression, Schizophrenia etc.)	Elizabeth Julia Gina Jane John Lily	Alex Julia G. Irene Emma Natalie Lisa Hannah Brynne
2.) Belief that mental health closely related to faith, contentment with Christian life.	Elizabeth Julia Gina Jane John Molly	
3.) View <i>purpose</i> in life as an aspect of positive mental health	Elizabeth Julia Jane John Lily	Julia G.
4.) View <i>achievement of success</i> as aspect of positive mental health (closely related to next point)	Colin John	James Alex Natalie Lisa Hannah Brynne
5.) Contentment and happiness is positive mental health	Elizabeth Julia Colin Jane John Lily	James Alex Josh Julia G. Irene Emma Teresa Natalie Lisa Hannah Brynne

Once I explained that I was looking for a general definition of the term *mental health* many were able to provide a variety of responses. A few of the interviewees believed that *mental health* was the absence of mental illness, a definition that they had learned from taking Global Health and Psychology courses. Others believed that positive *mental health* was a state of being happy, generally content, and having the ability to interact socially and comfortably with other individuals. For Molly, a senior in the business school, for one to be mentally healthy one had to have the ability to engage in social settings and everyday activities without emotional and mental obstacles.

“To be mentally healthy... hmm, well I think, that... in order to have full positive mental health capabilities an individual should be able to engage with their surroundings and the people they come in contact with everyday. I think... that you're not supposed to have crazy thoughts, you know, like suicidal thoughts or have symptoms of depression.”

When I initiated a discussion in which I asked them how positive mental health was viewed within their religious organizations and churches, many of them opened up about their perceptions in terms of how spirituality greatly affected their mental health. (Many mentioned how their spiritual lives influenced their perception of positive mental health before I brought up religion). To them, their relationship with God defined their happiness and general contentment with how they lead their lives. They believed that seeking direction from God through prayer, fellowship with church members, and exploration of the Bible allowed them to seek the proper direction it was required of a purpose-driven life, which to many was the apex of being mentally healthy and leading a happy life.

Gina had grown up attending a church and as the daughter of a deacon she had followed in her parents' footsteps by taking on leadership roles in the church. She is currently the leader of her small group within the Christian organization she has actively participated in since her

freshman year. For her, positive mental health correlated closely with being on the right path with God and herself. She provided an interesting perspective to how she perceived well-being and positive mental health by introducing the concept of a purpose-driven life. For her, the journey to find God's purpose for her life and placing her faith in him provided her with contentment and general well being.

“Have you ever read the book a *Purpose Driven Life*? Well, a couple of years ago my small-group read it together and I remember discussing the reason why we are on this earth. Like, I think for me, as well as for many other Christians, we try to stay steadfast in our relationship with God so that we are content with what we do and eventually achieve the purpose we were placed on this earth. I mean, don't get me wrong, I have no idea what I will be doing in the future, I'm graduating in a few months and I still have no clue where I'll be after graduation. But I am not worried because I know whatever happens is God's plan for my life. For me, being quote-unquote mentally healthy is I guess... to be driven and have a purpose in life, which is what God provides for me... er, He provides me with a purpose in life.”

John, who like Gina had grown up attending a Korean church, discussed his experiences as a student minoring in Global Health he had taken many courses that addressed mental health issues and so he was well aware of the stigma attached to mental illness. He also believed that in order to be completely mentally healthy, an individual also had to be spiritually in tune with a higher moral being. Although he acknowledged that people had many beliefs, he urged that it was important to be in tune spiritually with a higher being in order to be completely in harmony mentally. He could not grasp how many individuals were able to find true happiness and contentment in life without guidance and auspices of a being greater than the individual self.

Many of the Christian students acknowledged that there was a lot of stigma that surrounded the mental health, particularly mental illness. Some individuals admitted that they had personally associated stigma with mental illnesses prior to attending college because they were not fully aware of the different types of mental illnesses and lacked adequate knowledge on

the topics of mental illness. Others still regarded mental illness with a bit of hesitation like Lily, a third-year student in the college, who stated that she knew very little about the field of study. She found that personally for her, mental illness was a difficult concept to understand because it is a phenomenon that cannot be physiologically seen.

“I have difficulty grasping how it must feel to have a mental illness. I feel like a disease of the mind must be the most intrusive on the self. If you have cancer or something that ravages the body, you still are certain of who you are and your mind becomes your solace. Where do you find yourself if it is your mind that has been altered? And I know that there is definitely a stigma against mental illnesses. I personally feel odd about it too... People see mental hospitals as scary or freaky. I know that people who have mental illnesses can be seen as being possessed.”

Other students experienced first-hand the effects of stigma and related their personal experiences. Jane had grown up attending a Korean church in a west coast city where the community in which she lived was predominantly made-up of Korean Americans. She recounted her experiences of a close friend who suffered from depression during high school. Her friend, Grace\* also regularly attended a different Korean church within the same community as Jane, but found that the fear of receiving criticism and disapproval from the adults in her life, including the members in her church, kept her from seeking treatment for her condition.

“This happened a couple of years ago when I was a freshman in high school, but I remember that Grace had a difficult time keeping her depression hidden from her parents. I think what like scared her most about her parents finding out was that they would be ashamed or disappointed in her for not having like hmm how should I say this, like not having the mindset? Or maybe it is the willpower? To overcome difficulty... Like Asian parents, you know, think that it is super easy to get over something or achieve something if you just set your mind to it. Her parents were like elders in the church too, so that put a lot more pressure on her to keep her depression a secret. You know, Koreans talk, blah blah blah. My close group of girlfriends were the only ones who knew for the longest time.”

Jane stated that Grace could not approach many people around her because of the pressure she felt internally due to the stigma associated with mental illness especially in the community she lived. Especially because Grace’s parents were elders in the church, Jane

indicated that it would be taboo and that the church community would negatively regard Grace and her family if her condition were made public.

### **Christian Students' Perceptions of Own Mental Health & Religious Influences**

Gina, who also as a daughter of a deacon, acknowledged the pressure she felt to act a certain way by upholding a poised and respectable appearance so she would not face scrutiny from older adults within the church. Elizabeth, a senior in the college stated that as the daughter to a pastor of a large Korean church in Virginia, she felt the pressure to not do anything that would jeopardize her father's position in the church. She and her siblings were constantly in the spotlight, not only in church but also in the outside community because of her father's influence in the tight-knit Korean American community in Virginia.

“My siblings and I have always been in the spotlight of my dad's church. I need to consciously aware of what I say or do because something I do or say will eventually get around the whole church and then I get reprimanded by my dad. Unfortunately. But that's always been the life for me so I am okay with it. (*long pause*). Senior year of high school was the worst because as the eldest of my siblings the entire congregation was waiting to see where I would go to college. Talk about pressure. But it's not as bad as I'm making it sound—I love my church family.”

Elizabeth stated that her relationship with her father greatly influenced her to seek out a Christian organization that specifically geared towards Asian Americans, on campus. The reason, she stated, was to find comfort in the organization—because she had spent her entire life attending one church, she wanted to find a church group that would provide her with similar dynamics and experiences as her home church. She believed that attending an Asian American church would also provide her with cultural security that she was so accustomed to her entire life. The religious organization she found on campus provided her with a lot more security than she thought she would receive—she actually preferred her student organization over her home church because she felt that she connected significantly more with the individuals in her college

organization. The group that Elizabeth belongs to is predominantly Asian American and is comprised of many young adults in the Atlanta area.

As the daughter of a pastor, she stated that she had seen a lot of internal problems within the church that frequently affected her view of the Korean church. Regardless of the internal problems these individuals had experienced within the church, none had negative views and only regarded a positive attitude towards their full experience within the church. Many found that the rewards and benefits of their experiences within the church outweighed the costs, a few stated that their church community provided them with cultural context and engagement, leading them to embrace their Korean American heritage.

The Korean church is not only a religious organization, but also a cultural one because it promotes, practices, and necessitates the production of the cultural traditions and norms of Korea. For some students it was a weekly tradition to attend Korean school on Saturday then attend church services on Sunday in the same building. It was through participation, Because of the close-knit nature and integrative features of the Korean church, many students believed that their home church served as an institution where all concerns of their lives—spiritual, emotional, physical, mental—could be met. John recounted the importance of the church institution within his life.

“I’ve grown up in church my entire life so I couldn’t imagine my life without it. From Saturday Korean school, church revivals, youth group retreats, Wednesday night fellowships, I could go on. I would say aside from eating, sleeping, and attending school I’ve spent a majority of my life in my home church, and now in college, most of my time I am with people from \*\*\* or at a \*\*\* function. Church has been the foundation to my growth as an individual...”

### **Coping Mechanisms among Christian Students**

When I asked the individuals to define some of their coping mechanisms, many provided the behavioral and cognitive efforts that they used to address emotional or mental problems.

Many of these students mentioned that the pressure to do well in school, achieve high test scores, and maintain a high grade-point-average was the cause of much of their distress. Additionally, these students mentioned other stressors including the difficulty of managing time, dealing with financial problems, and maintenance of personal and familial relationships. However, several students stated that such problems were typical of a college student so they just learned to deal with the stressors personally or through the help of close friends and family.

**Table 3:** Coping Mechanisms Reported by Religious and Non-Religious Respondents

Coping Mechanisms (Thru Social Support)	Individuals	
	Religious	Non-Religious
1. Seek help from individuals from church (mentor, older individual, small group leader)	Elizabeth Julia Gina Jane John Lily	
2. Seek help from pastor/minister	Elizabeth Julia Gina Jane John Lily	
3. Seek advice or help from peers <b>within</b> Church or religious organization	Elizabeth Julia Gina Jane John Molly Colin	
4. Seek advice or help from peers <b>outside</b> of Church or religious organization	Elizabeth Julia Gina Jane Molly Colin	James Alex Josh Julia G. Irene Emma Teresa Natalie Lisa

		Hannah Brynne
5. Seek advice from religious parents	Elizabeth Gina Jane	
6. Seek help through prayer	Elizabeth Gina John	
7. Seek professional help	N/A	Brynne
8. Engage in physical exercise & partake in hobbies/activities	John Colin Molly Lily	Alex Josh Julia G. Irene Emma Teresa Hannah Brynne
9. Deal with problems internally	John Molly Lily	Alex Josh Julia G. Irene Hannah Brynne

Table 3 provides a comprehensive report of the coping mechanisms utilized by individuals within both groups. Some of the respondents' coping mechanisms were tied to their interactions within the church and the religious organizations they were active in on campus. Jane spoke about her relationship with older members of the church and how they deeply impact her life, both personally and spiritually. The social support these individuals have received through their participation can attribute to their happiness and contentment with their lives. Whenever they find that they are emotionally or mentally stressed, these individuals look to their relationships within the church or directly with their relationship with God.

“I really appreciate the role models I have in my home church. Whenever I have a problem in my spiritual life or just general problems... I can talk to anyone in my family group or my youth group leader back at home. It's comforting to know that I will always have such influential people in my life... and I think this is what keeps me sane in college (laughs). I don't know how else, or how I would, no



could, handle juggling classes, work, and all the other obligations I have. Church is like my escape from all the stressful things in my life.”

Elizabeth spoke about her relationship with her parents, particularly her father who as a pastor had provided her with a significant amount of mentoring and guidance throughout her life. She, John, and Gina all spoke about the act of praying and how they utilized it as a form of a coping mechanism. While some of the other students mentioned it in passing, these three students spoke fervently about the personal benefits they gained from praying alone or with other people. Elizabeth, particularly, believed that praying gave her the ability to overcome a stressor or at least give her a sense of affirmation that everything will eventually work out in the end.

“Whenever I am emotionally or mentally drained or I’m dealing with something that is a constant stressor in my life, I pray about it. Prayer is a powerful tool and as a pastor’s kid, I’ve grown up witnessing the power of prayer—I think especially in the Korean church you see a ton of revivals and services where we just pray for hours on end. It is something that I guess outsiders would not feel comfortable around, but I know it works. I guess... what I am trying to say is that whenever there is something that bothers me or whenever I am going through an extremely tough time, I just leave it up to God and a wave of peace comes over me.”

These students find that their faith in God and the relationships they have within the church provides them with affirmation and contentment with their lives. Thus, they would rather seek help from individuals who are closely tied to their church organizations, youth group leaders, fellow members of the church, and prayer with God, than seek help through professional mental health workers. I was surprised to find that when I asked about the mental health services at the university, none had utilized the services although most had heard about it. They personally felt that seeking professional help for mental health would be not be directly beneficial for them unless they had a debilitating illness such as psychosis or schizophrenia. However, the students believed that it was useful to have mental health services on a university campus for the well being of their fellow university classmates.

“I don’t think I’ll ever plan on seeking medical treatment for mental problems or seek out mental health services because... I don’t know, there is just a stigma attached to mental illness and if I were to ever seek help and people found out, I would feel like an outcast. Especially if I were in a situation where I had to tell my parents and their friends found out—in a Korean community, mental illnesses have stigma attached to them even in a church setting I think the situation, our family would be very much talked about. Plus I can just use other quote-un-quote coping mechanisms.”

Jane explained that her experiences with her friend Grace taught her to keep such problems out of the watchful eye of the Korean community. I thought it was interesting that individuals in this group sought direction and advice from members of the church and yet objected the idea of relaying the presence of mental illness or admitting seeking professional help to church members for fear of scrutiny.

### **Non-Christian Students’ Perception of Mental Health**

I interviewed eleven students who held no religious affiliation. Although some had attended church when they were young, they stopped by their teenage years. When I asked about their perceptions of mental health, many provided responses that were similar to those of the other group. Positive mental health was a way to live free of mental pressures and illness that affect those with mental disorders. Several students listed the types of mental illnesses such as depression, bipolar disorder, schizophrenia, Seasonal Affective Disorder (SAD), as manifestations that hindered positive mental health. I found that many of the students tried to justify their personal definitions by providing references to the information they had received through classes and other sources. Unlike the other group however, there was no mention of spirituality and the positive attributions attached to higher beings.

Many of the individuals viewed mental health as a positive aspect of living a fulfilling and successful life—*happiness* was a term that came up often among members of this group. Although success and happiness were both mentioned by many in this group, I was surprised to

find that none mentioned having a purpose-driven life as a prominent aspect of being mentally healthy. Like the other group, many students in this group found that pressures to perform well in school. For Molly, a senior in the college, her undergraduate experience was filled with highs and lows due to the pressures she received from her parents to perform well in school. Internal motivation also provided her with the necessary drive as well as stress for her—emotional anxiety was always the cause of extreme exhaustion, worry, and mental breakdowns that hindered her from performing well in her courses.

Because I spoke with many of these individuals after I conducted interviews with the first group, I was able to bring up the topic of purpose-driven life as an affirmative aspect of positive mental health. I asked the individuals how they felt about finding their purpose in life and how that tied in with their mental health. Many were taken about this question and few had to save this question for later because they were unable to answer it right away. A couple of students laughed it off and said that their purpose in life was to succeed and find a career that would allow them to live comfortably in the future. Alex, a student in the undergraduate business school believed that he would know his purpose in life and the achievement of happiness (apex of positive mental health) once he scored a high-paying job in a big corporation. Julia, a junior studying biology talked about achieving both long-term and short-term goals as a means of living a content life. For her getting good grades and recognition in academics and extra-curricular activities remained to be one of the most important aspects of finding contentment in her life.

“I guess my purpose in life would be something cliché like "living it to the fullest" or "never regretting anything." The cop-out answer would be that I'm too young to really know what my purpose in life is. It is easier for me to tell you what ISNT my purpose in life. For example, my purpose in life is definitely NOT to be a teacher and educate the children of America. It isn't to change the world Steve Jobs-style and technologically override the media and communication sector. It isn't to be an amazing world-class chef and be adored by all who taste my food. Okay maybe I am overthinking this. At this point in my life, my purpose is to get

through it with happiness and love, to do my best to not leave a path of damage and destruction in my wake, to leave everywhere I end up a little better than when I found it, to enjoy every microsecond of it, and to never miss out on a single experience.”

### **Non-Christian Students’ Experiences with Religion**

I found it extremely interesting that many of the individuals within this group were well-aware of the uniqueness of the Korean American church community. Several individuals within this group had attended a Korean church before but had never continued their participation in the church for several reasons. Many held negative views of the Korean church from personal observations or experiences they had from the times they attended a church service. Emma, an adamant atheist explained that her negative views of religious organizations stemmed from personal experiences.

“I have spent a lot of time in college being surrounded by \*\*\* and \*\*\* and all these Asian religious groups. I envy those students who are so confident and devout to their religion; I always wish I could be so sure of my religion but I have too many questions that people cannot answer and too many people are so hypocritical that I no longer see what organized religion is supposed to be about. I also shy greatly away from churches that believe that their religion is the best and that others are just committed to Hell. I went to \*\*\* for Easter one time and I distinctly remember the pastor talking about how Jesus rose from the dead. Then he said, ‘Can Buddha do that? Can Allah do that? No!’ And I was immediately turned off. That simple phrase sums up exactly what is wrong with religion: religion lengthens the divide between people and separates us even more rather than uniting us under the belief that we are all human and have certain basic human rights. How is that any good for anyone’s mental health?”

Many of the non-Christian students stated that they believed individuals with mental health problems would be looked down upon by members of the Korean community even in Korean churches because of the sociocultural stigmatization attached to mental illness. These individuals were all well aware of the stigma attached to mental illness and felt that the stigma was highly exacerbated among Korean communities. Many felt that the Korean

church was an institution that provided social cohesion, promoted cultural awareness using exclusive and boundary forming mechanisms.

I found it extremely interesting that a couple of the students in the group, the ones who had previously attended Korean churches, believed that mentally ill individuals would be discriminated against and stigmatized if they were to attend a Korean church. Teresa, a senior in the business school, had attended services at a Korean church several times through the insistence of a close friend. She stated that the few times she attended religious services with her friend, she felt that she was stared at and frowned upon by members of the congregation for the multiple piercings she had and for not attending with a family unit.

“I went to church a couple of times because my best friend in high school asked me to go with him. I liked the youth group, everyone was chill—but I felt extremely uncomfortable when I went to the actual service where the adults go too. Maybe it was the multiple piercings I had... As you can see, I am not your traditional Asian girl (laughs) or maybe it was because I was there with a male friend and not with my family. Regardless, I can assure you that after I went a couple of times, I couldn't bring myself to commit to attending regularly even though I had a good time in the youth group. (Later in interview) If physical traits slash outward blemishes such as piercings receive such negative attention from them I don't see how mental illnesses and the typical blemish of the mind wouldn't get the same type of response...I understand why people would fear them but believe that people with mental illnesses should be excluded is just another form of discrimination; having prejudice against people about things they cannot control.”

### **Coping Mechanisms among Secular Students**

The non-Christian students exercised varying coping mechanisms including some that the individuals in the previous groups mentioned (Table 3). These students attributed their problems to similar stressors of the other group—these problems ranged from academic-related stress, pressure from parents, financial strain, to conflicts with friends and family etc. A couple individuals stated that dealing with problems internally was more beneficial to their mental well-being because they found that burdening other people with their problems was more stressful to

them. Hannah often disregarded her feelings by thinking and contemplating about her problems on her own. “I usually internalize my problems and keep things to myself. It is because I would rather take on the burden myself instead of burdening others around me. My family members react to stress in the same manner, I think we were all just raised to deal with it.”

Most of the males in this group mentioned that they usually found themselves brushing over the problem—they believed that as men they were required to “man-up” and “get over” their problems. Others, however, found that talking to friends, family members, and other close individuals was mentally relieving—the social support they found through individuals around them was important to the maintenance of their social, mental, and emotional well-being.

Others found ways to relieve themselves by engaging in behaviors that alleviated their stressors such as physical exercise, leisure activities, and other hobbies. I found it very interesting that many believed seeking help through mental health services was not necessary for themselves, although beneficial for other students. Only two of the eleven students had ever considered utilizing the service—out of those two, one individual actually sought the mental health services during her sophomore year of college.

Brynne stated that as a transfer student, she had a difficult time adjusting to the new environment and making friends. Because of the difficulties she faced in her personal and academic life she stated that she made an appointment with the student counseling services and attended several sessions over the course of the semester. However, she stopped going after a few sessions because she stated that she felt detached from her counselor. Although the services she received seemed beneficial at the moment, her overall view did not change thus negating the need for her to seek additional help. Brynne mentioned that much of her problems stemmed from pressures to do well in school from her parents who had initially disapproved her

transferring to a new university. Because her problems stemmed from a sociocultural perspective, she was unable to adequately relay her problems to her counselor who was brought up from a different background than her.

The individuals in this group were also more likely to engage in activities that Christian students would not engage in themselves. Several students practiced negative/self-harming behavior by reliving stress through frequent substance and drug use. Alex had never drunk alcohol prior to attending college, but he stated that he found himself seeking out alcohol when he was stressed out or angry. He also picked up the habit of smoking cigarettes during his freshman year when he became friends with other Korean students who smoked regularly. It soon became a habit after he continued to smoke to relieve his emotions or de-stress. Similarly, several students joked about their excessive partying habits that were part of the coping mechanisms—these individuals stated that they chose to engage in risky behavior to partially forget about their responsibilities for a certain amount of time. Furthermore, these individuals did not limit their partying to the weekends but also the weekdays even if they knew they would miss their courses and other engagements the next day. Irene stated that forgetting her priorities and responsibilities momentarily even for a couple hours a night was relieving for her. By momentarily forgetting the responsibilities she had, she found motivation the next day to try harder in school.

“As bad as this sounds, and I should be ashamed to be saying this in public but I enjoy going out with my close friends and just blacking out for the night. You’re not judging me right? Good, I just think that the college environment encourages such behavior and it helps to forget about ALL the obligations you have for just one night. Stress free for like a night, that’s how I roll, you know?”

Overall, the individuals in this group were likely to engage in a variety of coping mechanisms—many that overlapped with those of the other group of respondents, but this group

also reported engaging in other types of coping mechanisms that were not reported by respondents in the other group. These behaviors would be regarded as risky behaviors, placing these individuals in potential dangers of causing harm to themselves or others around them.

## DISCUSSION

For young adults, learning about and understanding issues surrounding mental health and mental illness is an important one as the prevalence of mental illness continues to grow and effect future generations. My exploratory research study depicted the ways in which some Korean students perceive mental health issues through the dimensions of religiosity, religious participation, religious affiliation, and beliefs. I expected to find *how* and *to what extent* religious views of an individual combined with his or her integration within a religious community has in of shaping individuals' perceptions towards mental health and mental health services.

This study offered a brief glimpse at Korean undergraduates' perceptions of mental health through the exploration of various dimensions of religion. By conducting qualitative interviews, I was able to complete an exploratory study of students' perceptions of mental health including mental illness and the stigma associated with it, how they perceive their own mental health and well-being, and finally the types of coping mechanisms they utilize. Through a continuous exploration of religious affiliation, religious beliefs, religiosity, and religious attendance/participation, I found that many individuals' perception of the mental concepts varies greatly as their views and beliefs vary. Throughout the entire process, I learned a lot about the views and opinions of fellow Korean American undergraduate students who have had varying degrees of exposure to Korean religious communities.



The students I interviewed all had nuanced views of mental health and the responses I gained from both the Christian and non-Christian individuals ranged from mental health as the absence of mental illness to the presence of positive mental health and existence of general well being. Many believed that mental health was the absence of major mental disorders such as Bipolar Disorder, Unipolar Depression, Schizophrenia, and other commonly known mental illnesses. Others, particularly those in the non-Christian group attributed the term *happiness* as an important aspect of positive mental health. What became abundantly clear to me was that individuals among the Christian group who had been immersed in the Korean church community their entire lives, held extremely subjective views on the degree to which their personal mental health was influenced by a higher spiritual being.

I found that faith along with a personal relationship with God held high levels of importance for well-being. Among the Christian students mental health seems to be an entity that is closely tied to one's spirituality and belief in a higher being. Many stated that their personal relationship with God was extremely important to their own individual mental health. Through prayer, meditation, daily quiet times, these students believed that their relationship with God was the number one priority in their lives. Not only was their personal relationship with God important, but also many believed that the maintenance of close relationships within the church played a huge role in their well-being as they sought advice, mentorship, and guidance from members within the church.

Both groups reported various coping mechanisms, and although overlapping occurred, I found that there were distinct coping mechanisms reported by members within each group. Supporting previous research, I found that non-Christian students reported risky-type behaviors including drinking, smoking, and partying that was not reported by the Christian students as a

form of coping mechanisms (Smith 2003, Varon and Riley 1999). Such “health-compromising behaviors” (Wallace and Forman 1998) were not reported by the other respondents. Instead, these individuals reported seeking advice from family members, friends, and individuals (both within and outside church) was the most utilized form of coping. Whether such relationships came in the form of a mentor, friend, small group leader, elder in the church—all were highly cherished by the students who sought these individuals for advice and a form of counseling. Following previous research ((Ryan 1993, Cinnerella & Lowenthal 1999, Koenig & Larson 2001) my findings suggest that religiousness and religiosity is a significant predictor of well-being and social support.

Where does all of this fit in the experience of the Korean undergraduate in the Korean church? All of the Christian students I interviewed had been highly active in their Korean churches back in their hometown and also participated in Korean and/or Asian American organizations on campus. As previous research suggested, many of these individuals found that their experiences in the Korean church was highly embedded in their involvement with the church—because of the interactive nature of the Korean church, individuals reported that their home churches were not only places of religious worship, but also arenas for cultural growth and awareness. I apply Durkheim’s theory of collective effervescence for the interactions and the distribution of cultural norms, views, and beliefs maintained by the Korean church community. According to my respondents, there is definitely a resilient sense of camaraderie and strength among communal interactions of the Korean American community, especially exacerbated by a high prevalence of participation and involvement among church organizations by members of the community.

I found that although the Korean American students had a set understanding and definition of mental health, almost all respondents attributed stigma as a cultural phenomenon that was the main deterring factor keeping individuals from speaking publicly about mental illness within their communities and seeking professional mental health services. This supports previous research on the underutilization of mental health services among Asian Americans as well as Korean Americans, in addition to the deterring factors that is attributed to the stigma associated with mental illness (Hochang Lee 2008, Jang et al 2007, Ng 1996, Sunmin Lee et al. 2009).

Among Christian respondents none reported utilizing mental health services and only one non-Christian student reported seeking counseling. I found it sufficiently surprising that all respondents believed that the accessibility of mental health services on campus was extremely important for the general student body, yet almost all believed that such services were not personally beneficial for themselves. Following previous research, individuals reported that stigma associated with mental illness was extremely apparent within Korean American communities. The Korean church is regarded as a central arena for the maintenance, construction, support, and reinforcement of Korean ethnic identity and ideals, and as such, overarching views on mental health issues and stigma associated with mental illness, although originally culturally manifested, remains an embodied belief by members within the church.

There were several limitations to this study. Because my study was exploratory and I conducted qualitative research methods, I am not able to make generalizations about Korean American students and their perceptions of mental health issues. In addition, the Christian respondents in my study were all recruited through snowballing methods and they were all members of the same religious organization on campus. Such sampling measures are limiting; a

sample of Korean American undergraduates recruited from a different religious organization on campus may have yielded more pronounced and even different results. Furthermore, research conducted in a different institution may have also yielded different opinions and viewpoints of Korean American undergraduates.

A follow-up study that focused on just Christian students' perception of mental health issues and mental illness would complement my study well. Likewise, a follow-up study focusing on the perceptions of mental health issues amongst non-Christian students may bring about new implications of mental health issues and mental illness without the dimensions of religion.

Finally, my study supports findings that suggest that there is a stigma of mental health and mental illness among Korean American communities. In my study, the maintenance of such beliefs was manifested within Korean American churches. Because previous research suggests that Korean churches remain central to the maintenance, construction, support, and reinforcements of ideas and beliefs among Korean American communities, I contend that there should be extensive research and movements to raise awareness of mental health issues among Korean American communities.

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## APPENDIX

## Appendix A: Participant Pseudonym and Involvement in Religious Church/Organization

James	Non-Religious <sup>1</sup>
Alex	Non-Religious
Josh	Non-Religious
Irene	Non-Religious
Emma	Non-Religious
Teresa	Non-Religious
Natalie	Non-Religious
Olivia	Non-Religious
Hannah	Non-Religious
Brynne	Non-Religious
Julia G.	Non-Religious
Jane	United Methodist <sup>2</sup>
Gina	United Methodist
Lily	United Methodist
Molly	United Methodist
Jordan	Christian
Frank	Lutheran
Justin	Southern Baptist
Erin	Presbyterian

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<sup>1</sup> Non-Religious Students reported no spiritual practices and religion had no part in their lives.

<sup>2</sup> The Korean American churches the religious students were involved in all have similar core evangelical beliefs. All were regular attenders of churches as well as religious student organizations and all reported that religion was an extremely important part of their lives.

## Appendix B: Recruitment Email

Hi! My name is Susanna Kim and I am an undergraduate Sociology major. I am conducting a senior honors thesis about the relationship between religious backgrounds & religiosity and students' attitudes on genetic testing & mental illness. I am hoping to find students from two separate groups: students who grew up attending religious services of a Protestant Denomination and students who grew not practicing any religion at all and who are still not affiliated with any denomination. You must be at least 18 years old to participate in this project.

I am looking for volunteers who are willing to participate in one interview with me, which will last about 30-45 minutes. The interview will be conducted in a place of your choosing, and if you have no preference, a private room in the Sociology department will be secured.

I cannot offer you any compensation, but your participation is essential to my study and I would really appreciate it! If you are interested, please contact me at:  
skim342@emory.edu.

In your e-mail, please indicate your religious affiliation.

Thank you for your consideration!

Susanna Kim  
Department of Sociology  
Emory University  
Tarbuton 225  
Atlanta, GA 30322  
skim342@emory.edu

## Appendix C: Consent Form

### Title:

Principal Investigator: Tracy L. Scott, Ph.D.

Co-Investigator: Susanna Kim

### Introduction

You are being asked to be in a research study. This form is designed to tell you everything you need to think about before you decide to agree to be in the study or not to be in the study. It is entirely your choice. If you decide to take part, you can change your mind later on and withdraw from the research study. The decision to join or not join the research study will not affect your class standing, course grade, graduation status, or standing with any faculty or staff at Emory. You were chosen to participate in this study because you are a student in the undergraduate college at Emory University, because you are at least 18 years old, and because you are a citizen of the United States. There will be 20 students total participating in this study. Your participation in this study would last between 45 minutes and 1 hour. This study is being conducted as part of my Senior Honors Thesis under the direction of Dr. Tracy L. Scott.

### Purpose

The scientific purpose of this study is to explore the relationship between religious affiliation, religiosity, and religious participation and individual beliefs with students' perception of mental health.

### Procedures

You will be participating in an in-depth interview in which you will be asked about your religious background, affiliation, and religiosity and your views on mental health. The interview will last between 45 minutes and 1 hour. With your permission, the interview will be taped using an audio recorder. Susanna Kim will be conducting the interview. The interview will take place at a location on campus that is easy for you.

### Risks and Discomforts

There are no foreseeable risks or discomforts associated with this study.

### Benefits

This study is not designed to benefit you directly. This study is designed to learn more about how religious background affects the perceptions students have on mental health. There may be no direct benefit to you as a participant from this study.

### Compensation

You will not be offered payment for being in this study.

### Confidentiality

Certain offices and people other than the researchers may look at your study records. Government agencies and Emory employees overseeing proper study conduct may look at your study records. These offices include the Emory Institutional Review Board and the Emory Office

of Research Compliance. Emory will keep any research records we produce private to the extent we are required to do so by law.

### Withdrawal from the Study

You have the right to leave a study at any time without penalty. This decision will not affect your class standing, course grade, graduation status, or standing with any faculty or staff at Emory.

### Questions

If you have any questions, I invite you to ask them now. If you have any questions about the study later, you may contact me at [skim342@emory.edu](mailto:skim342@emory.edu) or 502-216-0957. You may also contact my advisor, Dr. Tracy L. Scott, at [tscott@emory.edu](mailto:tscott@emory.edu) or 404-727-7515.

If you have questions about your rights as a research subject or if you have questions, concerns, or complaints about the research, you may contact the Emory Institutional Review Board at 404-712-0720 or 877-503-9797 or [irb@emory.edu](mailto:irb@emory.edu).

### Consent

We will give you a copy of this consent form to keep. Do not sign this consent form unless you have had a chance to ask questions and get answers that make sense to you.

Nothing in this form can make you give up any legal rights. By signing this form you will not give up any legal rights. You are free to take home an unsigned copy of this form and talk it over with family or friends.

Please sign below if you agree to participate in this study.

Name of Subject

Signature of Subject

Date

Time

Signature of Legally Authorized Representative (when applicable)

Date

Time

Authority of Legally Authorized Representative or Relationship to Subject  
(when applicable)

Signature of Person Conducting Informed Consent Discussion

Date

Time

## Appendix D: Interview Guide

I would like to know your thoughts about mental health and also your experiences with religion, religious organizations, and the church culture.

### MENTAL HEALTH

1. What does it mean to be mentally health? How would you define mental health?
2. How do you seek positive mental health? What are all the aspects of being mentally healthy?
  - a. Mental vs. emotional vs. spiritual
3. By your definition, would you say you are mentally healthy?
4. What sorts of coping mechanisms do you utilize when addressing emotionally/mentally stressful situations?
5. Do you seek advice or help from outside parties when dealing with such situations? If yes, who are these individuals you seek help from?
6. How do you think it is like for Korean Americans to seek mental health services in America? Do you think individuals seek treatment as needed?
  - a. How would you feel getting treated by a Korean American?
7. Have you ever heard about the Mental Health Services here at Emory University?
  - a. Have you ever sought their help?
  - b. Would you ever consider seeking treatment there or any other mental health service?
8. What do you think are the causes of Mental Illness?
  - a. Is anyone immune from MI?
9. What is your perception of individuals with mental illnesses? How do you think members of your church organization or home church would view individuals with mental illness?
  - a. How would you describe someone with a mental illness?
10. Do you believe that people with mental illnesses are a burden on society?
  - a. Would you want to live next door to someone who has been mentally ill?
  - b. Do you believe that individuals with mental illness are feared and excluded by the society?
11. In which ways have you seen or heard any publicity about mental health or mental illness issues in the time you have attended college?

### RELIGION

1. What are the foundations for the ethical and moral opinions you hold?
2. IF Christian, tell me about your experiences growing up/attending a Korean church
  - a. Positive vs. negative experiences
3. What sort of religious beliefs were you taught as a child?
  - a. Were you raised in a particular denomination? What religious beliefs did your parents practice?
4. How would you describe your religious beliefs now? Have you always aligned with the beliefs of your parents?
  - a. If not, what external or internal forces influenced your alignment towards your religious views? Are your beliefs different from that of your parents now that you are in college?
5. IF Christian, what is your view of the Bible (God's inspiration of it)? How does the Bible affect your life?

- a. Can you tell me what "spirituality" means to you? How do you pursue spirituality? Is it important for you to have some devotional time daily? Tell me about your "spiritual journey"? How often do you attend services? Are involved in any sort of religious group on campus? Why did you join? If yes, what is the most important thing you get out of this group? In what ways have you grown spiritually during your time in college?
6. How have these opinions changed during your time in college?

Have any of the attitudes you held for the issues we talked about today changed during the course of your time in college?

Is there anything that you would go back to? Do you have any questions for me?

## Appendix E: Coding List

1. Participation in Religious Groups
  - a. Many individuals whom I interviewed were actively involved in either a religious organization or in church
  - b. Viewed church as a second home
  - c. Highly involved (time, energy, monetary donation)
  - d. Brought up in religious environment (Korean American Church)
  - e. Parents' involvement in church
2. Religious Students' Perception of Mental Health
  - a. Mental health as being happy, content, having purpose in life
  - b. Mental health as being free of mental illness
3. Coping Mechanisms (attending church, confiding in youth leader/pastor, looking up to older individuals such as family group leaders, dealing with it, praying)
  - a. View of those with mental illness, any personal experiences
  - b. Experiences with Mental Health Services/View of Mental Health Services
    - i. Perceive it as a great tool for other students, not needed for their personal use
    - ii. None have utilized the services
4. Non-Christian Students' Perception of Mental Health
  - a. Similar to other group
  - b. Mental health as being free of mental illness
  - c. Mental Illness (Depression, Bipolar Disorder, Schizophrenia)
5. Coping Mechanisms
  - a. Speaking with family members & close friends
  - b. dealing with it individually (exercise, thinking, engaging in hobbies, isolating themselves from others)
  - c. View of those with mental illness, any personal experiences
  - d. Experiences/Views of Mental Health Services
    - i. Only two students have ever used mental health services or have thought about using it. Others have only heard or do not care to/ have not needed to use it.
    - ii. Feel that it is necessary for students general well-being