

A Phenomenological Study of Psychological Experience in the Mental Health Crisis of Korean-
American Christian Older Adolescents

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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Abstract

The purpose of this phenomenological study is to understand the experience of psychological distress witnessed in the mental health crisis of Korean American Christian adolescents. Korean adolescents are at increased risk of attempting suicide. Therefore, it is important to understand the phenomenon and psychological experience of mental health problems among Korean Christian adolescents. This study explores Korean-American cultural characteristics and the psychology of access to mental health services by these adolescents with mental health concerns. The design of this study is an interpretative qualitative study and includes open semi-structured interviews and observations for data collection. This study identifies the distinctiveness of mental health in Korea based on a cultural-psychological theoretical framework. The researcher believes that this study will help to shed light on the factors of psychological distress and avoidance of access to services faced by Korean American Christian adolescents.

Keywords: Korean Christian adolescents, Mental health crisis, psychological experience, Cultural characteristics of Korean adolescents, Access to mental health services

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Dedication

I dedicate this dissertation to God, the owner of my life, because I completed it with the words of the Lord, the Father who is with people who are experiencing the same pain and suffering as me. I dedicate this dissertation to Jesus, who saved my soul, and to the Holy Spirit, who is with me on my journey of suffering. And I dedicate this research to Korean Christians whose families are suffering from relational and mental health concerns.

I was called by the Lord at the age of 18, met my pastor husband, married him at the age of 25, and worked as a pastor missionary in China, pastor of a Korean immigrant church in the United States, and as a seminary professor. No one was more zealous for the Lord's kingdom than I was. But one day, both my children began suffering from depression, anxiety, and panic disorders. The Lord began to discipline me with these words, "This people honors me with their lips, but their hearts is far away me. But in vain do they worship me, teaching as doctrines the precepts of man" (Matthew 15:8, 9). I had been saved from sin, I had trusted God and had run on His mission, but had taught my children with human commandments. Although I believed it to be for the glory of the Lord, my high religious expectations and extreme desire that they be academically successful made it difficult for the children.

Because I was an exemplary mother academically, behaviorally, and religiously, I also taught my children ethically and normatively. Twenty-nine years ago, I passionately ministered within God's calling to, "Go into all the world and preach the gospel to every creature," (Mark 16:15) but my children's mental health issues forced me to step away from what I believed was a successful ministry. My husband and I, who had expanded our ministry with religious fervor,

could not do anything on the border between our children's life and death. I was like the Samaritan woman who fell at the feet of the Lord and prayed for His grace and restoration.

In the shadowy valley of the desert, I learned that the only way to recovery is the Lord's perfect, good, beautiful, and true love. I thought my success in ministry was a blessing obtained through my zeal for God, but this was a wrong love that began with human greed. Through my doctoral journey, I learned again that the approach to treatment is to truly understand the family, rather than pretending to love them out of human greed. By knowing His love again, facing my sins, mistakes, and false love, agreeing with Him, turning around, and practicing love, my children all recovered and became God's good, beautiful, and intimate family.

I heard a second call clearly through my own experience with a mental health crisis in my family — “Weep for yourself and your children” (Luke 23:38). I have been working in ministry to help Christians since 1998. Still, through true rebirth in 2018, I am once again serving Christian families with a calm, yet passionate heart. Like Samuel's confession (1 Samuel 12:23), like his mission to lead God's people to the best and righteous path, I too must be able to love the good God with true heart and lips. I am moving forward again enabled by the Lord's calling as a counselor, seminary professor, pastor, and missionary who guides dying souls to the good and righteous path—to the Lord—through healing counseling.

My family's experience of mental health crises filled with pain and suffering inspired me to commit myself to Christian family ministry. This entire process was God's calling—that I should help God's people as a Christian counselor. This is God's true love for each soul, each person, each family, and each congregation that Jesus has saved by shedding his blood on the

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cross. I also dedicate this research to my beloved family—husband Hyeong Byeong Chae, son Jimin, and daughter Jisu—who have helped me realize genuine love again.

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First of all, I would like to thank my doctoral committee chair and dissertation advisor who has accompanied me on my journey to complete this dissertation—I would like to express my deepest gratitude to Dr. Edgar. He has encouraged and supported me to complete my dissertation. Dr. Edgar has helped expand his comprehensive cultural psychology theory approach and deep expertise in the cultural background of Korean immigrant youth. And above all, what impressed me the most was the teaching that presented a way to understand people as the first gatekeepers toward healing, and that this insight is the first step to recovery, which I engraved deep in my heart.

I would like to thank committee member Dr. Phillips-Harris. She brought her exceptional expertise in Christian counseling and deep insight into Christian counseling approaches. I would also like to thank Dr. Milacci. Following his advice, I was able to revise my research questions and obtain rich research results by taking a detailed approach to the psychological experiences of my research subjects.

I am grateful to my Christian counseling mentors, Dr. Jonathan Kang, Dr. Jin Han, and Dr. Hannah Cho. Because these individuals have helped me overcome various crisis moments and continue to move forward, I was able to complete the doctoral degree program. Through these people, I learned how to approach clients as if they were Christ, with honesty and loving devotion as a Christian, throughout the complex process of Korean Christian counseling.

I would like to express my heartfelt gratitude to president Cheol Min Kim of Christian Marriage and Family Ministries (CMF), Global Family Counseling (GFC) Healing Research Institute, and Healing Korean Church for their support, prayers, and encouragement to complete

this dissertation. Thanks to the prayers of the Korean Christian family ministry community, I have been able to complete my dissertation.

Since English is my second language, I would like to express my deepest gratitude to my editor, Clark, for his help over the years. I truly would not have been able to complete my doctoral dissertation without his expert editing and constant encouragement. I am deeply grateful to Clark for his love and endless support. He is like an angel of help sent to me by God.

I would like to thank my older sister, Munsuk Son, my brother-in-law, Muntak Lee, and my nephew Jaeyoung Lee. They continued to encourage me with love, prayers, and support while I have been studying in the United States. I would like to express my deepest gratitude to my beloved husband, Hyeong Byeong Chae, who has faithfully encouraged me all these years. I would also like to express my infinite gratitude and love to my beloved son, Jimin and daughter, Jisu. Without their love, dedication, and support, I would not have been able to reach the finish line.

Lastly, I want to give glory to God for saving me from sin and being the healer of my life!

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List of Abbreviations

Christian Marriage and Family Ministry (CMF)

Institutional Review Boards (IRB)

Chapter One: Introduction

Overview

This phenomenological study aims to understand Korean Christian adolescents' experiences of psychological distress related to mental health concern. In general, if mental health problems occur during adolescence, it is likely that they will have difficulties in school and daily life, and suffer negative impacts even as adults (Lanfredi et al., 2019). Recently, as the number of adolescents in mental health crisis has increased, studies exploring Asian experiences and approaches to mental health recovery are being published (Cheon et al., 2016). However, there are very few on the destructive effects of depression and anxiety caused by mental health disorders, and the risk factors contributing to them among Korean Americans (Yoon et al., 2021). Of these factors, in particular, Korean adolescents report that depression and the risk of suicide increases as treatment is delayed due to fear of stigma and negative beliefs about mental health treatment during a current mental health crisis (Jeong et al., 2018). The reluctance of Korean Christian adolescents to seek out services for mental health issues is influenced by their unique cultural background of trusting Korean American churches to provide them with appropriate treatment (Koh et al., 2018). This study explores the vivid experiences of psychological pain endured by Korean Christian adolescents related to their mental health concerns when they engage in the Korean Christian culture.

Background

Recently, as mental health problems among Korean American adolescents have worsened, its importance has been increasingly recognized—it affects not only individuals but also families, schools, and communities. Adolescence is a period of human development in

which, many physical, psychological, social, and cognitive changes occur, causing people to complain about mental health problems due to exposure to stress (Branje, 2018; Sillars et al., 2005). According to Leung et al. (2013), during adolescence and young adulthood mental health concerns mostly have a negative impact on academics, peer relationships, and relationships with family members. Adolescents may experience conflict with their parents when confronted by generational gaps, cultural differences, and environmental experiences as they transition into adulthood (Balswick & Balswick, 2014). Likewise, Korean American adolescents may be affected by their parents' mental health due to their parents' Confucian beliefs and traditional cultural norms.

The collective Confucian culture of Koreans is characterized by their efforts to teach Korean language and etiquette to their children and to pass down their Korean heritage. In particular, Korean parents who spent their formative years in Korea and immigrated to the United States as adults try to achieve the American dream through their children, causing conflict with their children and contributing to mental health problems (Chung et al., 2016). Bae & Wickrama (2015) argue that Korean parents' desire for academic success led to indifference to their children's emotional well-being, which worsened their children's depression. According to The Korea Times, the causes of depression among Korean-American teenagers include excessive academic performance stress, pressure to gain admission to prestigious universities, conflict between parents and children, differences in cultural adaptation between parents and children, and failure to recognize aptitude and potential. The mental health problems of Korean American adolescents have led to a problem due to the pressure of their parents' high expectations.

The pressure and stress experienced by Korean-American adolescents can lead to various forms of psychological distress. The mental health issues of Korean-American adolescents manifest itself in problems with academics and interpersonal relationships, delinquency, self-harm, and suicide. In particular, it is said that the higher the stress of academic performance expectations among Korean American adolescents, the higher the levels of anxiety and depression (Yoon et al., 2021). Adolescent depression caused by academic stress results in poor academic performance, peer relationship problems, and withdrawal at school, creating a vicious cycle of maladjustment problems throughout school life (Choi & Dancy, 2009). Korean adolescents are said to have higher levels of depression and anxiety and lower self-confidence compared to individuals of other racial backgrounds (Cheon et al., 2016). However, it is reported that Korean adolescents are hesitant to discuss their problems with their parents during mental health crisis (Yoon et al., 2021).

In some cases, Koreans are reluctant to seek treatment for mental health problems— influenced by Korea's cultural uniqueness. Koh (2018) argues that when mental health problems arise, Korean Americans are unwilling to use mental health services or refuse treatment due to long-standing Confucian traditions. The increase in mental health concerns among Korean Americans is a result of deeply rooted cultural perceptions of stigma in the Korean American community (Cheon et al., 2016). According to Park et al. (2013), in a study of mental health service utilization among 363 Korean Americans, 23% of Korean Americans reported symptoms of depression, and only a minority of those with depression reported using services. This shows that Korean Americans influenced by Confucianism are reluctant to receive treatment for mental

health problems due to fear of stigmatization in the Korean community, which could bring shame to their families (Cheon et al., 2016).

Korean Christian parents are sometimes ashamed to seek treatment for their children's mental health problems due to concerns about stigma in the Korean community. Regular church attendance and seeking guidance from church leaders for personal and family issues are reported by 61-70% of Korean Americans. According to a study by Zhang et al. (2017), Koreans prefer to receive counseling from a Korean pastor when mental health problems arise rather than using mental health services. Treating mental health problems with religion and spirituality is a cultural characteristic of Koreans (Lee et al. 2008). Koreans trust the church leaders to be the first gatekeepers of treatment for their mental health concerns. However, since most Korean pastors do not have experience with professional mental health education, they are only focused on spiritual aspects (Cheon et al., 2017). Despite these issues, Korean Americans tend to rely on their pastors for advice on mental health, family, children's education, and careers.

A lack of understanding of mental health among Korean parents may prevent their children from receiving treatment. The cultural and traditional heritage of Koreans often holds negative views about mental health issues (Cheon et al., 2016). Therefore, they fear being stigmatized and alienated from family members. If Korean adolescents are exposed to this cultural environment and do not meet their expectations, they may experience psychological distress and increased depression, which may lead to suicide (Yoon et al., 2021). Koh et al. (2018) assert that Korean immigrant parents rely on church leaders rather than mental health treatment when their children experience mental health problems. Due to this environment and

religious beliefs, Korean adolescents face challenges to their mental health causing them to avoid any help from mental health services.

Therefore, the purpose of this phenomenological study is to investigate the mental health problems of Korean American adolescents subjected to psychological distress within the context of Korean Confucian culture and misinterpreted religious beliefs. This research will not only have an impact on the Korean American community, but it will also provide education on mental health concerns and treatment approaches for psychological distress among future Korean American adolescents.

Situation to Self

The psychological distress caused by depression and panic disorder in my two children's adolescence and its impact on their personal, family, ministry, and professional lives motivated me to conduct this study on the mental health problems of Korean Christian adolescents. I thought I was very close to my son, but my son hid his depression symptoms from me. In 2018, my son's depression became so severe that he attempted suicide and was forced to be admitted to the hospital. In addition, my daughter also had difficulties with her studies and relationships with friends due to anxiety. The mental health crises of the two children turned the entire family's life into a battleground.

I was a faithful Christian, a pastor's wife, a missionary, a church leader, and a believer devoted to the kingdom of God. My husband and I, both passionate servants of the kingdom of God, were taken aback. In a Godly family, suicide attempts were something that should not have happened, and I could not acknowledge the mental illnesses of depression and anxiety disorders

in my children, who I considered to be perfect before God. As Christian leaders and role models within our church, my husband and I viewed our child's mental illness as a source of shame and stigma. And deep down, I began to doubt whether God was really alive. Amid a mental health crisis, psychological pain has caused believers to doubt the existence of God the Creator (Love et al., 2022).

As I watched the psychological distress caused by my children's mental health crisis, I wondered why it occurred and what impact the psychological distress had on my children. I was also curious about the relationship between mental health concerns and adolescents raised in Christian homes and the impact of cultural characteristics of Korean families on their children.

As a researcher, I am currently a Korean Christian leader and provide consultation to Korean Christian adolescents regarding the relationship between researchers and research subjects. A Christian mental health clinician in Korea stated that most of my adolescent clients experienced depression and anxiety and attempted suicide. I found myself questioning the causes of their mental health problem and how therapeutic approaches are applied to psychological distress. This became the basis for my exploring how spirituality and religion influences individuals, families, schools, and daily life.

This qualitative study approaches philosophical assumptions from an ontological perspective based on the practical statements of Korean Christian adolescents about the psychological pain they have experienced during a mental health problem. The ontological perspective is about understanding each individual's experience of the facts that exist in reality (Neubauer et al., 2019). This recognizes that mental health concerns are constantly occurring

based on an understanding of the real-life pain that Korean Christian adolescents are experiencing.

The increasing psychological distress in Korean Christian families must be recognized as a tangible problem. Wu et al. (2009) assert that Korean adolescents have high levels of stress due to heightened conflict with their families because of high expectations for education and achievement. Most Korean parents are influenced by a compensation mechanism—vicarious satisfaction through their children's success (Son, 2019). The epistemological approach recognizes that the researcher is interconnected with the reality experienced by the subjects of their study (Adams & van Manen, 2017). As the wife of a Korean pastor, my experiences with the mental health crisis—the psychological distress of my adolescent children—suggest that I may be interconnected with my research subjects.

This study carries important implications for understanding the specific problems faced by Korean American adolescents in regard to mental health and the factors that contribute to their psychological distress. Al-Busaidi (2008) states that researchers should study and observe psychological phenomena in detail before generalizing the study. This process is a methodological perspective that generalizes ontological and epistemological perspectives as the basis for objectivity (Creswell, 2013). It is an in-depth study of how the mental health problem of Korean American Christian adolescents has affected their lives personally and their families. The goal is to describe the experience in detail. To carry out this method, each person talks and shares their personal experience in the field.

This study focuses on interpreting experiences in one's own life by building social and cultural awareness based on each individual's life experiences. Suk-Sun & Kim-Godwin (2019)

state that the social constructivist theory provides an interpretive framework for qualitative analysis of how individuals interact with the world. Therefore, it is based on the way the individual perceives and interprets social culture based on his or her actual life experiences (Creswell, 2013). Based on the experiences of the mental health concerns among Korean American Christian adolescents, the goal is to recognize Korean American culture as a Christian and interpret and understand their own psychological distress. In other words, it recognizes that Christianity's role is to build a positive image of God by helping people in pain due to mental health concerns (Love et al., 2022).

In conclusion, the underlying motivation for this study is to learn more about how Korean Christian adolescents' spirituality and Christian beliefs relate to their responses to psychological distress and their therapeutic approaches. This is to provide treatment strategies for Korean Christian adolescents themselves and future generations of Korean Christian adolescents who are affected by mental health problems. It will also add to the existing literature, and support Korean American mental health education by providing best practices for helping those suffering from mental issues in the Korean American Christian community. This study will have important implications for understanding the specific challenges faced by Korean American adolescents in mental health crisis and the factors that contribute to their psychological experiences.

Problem Statement

During the current mental health concern among adolescents, depression and anxiety are rapidly increasing. If left untreated during adolescence, these problems can lead to negative outcomes in academics, peer relationships, substance abuse, and school performance (Branje, 2018). According to Duffy et al (2021), the onset of anxiety disorders in adolescents is at age 11,

and drug use begins at age 20. Adolescents' mental health issues have a negative impact on their maladaptation to school life, lower grades, and higher secondary education dropout rates.

Mental disorders that begin in adolescence have characteristic that can persist into adulthood. According to the World Health Organization (WHO), half of adult mental illnesses begin at age 14, but most are undetected and treatment services are rarely used. If mental health problems experienced in adolescence are ignored, they will have difficulty adjusting to home life, career, work life, and society in adulthood (Chae et al. 2010). The reason why access to mental health treatment during adolescence is important is because it can prevent serious problems that may appear in adulthood (Kim et al., 2017). Therapeutic approaches and management are very important in treating the mental health issues of adolescence.

In addition, there is a great need to understand the Korean American cultural background regarding awareness of the mental health problem among Korean Christian adolescents and the refusal to use services due to stigma. Unfortunately, Korean Christian families are reluctant to receive mental health treatment or have difficulty accessing it due to their religious and cultural beliefs (Jang et al., 2017). Korean immigrants have applied their Confucian cultural beliefs to Korean churches. As a result, Koreans are likely to have reduced access to specialist services for mental health problems or delayed recovery. (Jang et al., 2017). The majority of current research focuses on exploring Asians' experiences of mental health crises as a whole (Cheon et al., 2016). Therefore, through this study, we can understand the psychological and behavioral phenomena of Korean adolescents in detail and improve access to mental health services for the Korean Christian community.

Mental health issues occur in situations of extreme stress. In adolescents' mental health problems, psychological distress can lead to loss of hope, feelings of hopelessness, anger, and insomnia, as well as depression and anxiety disorders (Jang et al., 2017). In these cases, a treatment expert is definitely needed; for recovery, understanding and help from family, friends, and school are needed. However, Korean American adolescents have limited access to treatment for mental health issues. This is due to the prejudice and stigma attached to mental health disorders in the Korean American community, which makes them reluctant to seek help even when mental health problems arise (Vaidyanathan et al., 2021). The Korean community applies Confucian cultural methods to mental health problems, which has a negative impact on adolescents' treatment services (Yoon et al., 2021). This limits Korean Christian adolescents' access to treatment for mental health concerns.

Therefore, research is needed to help accurately understand the mental health problems of Korean adolescents and their psychological characteristics. However, there is a lack of extensive research exploring the experiences of psychological distress among Korean Christian adolescents experiencing a mental health crisis (Yoon et al., 2021). There is little research on how to protect at-risk Korean American adolescents from depression and anxiety, and what factors impede their access to treatment (Vaidyanathan et al., 2021). As depression and anxiety disorders among Korean-American adolescents increase and the suicide rate also increases, there is an urgent need for easier access to treatment (Choi & Dancy, 2009).

Purpose Statement

The purpose of this phenomenological study is to understand the life experiences of psychological distress among Korean American Christian adolescents facing a mental health

crisis. Additionally, as Christian adolescents experience mental health concerns, we examine how their religion and Korean cultural characteristics influence their access to therapeutic interventions.

The participants in this study consist of eight people who have experienced the psychological distress of a mental health crisis. Eight participants were recruited from a Korean Christian marriage and family ministry organization and had experienced psychological distress from a mental health issue in their adolescence. Recently, as the mental health concerns of Korean-American adolescents have increased, attention has been focused on the need for treatment services. In particular, Korean adolescents are exposed to various environmental factors that can lead to depression and other mental illnesses, such as cultural maladaptation, excessive academic stress related to school grades, and conflict with parents (Choi & Dancy, 2009). Therefore, this study suggests the need to investigate how religion and Korean culture affect the mental health concerns of Korean Christian adolescents.

For years, Korean adolescents have suffered from psychological distress in the aftermath of mental health problems. Korean Christian adolescents tend to be reluctant or refuse to access mental health treatment services due to their families' religious and cultural beliefs (Jang et al., 2017). In order to understand the cultural characteristics of Korean Christian adolescents, we followed the framework of Richard Shweder's cultural psychology theory (Kanagawa et al., 2001). An individual's psychological characteristics are influenced by the peculiarities of behavior acquired from their cultural group (Cypress, 2018). Hence, the goal is to understand the specific cultural characteristics of Korean Christian adolescents.

Korean Christian adolescents place emphasis on discovering the meaning of their current existence when they recognize psychological behavioral patterns according to their relationships with family members (Shiraev & Levy, 2020)—a focus on the lived experienced of Korean Christian adolescents during a mental health concern.

Significance of the Study

The importance of this study is to emphasize understanding the psychological and behavioral phenomena expressed by Korean Christian adolescents about their experience of a mental health crisis (Shin et al., 2018). It is important for Korean Christian adolescents who have experienced a mental health issue to be aware of what they are doing to cope with psychological distress (Wu et al., 2017). Researchers have added information to the existing literature to uncover how Korean Christian adolescents grapple with psychological distress during a mental health crisis and the impacts it has on their lives. Additional information about this study may affect future Korean American adolescents' access to services and planning for mental health crises.

Examination of the psychological distress of mental health concerns among Korean Christian adolescents reveals that their cultural characteristics and religion are often influential. Understanding the cultural characteristics of Korean Americans reveals their tendency to rely on and put their trust in church leaders when mental health problems arise. However, Korean Christian adolescents recognize their need for appropriate professional support services. This research study highlights the need to understand the networks of care and support services for Korean American adolescents with mental health concerns. It also aims to provide better access to treatment services so that Korean Christian adolescents can receive the mental, emotional, and

physical support they need for the psychological distress they experience during a mental health crisis.

Research Questions

Research questions are a formative process through which the researcher obtains information about the life experiences of the research subjects. Good questions provide insight into the experienced phenomenon the researcher is trying to study (van Manen, 2014). Researchers can use phenomenological research questions to reveal the lived experiences of research subjects (Chang & Berk, 2009). Therefore, the research questions aim to investigate the experience of psychological distress during a mental health crisis among Korean Christian adolescents to determine whether Korean cultural characteristics and Christian religion and spirituality have a psychological impact. Korean Christian youth's responses to these questions guided the study and were provided to reveal the influences on their decisions to use treatment services to help the Korean American community.

RQ1: How do Korean Christian adolescents describe their experiences with Korean pastors and congregants in shaping their awareness of mental health concerns?

RQ2: What is the vivid experience of Korean Christian adolescents' mental health crises and how does it affect their lives as Christians?

RQ3: What are the symptoms of psychological distress, and how do Korean American Christian adolescents express themselves behaviorally when faced with a mental health crisis?

RQ4: How does the culture of Korean immigrant families influence Korean Christian adolescents' experiences of psychological distress and their access to mental health services?

Definitions

1. *Older Adolescents*- Older adolescence is a stage of life that spans between childhood and adulthood. While modern puberty is accelerating the onset of adolescence in nearly all populations, the onset of adulthood is being delayed due to longer periods of education and delays in marriage and parenthood. As a result, the age at the end of adolescence increased to the 20s. The definition of 10-24 years of age fits more closely with the public's understanding of adolescent development and this life stage than does 10-19 years of age. However, this study focuses the range of participants, targeting adolescents in aged 18 to 24 years of age for its research sample (Sawyer et al., 2018).
2. *Emerging Adults* – Often used interchangeably with the term ‘older adolescents’ but places an emphasis on the developmental tasks related to transitioning into adulthood (Bellingtier & Neupert, 2019).
3. *Korean Adolescents*—Korean adolescents are descendants of Koreans living in the United States and are influenced by the culture and customs of their ancestors. Korean adolescents are shaped physically and emotionally according to cultural and social values related to Korea (Vaidyanathan et al., 2021).
4. *Christian*—A Christian is a person who believes in Jesus Christ, the Savior, and believes in the supernatural redemptive power, work, and person of Jesus Christ's death and resurrection. They must follow the correct Christian life according to the words of the Bible and be born again according to the moral law of worshiping God and serving our neighbors (Foubert et al., 2012).

5. *Mental Health Crisis*—A mental health crisis occurs in situations of extreme emotional, psychological, and social stress. It means loss of hope, a feeling of despair, and a state of anger. Difficulty interacting with others and affecting major decisions throughout their life (WHO, 2022).
6. *Psychological Distress*—Psychological distress presents with symptoms such as stress, anxiety, and depression, but high levels of psychological distress can also manifest as common mental disorders such as depression and anxiety disorders (WHO, 2022).
7. *Stigma*—Stigma creates shame by rejecting or avoiding people who are perceived as different (Han et al., 2017).
8. *Chaemyeon*—A structural feature of Korean social consciousness and culture. They behave differently from actual emotions or facts depending on the situation or relationship, and reveal and secure their existence through recognition of authority or status. This is a pattern of focusing on how others see you and striving for perfection in yourself in order to act accordingly on the outside (Yoon et al., 2021).
9. *Hwabyung*—A psychological and emotional response that is unique to Korea in that it tolerates stress (anger) for a long time and considers it a virtue not to be able to express one's desires or emotions, but rather to hide them. Hwabyung a type of depression accompanied by physical symptoms. In addition to symptoms such as depression, loss of appetite, and insomnia, it is accompanied by physical symptoms such as difficulty breathing, palpitations, pain throughout the body, and the feeling that something is stuck in the solar plexus (Lee, 2015).

10. *Cultural psychology*—Studying the relationship between the cultural environment and areas surrounding an individual, language, art, religion, and personal psychology (Kanagawa et al., 2001).

Summary

Korean Christian adolescents are suffering severely from psychological problems caused by untreated mental health concerns. Their psychological distress puts them at risk of attempting suicide (Cheon et al., 2016). Despite the importance of access to mental health treatment, research on the mental health problems and psychological distress of Korean Christian adolescents is very limited (Yoon et al., 2021). In this study, we recognize the difficulties faced by Korean Christian adolescents in dealing with stigma and shame due to their cultural uniqueness and the influence of religion and spirituality (Jeong et al., 2018). Therefore, considering the cultural specificity and religious beliefs of Korean Christian adolescents regarding mental health issues, they are able to understand their psychological, cognitive, and behavioral expressions (Lee et al. 2008).

Korean American adolescents have significantly lower rates of accessing mental health services compared to other ethnic groups (Chung et al., 2016). Researchers were able to recognize the delay and refusal of therapeutic intervention due to religious dependence in the study participants' mental health problem. Additional research is needed on the impact of Christian counseling by Christian religious leaders during a period of mental health symptoms among Korean Christian adolescents (Koh et al., 2018). Korean American Christian leaders can serve as the first gateway to services to support adolescents and their families with appropriate

training and education programs that promote social change regarding access to mental health in professionals based on spirituality and religious biases.

Chapter Two: Literature Review

Overview

This chapter presents literature related to factors contributing to the mental health crisis and psychological distress among Korean Christian adolescents. Recently, mental health problems among Korean adolescents have become so serious that they are attracting great attention as a social problem (Jange et al., 2018). However, there is a lack of research on psychological distress and mental health concerns in specific groups, such as Korean Christian youth (Han et al., 2017). Since most mental health research focuses on comprehensive studies of Asians in general, it is necessary to understand the cultural factors that influence the mental health crisis and psychological impact on Korean Christian adolescents. Additionally, from a Korean American cultural perspective, it is important to study how Korean churches influence the use of mental health services. This literature review examines the reasons why Korean Christian adolescents experience psychological distress that contributes to their mental health concerns.

Theoretical Framework

In order to understand the mental health issues of Korean Christian adolescents, the cultural traditions and social customs of the Korean American community must be considered. Richard Shweder's cultural psychology theory argues that an individual's behavioral expression is an expression of the individual's psychological and behavioral characteristics acquired from the culture of their group (Kanagawa et al., 2001). Shweder's theory asserts that cultural traditions and social practices play an important role in controlling and shaping the human mind (Shweder & Power, 2013). Based on Shweder's cultural psychology theory, it is necessary to understand the cultural background and individual behavioral expressions of Korean American

Christian adolescents experiencing mental health concerns.

In order to understand human behavior and spirit, cultural psychology must recognize the actual culture, individual mind, heart, and behavioral processes (Kashima, 2016). Peacock & Shweder's assert that culture and mind are in a mutually influential relationship (Holland, 1992). This means that an individual's mind and behavior are formed during the process of acquiring a specific culture (Peacock, 1987). In other words, in order to understand individuals within a community, it is necessary to recognize both the system of norms in specific cultural relationships and the individual's psychological relationships and behaviors (Cypress, 2018). Certain actions or thoughts of an individual are determined by a specific culture which affects mental health. These effects occur side by side.

Social behavioral patterns and obligations are inherent in cultures and have a great influence on the way humans behave and think. Gülerce (2015) emphasizes that humans have obligations related to their role in their community or social hierarchy. In a cultural community, collective ethical norms and customs inform the duties and obligations of relationships with others. Confucian culture promotes exemplary behavioral demands and skillful participation (Shweder, 2015). Based on Confucian tenets, Koreans have developed a family-centered culture rather than the individual, producing ethical obligations (Karlesson et al., 2020). Because Korean adolescents have their own cultural backgrounds and experiences, it is important to apply a cultural psychology perspective to understand each one's situation (Ra et al., 2023). In other words, in order to understand the mental health concerns of Korean American Christian adolescents, it is necessary to understand the ethical expectations and obligations of Korean American adolescents related to their families, the Korean American community, and the church community.

The culture of Korean Christian adolescents in America is mainly centered around the Korean church community. Religious cultural beliefs and customs have spiritual influences on Korean Christian adolescents. Richard Shweder argues that a complex relationship of ethical obligations is formed between cultural and religious beliefs and practices (Shweder, 2015). In other words, individuals develop a moral obligation to adhere to these standards as a sign of their faith and commitment (Gülerce, 2015). It is believed that these religious beliefs have a significant impact on family stability and satisfaction (Bozhabadi et al., 2020). Korean Americans have a church-centered cultural background that is deeply rooted in religious and spiritual beliefs for the well-being and prosperity of the family.

In order to understand each individual's values, beliefs, interests, language, history, society, and psyche, one must recognize the influence on the mental and psychological behavior of members by their particular group culture. Cultural psychology theories seek to (a) understand the mental characteristics of specific cultural groups, (b) recognize psychological behavioral patterns in relationships between cultural members, and (c) discover the interactions of individuals with religious cultural groups (Shiraev & Levey, 2020). It is important to recognize that the factors that determine an individual's mental and psychological behavior are formed by the culture of a specific group and relationships between group members (Cypress, 2018). Therefore, this theory explores the relationship between Korean-specific culture and Korean Christian adolescents to understand the impacts of problems on their behavior and mental health.

The behavioral patterns of Korean Christian adolescents are formed within the culture they belong to—the formation of Korean American cultural values, social norms, family, and educational system influences the behavior and psychology of individual Korean Christian adolescents (Son, 2020). Korean adolescents are often pressured by existential values related to

self-actualization, educational achievement, conflict with family, and social expectations (Karlesson et al., 2020). The psychological distress of Korean-American adolescents is related to cultural characteristics. Understanding the relationship between a culture and its members positively effects the treatment and recovery from their mental health concerns (Hill, 2012). Therefore, the use of cultural psychology theories and approaches is very suitable for understanding the characteristics and psychological pain of Korean Christian adolescents at risk of developing mental health issues.

Related Literature

Historical Background of Korean Confucianism Culture

The majority of Asian ethnic groups have a Confucian cultural background, which plays an important role in society—influencing psychological, social, and family relationships. Confucianism has deeply influenced the cultural ethics, and social structure of East Asian countries, especially China, Korea, Japan, and Vietnam (Yang, 2016). Confucianism is a philosophical and ethical system based on the teachings of Confucius (Kong Fuzi or Kongzi), a Chinese philosopher and thinker from the 5th century BC (Jin et al., 2023). The cultural roots of Confucianism are centered on collectivism and patriarchy, which constitute the main symbolic aspects of Asian culture (Hyun, 2001). Confucian culture has an overall influence on individuals, families, communities, and nations of Asian peoples.

One of the core tenets of Confucianism is respect for hierarchy and authority. Confucianism promotes a hierarchical social structure in which individuals have specific roles and responsibilities based on age, gender, and status within the family and society (Slote & De Vos, 1998). There is a strong emphasis on respect for parents, teachers, government officials and authority figures (Mizutani & Waalkes, 2022). It emphasizes the importance of respect,

obedience, and loyalty to parents and ancestors (Woods & Lamond, 2011). Children are obligated to respect and care for their parents throughout their lives by being merciful, kind, and morally upright, which are the basic virtues of Confucianism.

Confucianism encourages individuals to act with integrity and uphold moral principles in their personal, family, and social lives. In Confucianism, the rituals and customs that govern social interactions are very important (Slote & De Vos, 1998), consequently one is expected to do what is morally right and just (Yang, 2016). This involves appropriate behavior in a variety of contexts, including family gatherings, events, and public life. According to Woods & Lamond (2011), Confucianism asserts that through learning and self-development, individuals can become better people and contribute to the improvement of society (Chae & Foley, 2010). This emphasis on education has had a lasting impact on East Asian education systems (Wu et al., 2017). Confucianism attaches great importance to education in order to support the rights of the hierarchy and moral justice in the life of the community.

Additionally, ancestor worship is an integral part of Confucianism. Families pay homage to their ancestors through rituals and offerings, believing that the spirits of the deceased continue to influence and protect the living (Kim, 2023). Their hope is that this would lead to a harmonious and ordered society through compliance with ethical principles and social norms (Yang, 2016). Ancestor worship, social cohesion, and stability are considered vitally important. Originating in China, its influence can be seen in the ethical codes, family structures, and social classes of neighboring countries such as Korea, Japan, and Vietnam (Kim, 2023). Confucianism has played an important role in shaping East Asian culture and coexists with other religious and philosophical traditions (Jin et al., 2023), having left a deep mark on the culture, traditions, and values of East Asian countries.

Korean Confucian Culture

Korea's Confucian culture descended from Chinese Confucianism and has greatly influenced Korean history and social structures. According to Yu & Pae (2022), Korea's Confucian culture is family-oriented and plays an important role in Korean society (Chae & Foley, 2010). It emphasizes harmonious relationships among family members and places importance on respect toward parents. According to Kim & Pettid (2011), Korean women consider family to be more important than the individual, and that sacrificing for the family is valuable. Additionally, it is emphasized that Korean children must show respect and obedience to their parents (Hyun, 2001). Korea's Confucian culture emphasizes the importance of respecting and following parents' opinions and expectations, which are important values for maintaining harmony among family members.

Korean Confucian culture places importance on social rank and class order. People have specific roles and responsibilities based on age, gender, and social status, and etiquette and behavior according to relative status are important (Im et al., 2013). In Korean organizational culture, the hierarchical relationship between superiors and subordinates is essential, and respect and obedience to superiors are emphasized (Young et al., 2012). Harmony and collaboration within an organization are more important than the individual (Yi & Chung, 2016). Korea's Confucian culture continues to have a great influence on modern Korean society, affecting various aspects such as social relationships, family structure, education system, and economics—evident in each area (Yu & Pae, 2022). Understanding these cultural characteristics can help one understand and respect Korean society and culture more deeply.

Korean society has high regard for both religious rituals (and rituals generally) and parents' expectations for their children's academic performance. According to Moon & Nam (2018), Koreans value academic achievement due to the influence of Confucian culture and the emphasis on personal development and contribution to society through learning and knowledge acquisition. Academic success is closely tied to family honor and pride, so the pressure of expectations is high (Park, 2017). Chung & Oh (2022) state that in Korea, various religions such as Confucianism, Buddhism, and Christianity coexist, and religious rituals and rituals affect daily life. Korean culture is closely tied to religion and asserts the obligation of religious beliefs and practices.

Above all, Korea's Confucian culture is family-centered and honor-oriented, which can lead to feelings of expectation and burden regarding individual actions and choices. There is a tendency to be conscious of other people's gaze and evaluation, and trying to look good to others (Jeong et al., 2018). In Korean Confucian culture, this is called “Chaemyeon” and is considered important for maintaining honor (Yoon et al., 2023). Because this culture is extremely sensitive to the opinions of others, it is considered important to refrain from expressing emotions—control emotions—and adopt a humble attitude (Chung et al., 2016). This points to the importance of proper etiquette in social situations—a value emphasized in politics, business, and the home (Chang & Kalmanson, 2010). In times of personal concerns, there is a tendency to hide oneself with the goal of avoiding conflict and maintaining harmonious relationships (Son, 2018). Due to these cultural characteristics, Korean adolescents may feel burdened to not open up about their psychological and social issues when faced with mental health challenges, which may have a negative impact on their approach to recovery.

The Relationship Between Confucianism and Chaemyeon Culture in Korea

One characteristic of Confucian culture is the willingness to prioritize family and community group norms over the individual. Wong et al. (2014) found that Asian Americans have higher rates of suicidal thoughts than European American college students. This is a serious mental health problem among Asian American college students in the United States (Chung et al., 2016). However, Asian Confucian cultural posits it wise not only to avoid disclosing suicidal thoughts to mental health professionals, but also to hide negative emotions to protect family honor (Jeong et al., 2018). Groups are prioritized over individuals and connections to others in those relationships are highly valued (Chung et al., 2016). These are things that family members recognize as essential for setting standards and meeting subsequent expectations (Wang et al., 2018). In particular, Confucian culture still influences the characteristics of Korean culture—emphasizing group relationships rather than individual.

Koreans value human relationships and value the harmonious integration of family and community rather than individual autonomy. In Korean Confucian culture, lineages and patriarchal family ethics based on respect toward parents are considered important (Son, 2018). Korean family saviorism starts from a strong Confucian tradition and emphasizes school ties, regional ties, and blood ties (Kim et al., 2011). This means behaving appropriately for a person's position and role—thinking according to the standards of the community. This is a deep-rooted emotional response to Korea's honor culture and means behaving according to the standards, norms, and expectations of the group members (Chae et al., 2010). Korean culture is characterized by group communities. If one does not meet the standards, one may feel ashamed, which is a characteristic of Korean honor culture.

Koreans have a psychological burden to behave socially and culturally appropriately according to their particular culture. Koreans say that if you sweat a lot while wearing a tie and suit, you will not feel hot even on a hot day (Yoon et al., 2023). This culture of Chaemyeon exhibits a tendency to be extremely conscious of and adhere to other people's perspectives and standards rather than to one's own for one's own sake. Korean society values honor more than faith, and it appears that people try to exaggerate and look cool through etiquette or formal rules, rather than showing their true self to others (Choi, et al., 2019). This exerts a distorted influence by showing off oneself to others without considering one's abilities and circumstances.

The Korean value of Chaemyeon and honor imposes a strong sense of duty toward family, which requires respect and obedience to parents. Korean parents have traditionally viewed strictness and control as ideal virtues in home education (Park, et al., 2018). Korean families tend to value Chaemyeon and emphasize interdependence, compliance, emotional restraint, and humility (Wang et al., 2018). Korea's Chaemyeon culture is closely related to Confucian values, emphasizing class and hierarchical order and the behavior and etiquette that go along with it (Bae & Wickrama, 2015). In Korea's Chaemyeon cultural context, authoritarian parenting is practiced as the most appropriate parenting method.

The biggest problem in Korean society is that, due to Korea's Confucian culture, Korean parents' expectations, interests, and participation in their children's academic achievement are unusually high compared to those of other ethnic groups. Korean teenagers are under pressure from their Korean parents to succeed in school (Noh, 2019). Because this is largely rooted in Korea's history of studying abroad, success in Korean society is viewed as the acquisition of academic knowledge (Bae & Wickrama, 2015). In this way, Korean parents' sacrifice, dedication,

and support for their children's academic success are taken for granted. It is believed that children's academic success increases the family's reputation.

Korean Chaemyeon culture tells parents that their children's success is closely related to their personal pride and honor. On the other hand, children's failures are considered shameful by parents (Park, et al., 2003). Korean parents had high expectations for their children's academic success, but this led to inattentiveness to their children's emotional well-being, which worsened their relationships with their children (Bae & Wickrama, 2015). This has caused adolescents to experience conflict with their parents, mental concerns, and psychological distress (Branje, 2018). Considering the cultural context of Korea, understanding the cultural characteristics of Korean adolescents and their parents and increasing their existential value has been shown to be helpful in recovering from mental health problems.

Korean Immigrant Society and Cultural Background

The history of Korean immigration in America began in 1903 when 102 Koreans became sugarcane plantation workers in Hawaii. Since then, Koreans have formed ethnic communities in large American cities and adapted socio-culturally (Kim et al., 2012). Their numbers grew in the 1960s and early 1970s and then more rapidly in the 1980s and early 1990s, resulting in a continuing increase in the population of ethnic Koreans (Min, 2014). The U.S. Census Bureau reports (2023) that the Korean population in the United States, having increased from 102 to more than 2 million in just over a century, and are living in all 50 of the United States (Kim et al., 2012). The regions with the highest proportion of Koreans are California, New York, New Jersey, Illinois, Washington, Texas, Virginia, and Maryland, with many of them located in metropolitan areas such as the Los Angeles-Orange County, New York-New Jersey, and Baltimore-DC-Virginia metroplexes. (Choi, 2015).

Koreans have formed social networks within the Korean community through business and alumni associations, and/or religious organizations to help them settle into their new immigrant environments in the United States. Koreans are homogeneous in history, culture, language, and race, using the same language while sharing and preserving the same cultural values and customs (Flanigan, 2018). Korea's traditional society has been greatly influenced by Confucian principles, including respect for elders, family and community solidarity, and a strong work ethic (Ding et al., 2011). First-generation Korean Americans formed their racial identities by voluntarily and actively preserving their cultural heritage (Oh, 2015). Therefore, Koreans encouraged their children to maintain national culture forms, and participate in national social networks (Min, 2014).

According to Choi (2015), many of the Koreans who immigrated to the United States in the 1960s and 1970s were highly educated professionals from Korea's urban middle class who came not for survival, but for better economic opportunities and education for their children. Many Koreans report that they aspire to come to the United States and begin their children's English education from a young age (Kang, 2011). To achieve this, Korean mothers generally accompany their children, and fathers provide financial support from Korea (Abelmann & Kang, 2014). In particular, mothers consider their own aspirations and their children's academic education goals, such as admission to a prestigious university, as success for the family community, and do their best to obtain qualifications for immigration to the United States (Song, 2012). Consequently, it has been reported that the Korean population in the United States increased by 35% between 1990 and 2000, compared to a 13% increase of the overall U.S.

population (Kim, & Park, 2011). This means that the Korean population is primarily comprised of foreign-born (77.7%) compared to U.S.-born Koreans (22.3%) (Kim, & Park, 2011).

Difficulties Faced by Parents of Korean Immigrants

Immigrants to the United States often have difficulty adapting to the dominant American culture due to differences in Korean language, culture, religion, and traditional values (Cheungm, 2011). Highly educated immigrants have job opportunities in cities, but those who are not familiar with English, are limited to the jobs created by the Korean community (Lemekh, 2023). Cheungm et al. (2011) found that Korean immigrants generally experience the extremes of culture shock, discrimination, and support from the community. Reported problems have been a lack of knowledge, language and cultural adaptation stress, and difficulties with employment and adapting to the workplace. Therefore, most first-generation Korean Americans own small businesses, such as laundries, grocery stores, and restaurants, which are types of businesses that usually require hard labor (Kim, 2012).

Korean immigrants report loss of a familiar environment and social network, need for skills in a different language, loss of employment status, wages, and social class, culture shock, family conflict, social isolation, and loneliness (Ding et al., 2011). To this end, Korean Americans focus on forming a Korean community in order to maintain their legal immigration status and residency status in the United States while adapting and assimilating (Oh, 2016). Additionally, Korean American women formed a network of supporters in the Korean American community to seek information, transfer knowledge, and provide support. Heo & Koeske (2010) report that 85% of Korean immigrants said that religion actively and effectively replaces and positively influences their various incurable problems. Korean immigrants formed religious

groups based on their beliefs and values and strengthened social relationships by using religious solutions to solve problems in their lives.

Through their churches, first-generation Korean Americans helped Korean immigrants living in the United States maintain religious practices within their cultural heritage (Kim, 2019). Korean immigrant churches formed faith communities in the United States, creating a natural connection between the two countries via social and political events (Ding et al., 2011). However, as second-generation Korean Americans in the U.S. adopted the American way of life and learned and lived their identity as Americans, a gap began to form between them and their parents. First-generation Korean Americans attempted to use digital media to help maintain cultural interaction and ethnic uniqueness (Park, 2022). These first-generation helped the second generation form their national identity through Korean churches and Korean popular culture.

Difficulties of Korean Immigrant Children

Korean immigrant children experienced great difficulties in their early years of immigration, including difficulties in acquiring English, interacting with American culture, and their home and environment (Yi, 2014). Sohn & Harada, (2004) reported that Korean children had difficulty adjusting to American schools in the early stages of immigration due to barriers to communication with peers and teachers due to English challenges. Second-generation or 1.5-generation Korean Americans were either born in the United States or came to the United States at a very young age and grew up in American culture where they were still considered foreigners due to their Korean appearance. Korean immigrant children struggled culturally with being a minority, an underprivileged class, cultural ambiguity, and negative perceptions (Young, 2012). Although second-generation Korean Americans grew up in American schools and society, they

were still bound by the cultural expectations of their Korean immigrant parents. Children of Korean immigrants who straddle American and Korean cultures still experience conflict between their unique Korean identity and American culture (Kim & Park, 2011).

Yoo & Kim, (2014) conducted a study on Korean immigrants and their connected lives among 137 second- and 1.5-generation Korean Americans, and found that children felt pressure from expectations and obligations due to cultural traditions and values of care and respect for adults. Korean immigrant families experience cultural conflicts between generations, expectations of being a model minority, and high academic expectations (Okazaki & Abelmann, 2018). Additionally, most children of Korean immigrants had conflicts with their parents' expectations of traditional norms, close family relationships, and cultural practices (Yoo & Kim, 2014). Although Korean immigrant parents live in the United States, their tendency to instill Korea's unique cultural laws and ethics in their children can cause conflict.

Kang et al. (2010) conducted a retrospective study of the experiences of immigrant families among 18 emerging immigrant adults enrolled in universities. Among those who spoke of childhood hardship, more than half reported feeling distressed about their relationships with their parents. It is said that cultural assimilation between parents and children occurs across a very broad spectrum, so it is important to recognize that conflict may arise (Kim, 2013). Korean adolescents are experiencing parent-child problems related to immigration, such as language barriers, parent-child conflict, and cultural division between generations (Kang et al., 2010). Children of Korean immigrants are exposed to a complex environment that combines developmental, psychological, social, cultural, and ethnic factors along with acculturation (Kim,

2013). The acculturation gap between Korean immigrants and their children is the biggest cause of intergenerational conflict.

Immigrant parents and their children adapt to mainstream American culture at different rates. Acculturation gaps are generally associated with family conflict and poor mental health outcomes in Korean children (Kim & Park, 2011). Children adapt to mainstream society more quickly than their parents, so parent-child relationship conflicts may arise from that gap. Parents and children may become increasingly distant from each other due to different cultural standards even within the same United States, which may lead to child maladjustment within immigrant families (Kim & Park, 2011). For these families, issues of acculturation and cultural differences especially affect the family formation process and lifestyle.

Although most immigrant Koreans have good cognitive performance, they struggle with the image of being foreign-born with limited English skills (Jang et al., 2021). Korean immigrant parents require transportation, culturally competent health care, affordable housing services, and support services due to language barriers. Korean immigrant parents naturally carry the burden of helping their children overcome the language barrier. However, immigrant children report that they feel the burden of helping their parents with their poor English skills from an early age, which increases their stress (Sohn & Harada, 2004). While first-generation Korean Americans come to the United States and continue with Korean traditions, culture, and language, children naturally feel pressure to help their parents in the American way.

According to Korean cultural traditions, interference in parent-child relationships affects family expectations, education and career, dating and marriage expectations, and intergenerational conflict influences psychological and behavioral responses (Ding et al., 2011).

Kim & Cain (2008) conducted a survey on the relationship between Korean parent-adolescent relationships and adolescent depression among 56 Korean households to address mental health issues among Korean American adolescents, and reported 36% increase in depression symptoms. It was found that the higher the acculturation conflict between parents and their offspring, the more it was a predictor of adolescent depression symptoms (Kim & Cain, 2008).

Intergenerational conflict, cultural factors of children's identity, and the pressure and stress of ethnic orientation toward indigenous and mainstream cultures can lead to depression (Ding et al., 2011).

The Relationship Between Korean Culture and the Mental Health Services

Because of their high level of education and social and economic status, Korean Americans are recognized as a model minority in American society (Seo & Koro-Ljungberg, 2005). However, looking at mental health problems among Korean Americans, the prevalence of depression is significantly higher than that of any other racial group in the United States (Oh et al., 2019). Korean Americans are the least likely to take advantage of mental health services and have very limited awareness of the prevalence or influential factors associated with mental illness (Koh, 2018). Although Koreans have twice the prevalence of depression as the total US population, Confucian influences discourage Koreans from participating in public discussions about their mental health issues (Han et al., 2017). Culturally, Koreans are reluctant to access services for mental health problems and reveal negative feelings about mental health.

Koreans' Confucian cultural background encourages refraining from expressing emotions, which can negatively affect mental health. A survey of 137 Korean church members living in Los Angeles identified mental health and sleep disorders related to psychological

distress, perceived stress, loneliness, suicidal ideation, and risky drinking (Oh et al., 2019). Most Koreans tend to neglect services or culturally tolerate distress until the degree of mental health-related symptoms worsen (Koh, 2018). Koreans suppress their negative emotions with the idea that they do not conform to cultural norms or do not meet the expectations of others, resulting in various mental health problems.

Korean adolescents may be naturally encouraged by psychological processes to refrain from expressing their emotions related to mental health problems due to their home cultural background. According to Lee (2015), Korean cultural researchers say these adolescents are influenced by an anger syndrome in which one's emotions are suppressed by the patriarchal norms of Korean culture. *Hwabyung* is a common indigenous mental illness that presents as extreme physical and psychological distress over a long period of time (Oh et al., 2019). *Hwabyung* encompasses a variety of emotions such as frustration, anxiety, resentment, anger, worry, and disappointment along with physical symptoms caused by incomplete suppression of negative emotions (Oh et al., 2019). Due to the accumulation of stress over a long period of time, anger is expressed outwardly by frequent sighs, palpitations, insomnia, and indigestion. Adolescents influenced by Korean Confucian families naturally grow up in a culture that suppresses emotions (Han et al., 2023). Koreans' reluctance to freely express positive or negative emotions has a negative impact on adolescent mental health.

The unique characteristics of Korean culture are highly likely to cause the psychological distress that underpins the mental health problems of Korean adolescents. Kim (2014) argues that suppressing adolescent emotions is an attempt to make individuals humble and polite in Korean society, but it causes mental health problems. Korean parents feel that accessing treatment for their children's mental health concerns is shameful in Korean society (Son, 2020). In Korean

society, the reluctance of children to face mental health problems such as depression, suicide, and substance abuse is related to Korean culture (Han et al., 2017). Korean parents regard their children's expression of psychological pain or abnormal mental behavior as shame in the Korean community. This Korean culture of reputation delays children's mental health treatment and exacerbates depressive symptoms (Yoon et al., 2021). In other words, depression in Korean adolescents is influenced by Confucian cultural background, family culture, and degree of acceptance of others' expectations.

Reliance on Korean Churches for Mental Health Services

Koreans also exhibit a culture centered on the blood ties and school ties of familism based in Confucian tradition within the Korean church. Koreans are proud of the high level of ethnic solidarity, primarily in Korean churches and Korean communities (Miwa et al., 2018). From an early age, Korean adolescents are shaped by their parents' Christian values and Korea's cultural beliefs about the church (Hong, 2015). In particular, adolescents learn the established customs of the patriarchal pattern of respecting the authority of church offices and first-generation authority in the church community, which are not formed by their own identities but were learned unconsciously within the Korean Christian community (Lee et al., 2008). This is the influence of a particular distorted culture within the Christian faith community, which has a negative impact on Biblical values.

For Koreans, religious, political, social, and educational activities are centered around the church, and the church has a great influence on daily life (Hong, 2015). More than two-thirds of the Korean American population profess to be Christian, of these, 70–75% are Protestant, and 40% live in or near California's largest cities (Lee et al., 2008). Many Koreans obtain information about mental health services, mainly in large cities, but the utilization rate of mental

health services is remarkably low. Cheon et al. (2016) conducted interviews with 50 Korean pastors in large cities and reported that more than half of them conceptualized mental illness as a religious rather than psychiatric problem. Koreans seek out Korean church leaders as the primary gatekeepers for mental health treatment, but Korean pastors do not have professional mental health knowledge (Jang et al., 2017).

Koreans have a collective orientation rooted in religion and spirituality. As such, they favor the church as an essential alternative mechanism for dealing with mental health issues. For Korean Americans, the average time from onset of distress to seeking professional services was 5.3 years, with 34% of Koreans falling into the probable depression category, but only 6.5% of those contacted services (Cheon et al., 2016). Although most Koreans seek mental health-related counseling from Korean churches, Korean pastors may limit treatment approaches for depression and anxiety to religious and spiritual aspects (Jang et al., 2017). Thus, Korean church leaders may have difficulty defining and identifying mental health problems, which may hinder or delay treatment (Cheon et al., 2016).

Religion and spirituality have a greater influence on the lives of Korean adolescents than adolescents of other ethnicities. According to Kim & Kim (2017), 182 Korean adolescents were investigated for depression related to religion and spirituality, and acculturation stress was high. The main causes of depression in Korean American adolescents are American cultural conflict, intergenerational family, and academic expectations (Cheon et al., 2016). Most Korean-American adolescents consider church support to have a significant positive effect on their depression.

Korean immigrant Christian parents tend to believe that religion and spirituality act as a buffer against mental health problems. Mental health standards of Korean immigrant church

adolescents are formed by the culture and religious life of Korean churches (Hong, 2016).

Korean adolescents were provided with the context of religious education in the church, and they came to form an identity for self-awareness, God and the world, and the Korean community (Vaidyanathan et al., 2021). However, although Korean adolescent preferences make them one of the most religious groups in the United States, access to mental health services—such as for depression—through churches is low (Kim & Kim, 2017). Korean culture centered on the church may neglect or become an obstacle to coping with mental health concerns due to Christians' concentration on spiritual maturity.

Stigma Culture

Despite the high prevalence of mental health problems, Korean Americans are often reluctant to seek out mental health services. Park et al. (2018) suggests that addressing mental health problems requires an understanding of the use of mental health services and the reasons for cultural beliefs and attitudes toward stigma within ethnic communities. Most Korean Americans believe that mental health problems and abnormal mental behavioral expressions are stigmas in the Korean American community (Han et al., 2017). As a result, the stigma culture of Korea delays mental health treatment and exacerbates depressive symptoms.

Most Korean Americans report mental health problems, but are reluctant to seek professional treatment or prefer alternative treatment services and resources. In a survey of 365 Koreans in New York over the age of 18, 8.5% of respondents said they had used mental health services, and 23% said they had experienced depressive symptoms (Park et al., 2013). However, Koreans' mental health service selections tend to favor alternative medicine such as acupuncture, chiropractic, oriental medicine, and massage (Shin, 2018). Because of the cultural characteristics of Koreans, there is a negative prejudice regarding mental illness, so it is stigmatized.

Korean parents live in a cultural environment where their children's mental health problems are considered shameful in Korean society. In Korean society, mental health problems such as depression, suicide, substance abuse, trauma, and anxiety are associated with stigma in Korean culture (Han et al., 2017). When examining the causes of mental illness among Korean adolescents, it was found that stigma has culturally specific characteristics (Park et al., 2013). In particular, in Korean society, parents are ashamed of their children's mental health problems.

The majority of Korean Americans use the services of Korean pastors as their first point of contact for mental health issues. Koreans showed unconditional trust in Korean pastors rather than approaching psychiatrists for primary treatment (Vaidyanathan et al., 2021). This stems from the perception that accessing mental health services and treatment is shameful and stigmatizing in the Korean American community (Kim et al., 2022). This culture of stigma has played a negative role in the rapid growth of mental health problems among current Korean adolescents (Son, 2020). Due to stigma in Korean family society, most adolescents are reluctant to seek psychiatric treatment or religious services.

Mental Health Crises of Korean American Christian Adolescents

The rate of use of mental health services among Korean Americans, including minorities in the United States, is remarkably low. Aggarwal et al. (2016) found that racial and ethnic minorities are 20% to 50% less likely to initiate mental health treatment, and 40% to 60% less likely to fill a prescription. They also report that they are 40% to 80% more likely to end treatment early for mood, anxiety, and psychotic disorders (Aggarwal et al., 2016). Thus, access to the mental health system and initiation of treatment may be delayed by racial minorities due to lack of knowledge about psychological symptoms (Shin et al., 2018). The mental health of

Koreans is emerging as a serious problem among the minority nationality in Asia (Chang et al., 2015).

Adolescent mental health problems are likely to affect mental health beyond adolescence. Korean adolescents are exposed to psychological adjustment problems caused by stress, such as maladjustment to school, problematic behavior, anxiety, depression, and low self-esteem (Han et al., 2023). Stress is a factor that negatively affects adolescent depression by negatively increasing it physically, psychologically, socially, and spiritually (Shin et al., 2018). Adolescents with mental illness exhibit aggression, school problems, misconduct, and dropping out of school (Shin, 2018). The crisis of mental health among Korean adolescents is highly likely to lead, in the extreme, to suicide due to psychological pain.

Adolescents with high levels of depression are more likely attempt suicide. Suicide attempts by Korean Christian adolescents may vary depending on the degree of parental support, the protective nature of such support, mental health services, and family-based interventions (Joowon & Cho, 2022). However, Korean Christian adolescents are less likely to seek mental health treatment because Korean parents provide less support for treatment and recovery for their children (Choi et al., 2013). High academic expectations result in academic stress, likely beginning with depression (Jeong et al., 2018). Adolescents at risk to their mental health experience a variety of problems, from psychological pain such as anxiety and depression to traumatic academic and school life, interpersonal relationship damage, delinquency, self-harm, and suicide (Aggarwal et al., 2016). Adolescents who experience anxiety and depression are more likely to have a mental health concern due to poor concentration and increased academic stress.

Causes of the Mental Health Crisis of Korean American Christian Adolescents

First-generation Korean immigrants have achieved the goal of the American Dream—economic success. Kim & Cain (2008) emphasize in a culture that values high performance, hard work and honesty, Korean parents are committed to their children's education and emphasize their children's professional success. However, the majority of Korean parents ignore their children's difficulties, cultural conflicts, and pain (Son, 2019). Wyatt et al. (2015), cite a recent report by the National Institute of Mental Health, showing about 11% of Korean American adolescents experience depressive disorder and have suicidal thoughts by the time they are 18 years old. This is related to ethnic and cultural socialization or disposition, poverty, education-related stress, familism, discrimination and cultural adaptation (Wyatt et al., 2015). According to Korean Confucianism, adult children are given the greatest responsibility to honor, care for, and provide for their parents, with all family relationships as their highest value.

Various problems arising from individuals, families, and Korean cultural society have been identified by researchers as the causes of mental health crises among Korean American adolescents. Traditional Confucian Korean families are authoritarian and encourage competition between their children academically. In an environment where high academic achievement is expected, psychological conflicts occur within the family due to the stress of conflicts with parents, which causes frustration for children (Jeong et al., 2018). Joowon & Cho (2020) point out that the structural cause of the mental health concerns is excessive competition stemming from the universal values of families that esteem academic achievement, business education, and parents who only value school grades. As a contributing factor of the mental health problems among Korean adolescents, this research shows that we need to pay attention to the factors of family collectivism that occur in the special culture of Koreans.

In exemplary Korean families, parental pressure for achievement can have a negative impact on adolescent children, forming a less intimate parent-child relationship. Adolescents in Korean families are under pressure from their parents for academic achievement (Jang et al, 2017). Chang et al. (2015) argue that there is a psychological cause behind mental health behaviors due to Korean cultural characteristics of strong collectivism and uniformism held by parents and families. Korean teenagers suffer psychological pain from being suppressed because they cannot live up to their parents' expectations. In particular, in Korean families, mothers' achievement orientation was found to be indirectly related to adolescents' academic achievement (Jeong et al., 2018). This is an attempt by Korean mothers to internalize their accomplishments into their children to gain vicarious satisfaction by subconsciously instilling examples of minority myths into their children.

Korean adolescents experience psychological stress when they reject their parents' academic expectations or challenge their authority (Lee & Kang, 2018). According to Karlsson et al. (2020), Korean adolescents believe that if they do not respect their parents' devotion and reject their parents' expectations, they lose their social image as exemplary Koreans. Korean adolescents may exhibit stress, depression, and antisocial behavior as a result of disappointment over failing to match their mother's expectations of academic and professional achievement (Yoon & Kim, 2023). This study further shows that high levels of stress increase suicide vulnerability. A study by Wong et al. (2021) reported an association between psychological and social crises and suicide. This means that the higher the stress in life, the more irrational beliefs are amplified, leading to suicide attempts as negative life events (Lecloux et al., 2021). In the case of Korean American adolescents, the higher the stress level, the higher the correlation between psychological crisis and suicidal ideation.

Most Korean teenagers have conflicts with their parents due to stress from differing cultural values and attempts to adapt to the generation gap (Kim & Cain, 2008). Korean Christianity has provided networks for Korean families that help them maintain their Korean cultural identity (Suk-Sun & Kim-Godwin, 2019). In particular, parental warmth and affection have provided emotional stability for the development of adolescents' sense of self-identity (Choi & Kim, 2022). Family environmental factors are factors that directly affect adolescents' mental health and self-identity development (Balswick & Balswick 2014). However, Korean adolescents have expressed stress according to their unique culture and family group's central oppression (Lee et al., 2017). In other words, during adolescence, parents and the relational context can greatly influence their identity (Koh et al., 2009). However, when it comes to children's mental health problems, parents can act as a factor that can hinder their children's ability to seek proper mental health treatment.

Lack of Awareness of Mental Health among Korean parents

Regarding the mental health problems of Korean-American adolescents, most Korean-American parents lack an understanding of mental health. Korean male adolescents often express themselves as violent and aggressive, while female adolescents express themselves by isolating (Lecloux et al, 2016). Korean adolescents at risk of mental illness may reject family ties, have difficulty continuing their studies, and act defiantly in social settings (Lee et al., 2017).

Adolescents' low academic achievement is significantly correlated with depressed mood and is highly likely to develop into violent behavior accompanied by delinquency and aggression (Bae & Wickrama, 2015). Because Korean parents regard their children's psychological distress as symptoms of puberty, they lack understanding of their children's depression-related behavioral

patterns (Lecloux et al, 2016). Thus, Korean parents may be indifferent to psychiatric treatment and may not even be aware that they are attempting suicide, which is a symptom of depression.

Korean parents are indifferent to their children's psychiatric treatment or attach little importance to initiating and maintaining treatment for depression, which negatively affects school performance. According to Koh (2018), adolescents who committed suicide had experienced depressive symptoms, and 78.3% of adolescents with suicidal thoughts reported experiencing depression. Depressed adolescents are sensitive to their surroundings and have frequent emotional ups and downs, which can affect suicidal thoughts (Jang et al., 2017). Depression in adolescents is associated with suicidal thoughts and often presents a negative impact on their most intimate relationships.

Importantly, suicide attempts are reduced when there is positive parental support. However, when parents' emotional support is felt negatively, it is a decisive factor that increases suicidal thoughts in adolescents (Jeong, 2021). Korean adolescents yearn for a true community in the face of parental conflict, and when they rely on alcohol, drugs, and pornography to satisfy their emotional hungers, these can also lead to depression and suicide attempts (Han et al., 2023.). Therefore, Korean adolescents may experience conflicts with their parents due to their parent's lack of mental health literacy, the resulting lack of genuine communication, and misunderstanding of cultural differences.

Parents' mental health illiteracy and stress caused by family conflicts can be factors that contribute to depression in Korean adolescents. This increases stress and causes psychological pain because parents expect high academic achievement from their children rather than expectations for their children's mental health recovery (Joowon & Cho, 2020). This suggests that family mental health illiteracy can lead to increased stress in children, leading to mental

health problems (Miwa et al., 2018). The mental health illiteracy of the family acts as a factor hindering the recovery of Korean American youth's mental health and their access to treatment.

Psychological Experiences of Korean American Adolescents

Although there are various causes of mental health issues among Korean adolescents, it was found that of these, the family background, environment, and Korean culture were the primary influences. Koh (2018) characterized a Korean group of adolescents suffering mental health crises as lethargic, timid, passive, and submissive. They have a negative and passive view of themselves and are generally unable to express or assert their opinions (Chang et al., 2015). Therefore, there is difficulty in forming or developing interpersonal relationships, and in terms of personality, interpersonal relationships are not smooth because they are self-centered, timid, negative, have an inferiority complex, and are overly emotional.

Korean adolescents may feel disappointed in themselves for not fulfilling their parents' academic expectations. Korean adolescents often express psychological pain by suppressing emotional frustration, anxiety, resentment, upset, loneliness, and anger deeply in their hearts (Son, 2019). At times, they can be more insecure, timid, sensitive, and quiet, exhibiting withdrawn reactions, lack of self-esteem, and negative views of themselves and situations (Karlsson et al., 2020). Korean-American adolescents tend to see themselves as outcasts by their families due to feeling stupid, shy, and unattractive (Beyers & Loeber, 2003.) Thus, dysfunctional personal beliefs related to negative thoughts, feelings, and behaviors, inaccurate interpersonal perceptions, and inappropriate interpersonal behaviors appear to lead to more difficult interpersonal relationships.

Psychological Behavioral Characteristics of Korean American Adolescents

The behavioral characteristics of Korean adolescents show a form of reduced academic concentration and low self-esteem. They are afraid of presenting at school, insecure, and emotionally unstable. They are isolated and have no friends to spend leisure time with, such as playing games, exercising, attending concerts, or talking on the phone (Kim & Kim, 2017.). Vaidyanathan et al. (2021) show that Korean adolescents in mental concerns have psychological characteristics such as anxiety, lethargy, depression, and anger due to loss of appetite, loss of interest in studies, and rapid or continuous decline in grades. Son (2019) reports that Korean adolescents in mental problems are shy, worried, and passive, have difficulty making friends, lack interest in others, and lack communication skills. Their psychological characteristics include social insensitivity, obsessive behavior, lack of social skills, emotional instability, eating disorders, sleep disorders, explosive emotions, and depression (Oh et al., 2019). Korean adolescents maintain below-average self-esteem due to a persistently severe inferiority complex.

Psychological behavioral characteristics of adolescents suffering mental-health concerns tend to regard themselves as losers and are convinced that others evaluate them as incompetent. According to Son (2020), Korean adolescents are viewed as insecure and helpless when exhibiting mental health symptoms. Psychologically, they are particularly sensitive to authority figures and feel self-defeated at not meeting their parents' high academic expectations (Chang et al., 2015). If they fail to meet their parents' expectations, they may consider themselves failures.

Adolescents with mental health concerns are experiencing psychological pain as academic failure produces frustration. They feel incompetent and ineffective, feeling unable to meet or reject parental expectations or elicit parental support (Kon, 2018). They lack the ability to express themselves, often results in erratic behavior, inappropriate aggression, escape to

virtual worlds, and exhibit behaviors that do not fit the situation (Draucker, 2008). They may also lack adequate social skills when with others. Persistent mental health problems can trigger and increase depression, leading to deficits such as low intelligence or mental disorders.

Psychological Phenomena of Korean American Adolescents in Crisis of Mental Health

Adolescents in Korea are unable to respond to mental health concerns by asking their parents to obtain mental health services or take countermeasures and endure pain in silence. Lecloux et al. (2016) found that the adolescents with mental health concerns are insecure, timid, sensitive, and self-isolating, and see themselves as powerless, stupid, ashamed, and unattractive. Joowon & Cho (2020) say that adolescents with mental health concerns have unstable lifestyles, are timid, sensitive, and choose to isolate themselves. They are restless, insecure, cautious, sensitive, quiet, and submissive in everything (Lanfredi et al., 2019). Also, people with mental health concerns may cry, scream, act withdrawn or helpless, or explode in tantrums.

Adolescents who experience psychological distress have a negative view of themselves and their circumstances. Beyers & Loeber (2003) report that adolescents accept psychological distress because they feel lonely and desperate, feel that no one in their family supports them, appear embarrassed and confused, do not understand why the mental health symptoms are occurring, and do not know how to deal with them. They feel that they are failing in their studies, or are indifferent to their academic achievements (Leung et al., 2010). They are shy in interpersonal relationships, have poor communication, or are reluctant to talk about psychological problems (Shin et al., 2018). They have high levels of anxiety, depression, shame, perfectionism, and addiction.

Anxiety

Anxiety is a threat-based emotion that contains symbolic, predictable and uncertain elements, focuses on something in the future rather than the past or present, and is fear or dread caused by inappropriate stimuli that the individual does not understand (Andrews et., 2002). Altemus (2006) defines anxiety as a complex and intense emotional response with worry or fear. Brook et al. (2008) regard anxiety as a psychological phenomenon caused by worry about an uncertain objective or an uncertain future. According to a study by Altemus (2006), anxiety scores were higher in groups who experienced mild concerns than in those who did not experience mental health problems, indicating that the level of anxiety in psychological distress was higher—anxiety is essentially response to an uncertain future.

Anxiety-inducing parenting patterns can be characterized as overprotective and overcontrolling of the child. Anxiety in childhood can begin as early as 7 or 8 years of age and is likely to continue into adulthood (Brook et al., 2008.). In particular, adolescents with low self-esteem and chronic anxiety are more likely to be shy and less likely to engage in important activities at school. Anxiety in adolescents accompanies depression and is more likely to lead to alcohol dependence, substance abuse, and suicide (Andrews et al., 2002). Korean immigrant families take pride in raising their children diligently and conscientiously to improve their social and economic status. However, due to poor cultural patterns, Korean parents overly control their children and expect high academic achievement, which can lead to anxiety (Noh, 2019).

Depression

In the case of depression, the prevalence of major depression is rapidly increasing due to recent economic crises, weakening of the nuclear family, and rapid social changes that promote individualism. The World Health Organization (WHO) estimated that by 2020, depression would

be the second most prevalent health problem worldwide after heart disease, contributing significantly to the social and economic burden (Noh, et al., 2015). Depressed adolescents experience self-criticism and self-deprecation, feelings of guilt and worthlessness, and poor thinking and attention. Overall, for US adults, there is a reported 31% chance of developing an anxiety disorder and a 21.4% chance of developing a mood disorder such as depression (Fjermestad-Noll et al., 2020). Treatment is required if a depressive state persists for more than two weeks. Depression causes severe problems with appetite and sleep and has significant negative impacts on academic, social, and occupational performance.

Depression is an emotional disorder characterized by a sad or depressed mood. McCarthy et al. (2008), in a study of depression-related symptoms, 1,400 mental health professionals in public high schools reported that depression and substance abuse problems were the most serious problems in schools in recent years. Depression is typically characterized by pessimism about life and the future, feelings of hopelessness or helplessness, and subjective feelings of unhappiness (Noh, et al., 2015). The most terrifying thing about depression is that too often young people choose death when the choice is between life and death.

Severe depression increases the risk of psychotic symptoms such as hallucinations and delusions. Suicide, with an incidence of approximately 5%, is the leading cause of death among 15–24-year-olds and is associated with depression—a serious illness with a very high relapse rate (McCarthy et al., 2008). Adolescents of the 5% will have a major depressive episode for about 8 months without professional help, 40% will have another major depressive episode within 2 years, increasing to 72% within 5 years. Among depressed adolescents, 89% reported sleep disturbance, 79.5% anorexia, and 77.3% insomnia (McCarthy et al., 2008). These include feelings of powerlessness in everyday life, hopelessness about the future, and cognitive

distortions about oneself, the world, and the future (Fjermestad-Noll et al., 2020). This manifests itself in mentally unhealthy thoughts, behavioral withdrawal, lethargy, and, in extreme cases, self-destructive obsessions such as suicide.

Depression among Korean adolescents is mainly caused by cultural conflicts in the process of adapting to the American culture and stress caused by maladjustment to Korean family culture (Choi et al, 2020). According to Son (2020), Korean-American adolescents are more than four times more likely to suffer from depression than other ethnicities, and the prevalence of depression is reported to be 40% for Asian Americans. Depressed adolescents have been shown to gain or lose weight as they adjust to school life (Noh, et al., 2015). Adolescents with depression often lose interest or pleasure in daily life.

Adolescents who have not adapted to life in Korean family culture may lack concentration in their studies due to a sense of failure and low self-esteem. In a study on the interaction affecting the depressive process, targeting 52 people aged 18 to 21 years who experienced adolescent depression, Draucker (2005) reports that the stress of high academic expectations was related to depression. The prevalence of depression for more than 2 years among Korean adolescents is about 3%—they complain of depressed mood, anorexia, lethargy, constant fatigue, insomnia, and oversleeping (Son, 2020). This study showed that the cultural background of Korean parents, their upbringing, and the relationship between members of society have a negative impact on the mental health of Korean adolescents.

Shame

Shyness is the subjective experience of being anxious when interacting with people. It is also expressed as a behavioral tendency to avoid social interactions or inability to socialize properly (Noh, et al. 2015). In an interview with 163 college students, depressed students who

experienced shame reported that they repeatedly experienced negative emotions such as low self-esteem, inferiority, helplessness, and regret (Yoon et al., 2021). Depressive symptoms are highly correlated with experiences of shame, and experiences of shame can be a factor that increases the incidence of mental illness.

Korean American adolescents at risk may feel nervous during social interactions, especially with strangers, fail to participate appropriately in social encounters, and may have a learned tendency to avoid social situations. Shy adolescents are less likely to acquire social skills through peer interactions and are more likely to have negative peer relationships (Fjermestad-Noll et al., 2020). According to Cypress (2018), internally, some seek perfection to hide their shame. Perfectionism is significantly related to experiences of shame contributing to depression. Their common characteristics are reported to be very closely related to narcissistic personality disorder.

Perfectionism

Perfectionism, in general, has a positive impact on achievement efforts, but perfectionism in academic settings has been shown to have a negative impact. Perfectionists are associated with higher levels of academic stress, such as poor academic performance, test anxiety, procrastination, and burnout. Perfectionism can be a major factor in the loss of academic self-efficacy leading to increasing adolescents' mental health symptoms and academic stress (Osenk et al., 2020). If a family member makes a mistake, they point it out directly and react impatiently (Smith et al., 2016). Most perfectionists begin with a fear of making mistakes in childhood education and environment.

It is difficult for Korean teenagers to form bonds because they are harsh with themselves and demand perfection in relationships with others. Parents who seek perfection are those who

believe that their unrealistic expectations of themselves are justified because they are superior to others (Chang et al., 2015.). Most Korean parents focus on their children's academic performance—considering it a success. As a result, Korean adolescents grow up harnessed with expectations as exemplary Koreans rather than praise and encouragement from their parents (Chang et al., 2015). Korean cultural groups are characterized as societies that demand examples from others, and Korean adolescents feel shame when they fail to live up to those expectations (Fjermestad-Noll et al., 2020). Narcissistic perfectionist parents scold their children for their imperfections, attempting to set them up for achievement. As such, Korean adolescents' perfectionism stems from shame for not achieving exemplary goals, and can lead to addiction by immersing themselves in alternative resources to gain psychological comfort.

Addiction

The reality of addiction among Korean adolescents is very serious. When they are constantly exposed to the authoritative style of their parents, their parents' dual life attitudes, and the gap between expectations and reality, they seek alternative resources for quick problem-solving—to find psychological stability during increasing stress (Smith et al., 2016). Yoo & Kim (2020) stated that 35.4% of adolescents drank more than one time. One cause related to an increase in adolescent stress among 61% of Korean-American adolescents is the 10 hours per day spent doing schoolwork. Psychological distress caused by increased stress in adolescents is closely related to the increase in depression (Yoo & Kim, 2020). Adolescents focus on games, cell phones, the internet, drug use, cigarettes, and alcohol for psychological stability or because of pain, increasing their use of alternative addictive substances. Adolescents feel depressed and anxious due to failure to meet expectations and frustration, so they seek fun and stimulating things because they are lonely and bored.

Most adolescents at risk of mental health problems have trouble sleeping. Depressed adolescents have shorter sleep duration and higher impulsiveness, which leads them to focus on alternative resources, which negatively affects their mental health (Fjermestad-Noll et al., 2020). Increased stress in adolescents' daily lives moves them to seek out alternative resources for gratification and concentration, but this can lead to sleep problems, which can increase the risk of depression, suicidal thoughts, and suicide attempts (Osenk et al., 2020). They try to do their best, but because they do not work out—lowering their self-esteem—they fall into despair and helplessness, become preoccupied with alternative resources, resulting in addiction (Draucker, 2005). It is important to find and diagnose the reason for the use of alternative resources by Korean adolescents and find a suitable solution, which recognizes the ability to replace addiction and improve self-control.

Summary

Korea's culture specifically influences the behaviors and thinking processes of psychological distress during experiences of mental health concerns among Korean Christian adolescents. Korean Confucian culture promotes compliance with family obligations and participation in norms and customs (Moon & Nam, 2018). Due to the influence of the Korean-American culture of Chaemyeon, Korean adolescents may have a tendency to focus on others rather than themselves and seek recognition and a good reputation from others (Bae & Wickrama, 2015). As Christians, Korean American Christian adolescents feel the burden of having to fulfill the ethical expectations and obligations of the Korean American church community rather than freedom and grace in church.

During adolescent development, family members have a significant influence on development and performance. Korean adolescents may experience psychological distress,

including anxiety, depression, shame, and perfectionism, due to the fear of not meeting their parents' high expectations (Park et al. al., 2013). Adolescents who do not receive support or appropriate attention from their families are at high risk of developing mental health problems (Lee et al., 2008). Therefore, Korean parents serve as models of recognition and acceptance of their children and play an important role in adolescents' acquisition of self-image and career choices. The main factors that cause psychological maladaptive behavior and unstable emotions in adolescent can be confirmed through previous research.

Adolescents experiencing mental health problems develop a sense of inferiority, experience increased stress and anxiety about home, school, and the surrounding environment, and have lower self-esteem and satisfaction with daily life. As time goes by, they become less talkative and spend more time alone, making it difficult to adapt to school (Yoon et al., 2021). Adolescents' exposure to mental health issues can lead to addiction, personality abnormalities, and maladaptive behavior as adults (Son, 2020). As anxiety, insomnia, anger, and depression persist, children experience situations where they want to drop out of school due to low self-esteem and life dissatisfaction (Kim & Kim, 2017). The severity of this mental health concerns has led to depression, anxiety disorders, and suicidal impulses, which have recently emerged as social problems.

Due to the influence of Korean Confucian culture, the pressure to be an example in the family and church community can hinder recovery and treatment due to reluctance to access professional mental health services. The impact of psychological distress among Korean Christian adolescents plays an important role in determining behavior according to Korean Confucian family culture (Karlsson et al., 2020). Above all, it is important to understand the Confucian cultural and psychological characteristics of the Korean family. The purpose of this

study is to take an in-depth look at the mental health problems of Korean adolescents who are experiencing a repetitive vicious cycle due to psychological pain and maladjustment to life.

Chapter Three: Methods

Overview

This qualitative study was conducted to explore the lived experiences of psychological distress of among Korean American Christian adolescents in a mental health crisis to better understand the meaning of those experiences. Phenomenological qualitative research is an approach that is being used to understand the mental health concerns of these adolescents who experience specific Korean cultural conditions or phenomena. For this purpose, data were collected from eight Korean Christian adolescents to explain the meaning of their moments of psychological and emotional distress—identifying and investigating data on their experiences. In other words, it is the task of visually converting into text the story revealed by the individual's self-reflection on their experience and life observations (Aspers & Corte, 2019). Through this study, the researcher interprets the reality of the mental health problems of Korean Christian adolescents and provides specific understanding and insight into their experience of psychological pain.

Design

This study adopted a phenomenological approach to explore the phenomenon of human experience evidenced by qualitative research. Phenomenology as a philosophy was initiated by Husserl and developed by Heidegger into phenomenological hermeneutics, which studies human experience and behavior (Linda, 2014). Philosophical research has developed into a psychological and social approach to studying humans (Heppner et al., 2016). According to Van Manen (2014), phenomenological qualitative research uncovers essential elements of human experience through the study of what is revealed to human consciousness. So, what is the

essential influence of Korean culture and the Korean church on the experience of mental health concern among Korean Christian adolescents? Through phenomenological research, it is important to take a phenomenological approach to the perspectives of Korean American Christian youth's lived experience of the mental health problems and the impact of and response to psychological pain.

The approach of this method is to thoroughly describe the experiences of psychological distress of Korean Christian adolescents and how the characteristics of Korean culture and the influence of the Korean church affect the lives of Korean American Christian adolescents experiencing mental health concerns. Van Manen (2016) argues that when researchers conduct research from a phenomenological perspective, it is important to question and understand personal experiences of the world and the researcher subjects' experiences of the world. This can provide insights that allow researchers to directly connect participants' similar experiences in their own lives (Parylo, 2012). Thus, in phenomenological research, the structure and essence of the lived experiences of research subjects can be understood and explained through the researcher's personal experiences.

From a phenomenological perspective, it is necessary to interpret the meaning given to the phenomenon personally experienced by Korean Christian adolescents related to their mental health crisis. Phenomenological interpretive methodology focuses on consciousness and experience and argues that validity is given to the meaning experienced by individuals (Moustakas, 1994). In other words, the phenomenological approach can connect researchers' lives to participants by providing research participants with insight into interpreting their own lives through similar experiences (Chang & Berk, 2009). Additionally, Giorgi's (1997) hermeneutic work focuses on the implications of accessing people's experiences descriptively

rather than transforming them (Aagaard, 2016). Therefore, the focus is on interpreting experienced phenomena of Korean Christian adolescents rather than just collecting statistical data on their mental health problems (Jeong et al., 2018). In other words, hermeneutic phenomenology is an approach that not only describes the mental health problem of Korean Christian adolescents, but at the same time, is a method by which all phenomena can be interpreted.

The hermeneutic perspective is a methodology that interprets inner and spiritual human experiences, allowing subjects to question the meaning of their own existence and reveal meaning structures related to interpretive understanding (Van Manen, 2017). The phenomenological hermeneutic method focuses on the essence of the experience of the mental health problems of Korean Christian adolescents and focuses on the meaning of the lived experience of psychological pain. This hermeneutic study focuses on the nature of the phenomenal experience and collects data about the meaning of the subject (Karlsson et al, 2020).

This phenomenological hermeneutics is not only a collection of factual events of the participant's mental health issues but also an investigation into the symptoms of the concern and the emotional and psychological experiences described by those affected (Lindseth & Norberg, 2004). Therefore, in-depth interviews were conducted to answer questions related to the research topic—psychological distress experienced by Korean Christian adolescents in response to a mental health crisis. Resultant data on the unique common lived experiences of the research subjects was collected and analyzed to present the essence of their phenomenon (Cheon et al., 2016). This phenomenological hermeneutic study provides a more detailed understanding of the phenomenon and meaning of Korean Christian youth's experience of mental health concern and psychological pain.

Research Questions

The purpose of this phenomenological study is to describe how the difficulties of psychological distress experienced by Korean Christian adolescents during a mental health crisis are influenced by their cultural and religious connections. Through existing literature, the following research questions were designed to enable the researcher to provide research subjects' information and knowledge. (Heppner et al., 2016). These study questions ask how the lived experiences of Korean Christian teenagers in their psychological crisis affected their psychological pain. Additionally, the unique culture of Korea and the impact Korean church leaders have on these teenagers' access to mental health services are examined.

RQ1: How do Korean Christian adolescents describe their experiences with Korean pastors and congregants in shaping their awareness of mental health concerns?

RQ2: What are the vivid experiences of Korean Christian adolescents' mental health crises and how does it affect their lives as Christians?

RQ3: What are the symptoms of psychological distress and how do Korean American Christian adolescents express themselves behaviorally when faced with a mental health crisis?

RQ4: How does the culture of Korean immigrant families influence Korean Christian adolescents' experiences of psychological distress and their access to mental health crisis services?

Setting

Participants in this study were recruited through Korean churches connected to the network of Christian missionary organizations in California, USA. This missionary organization is a nondenominational organization based in Norwalk, California that focuses on Christian

Marriage and Family Ministry (CMF). CMF primarily serves Korean immigrants and Korean families. Korean parents mainly speak Korean, and 1.5 and 2nd generation Korean Americans speak Korean and English. The (CMF) office was chosen for the research interview site, rather than individual church offices. To ensure that the Christian adolescents could comfortably share sensitive topics related to church leaders, researcher chose a location that was unknown to their respective church members. This could have taken place in a public place, such as a local cafe or library, if participants preferred a different location. If participants did not wish to be interviewed in a public location, interviews could be conducted in the researcher's or participant's home, or via Zoom.

Participants

Drucker (2005) conducted a study on adolescents aged 18 to 21 who experienced symptoms of depression during adolescence and showed the interaction patterns and importance of depressed adolescents in their lives. Additionally, the Pakistani Medical Association studied the relationship between adolescent emotions and emotional expressiveness in 300 adolescents aged 18 to 24 (Zia & Riaz, 2020). McCarthy et al. (2008) found that the leading cause of death among adolescents aged 15 to 24 years was associated with major depression, a serious illness with a very high relapse rate. According to Duffy et al (2021) mental health problems in young people can begin as early as age 11 and continue beyond the age of 20. The sample used in this study was also expanded to include Korean Christian older adolescents (18 to 24 years old) who experienced a mental health crisis during adolescence (Sawyer et al., 2018).

Phenomenological research participant samples typically consist of 5 to 25 people (Creswell & Poth, 2018). This study consisted of eight individuals—a smaller sample size may provide data that is more focused on stories from real-life experiences (Linda, 2014). To

determine the eligibility of participants for this study, sample size criteria were set for recruitment through a demographic survey of Korean Christian adolescents who have experienced a mental health problem (Cypress, 2018). To obtain a sample of participants with common experiences, participants were selected from Korean churches through the CMF mission organization's network. All participants in this phenomenological study were selected to focus on their common and individual experiences of specific phenomena (Karlsson et al., 2020).

The appropriateness of each sample selection is that these Korean Christian older adolescents have had lived experiences during adolescence of psychological distress resulting in a personal mental health crisis. Additionally, their experienced mental health concerns relate to their unique Korean cultural background, and they sought access to mental health services from Korean American church leaders. Participants are provided with a consent form appropriate for Korean American adolescent mental health crisis experiences. The consent form can be submitted via email, and if there are any questions about the consent form, it can also be submitted in person through an in-person interview with the researcher. The study will be conducted only with participants who freely consent and approve of participation in the study.

Procedures

For this study, the researcher conducted in-depth interviews regarding the mental health experiences and psychological distress of Korean Christian adolescents. Phenomenological research questions are collected through interactive, semi-structured interviews that ask in-depth questions about the phenomenon selected for study (Creswell & Poth, 2018). The format of the open-ended questions consists of an introductory question, an essential question, and a concluding question, guided by researcher-maintained composure against participant response

bias (Burke & Soffa, 2018). The research questions sought to obtain information about participants' experiences of their mental health crisis and key elements of their recovery process.

All interviews last 60 to 90 minutes and are conducted with semi-structured questions. Above all, before conducting in-depth interviews, all participants are informed of personal information protection and confidentiality, are notified of recording, and consent procedures are explained. The researcher informs the participants that the recording of the entire in-depth interview process would be transcribed after the interview and used to analysis data (Aagaard, 2016).

The Researcher's Role

In order to guarantee the reliability of the interpretive phenomenological study to all research participants, the researcher must clearly follow the procedures of the researcher's role. The researcher must attach a consent form and explain the entire process before starting the interview. First, clearly and honestly explain to research participants the purpose and environment of the research, and how data will be collected and analyzed. All interviews are informed that personal information will be recorded and may be used for later analysis. Second, researcher thoroughly explains the protection and confidentiality of personal information. Published research reports code specific topics and explain confidentiality by not leaking direct information.

Above all, researchers need to identify personal values and experiences with those of the research subjects. Sandvik and McCormack (2018) argue that in qualitative research, researchers may sometimes have a psychology of acquiring what they need for thought research information they want to hear. Researchers need to focus on information about the actual experiences of research participants. At the same time, it is important for researchers to be aware of the Korean

American history, culture, and Korean family background and values formed by research participants during the research process.

Data Collection

Data collection begins immediately after IRB approval from a total of eight Korean Christian young adults. The researcher sends an initial email to the study subjects requesting their participation, and if the participants wish to participate in the study, they are informed by detailing the purpose of the study, benefits, informed consent, and confidentiality reports (Cypress, 2018). Once interviews with research participants are decided, data collection is performed by collecting information through semi-structured observations and interviews, documents and audio materials, and establishing an information recording protocol (Creswell & Poth, 2018). This preparation is intended to gain insight into the participants' perceptions. Interview questions for Korean American Christian adolescents explore personal backgrounds regarding mental health concerns, experiences of psychological distress, relationships with family and church, and views on accessing mental health services (Jang et al., 2017). Data for this phenomenological qualitative study are collected primarily through semi-structured individual interviews consisting of a series of open-ended questions.

These questions will be used to understand the experiences of mental health problems among Korean Christian adolescents and to develop strategies to approach psychotherapy. The purpose of the research design questions is to collect information about participants' experiences of psychological distress during a mental health crisis (Cheon et al., 2016). It consists of semi-structured questions aimed at helping participants think about their experiences and describe their psychological distress (Hill, 2012). To collect truthful data,

researchers must include establishing semi-structured research questions, observations, recording information, and protocols (Creswell, 2014).

Interviews

The interview process is intended to better understand the psychological distress of each participant related to the Korean Christian adolescents' experience of a mental health symptoms, the impact of Korean culture and the Korean church on the participants. Van Manen (2016) explains that open-ended questions are hermeneutic interviews that allow the interviewee to focus on the essence of the question. This interview is a process in which the researcher asks open-ended and semi-structured questions, and participants feel comfortable responding based on their own lived experiences. Information on mental health concerns and psychological distress is collected about how one's experiences have affected one's life.

The questions are used to understand the experiences of mental health problems and psychological distress among Korean Christian adolescents and to develop effective strategies for accessing mental health services. It is critical for researchers to prepare questions based on research design literature to gain information and insight into participants' experiences of psychological distress during a mental health crisis (Cheon et al., 2016). The interview consists of semi-structured questions aimed at helping participants think about their experiences and describe their psychological distress (Hill, 2012). This study will help them understand more specifically how psychological distress, culture, family, and Korean churches influence the mental health concerns of Korean Christian adolescents.

Research Question 1

Lively experiences as Korean Christian adolescents (pastor and congregant) that shaped mental health crisis awareness:

1. Please introduce yourself.
2. Where were you born, where did you grow up, and what is life, like for Korean immigrant families?
3. As a Korean Christian Immigrant, how long have you attended Korean immigrant churches?
4. What experiences have you had in Korean immigrant church life?
5. What are your interactions with pastors and congregation members?
6. Who in your church do you turn to first for help when a mental health crisis occurs?
7. How do you think pastors perceive the mental health crisis?
8. In what role have chaplains been helpful in your mental health crisis?
9. How have your pastors influenced your awareness of mental health services?
10. What have been some significant life-changing experiences from your interactions with chaplains during your mental health crisis? If any, how has it affected your thoughts and feelings?

Research Question 2

A Korean Christian adolescents' vivid experiences of a mental health crisis and its impact on their lives as Christians:

11. Please describe your experience of a mental health crisis.
12. As a Korean Christian adolescent, what are your thoughts, perceptions, and beliefs about mental health?
13. Do you think it is possible for a Christian to experience a mental health crisis? Why? Or why not?

14. What is the impact of religion and spirituality, or church, on your life during a mental health crisis?

15. What are your perceptions regarding mental health services in your church? Comfort from church leaders? Christian counseling? Pastoral counseling? Care? Counseling service? Counseling psychology?

Research Question 3

Mental health of Korean Christian adolescents, symptoms of psychological distress, and behavioral ways of expressing oneself:

16. How did you express the symptoms of your mental health crisis and psychological distress?

17. How did psychological distress affect your cognitive, behavioral, academic, and occupational abilities?

18. What factors had the greatest impact on your psychological distress? Why?

19. How has psychological pain affected your life as a Korean Christian adolescent?

Research Question 4

The relevance of Korean culture and Korean family culture in determining whether or not to access mental health services:

20. How does your family perceive the symptoms of psychological distress in a mental health crisis?

21. Have you ever received support from your family or community during the pain of a mental health crisis?

22. If you received help, which things helped you approach recovery?

23. If not, what are the barriers to your being willing to access the service?

24. How do you perceive Korean traditional cultural services for mental health crises?

25. What is the connection between Korean American culture and the prevalence of mental health crises?

The structure of the research design questionnaire is to provide research subjects with the opportunity to open their minds. Research Questionnaire 1(1–10) focuses on whether the lived experiences of Korean Christian immigrants (pastors and congregants) shape their perceptions of mental health services for Korean Christian adolescents. Rowley (2014) argues that interview questions reflect the interviewee's worldview based on their interests and values. To provide information to form perceptions of Korean American church health services related to Korean Christian adolescents' experiences interacting with pastors during a mental health problem.

Research Design Questionnaire 2 (11–15) focuses on awareness of mental health crisis and whether one can overcome them as a Christian. According to Moustakas (1994), questions can be used to elicit deep personal thoughts from the interviewee's experiences. Questions in questionnaire 3 (16-19) of the research design questionnaire focused on the interview participants' lived experiences, the meaning of those experiences, and their personal opinions regarding symptoms and behaviors of psychological distress (Sholokhova et al., 2022). A mental health crisis provides an opportunity to reflect on one's personal experience of psychological distress.

Research Design Questionnaire 4 (20–25) addresses Korean families' perceptions of Korean culture and access to mental health services among Korean Christian adolescents. According to Groenewald (2004), phenomenological interview questions elicit the interviewee's experiences, feelings, beliefs, and convictions about a specific topic. This is an

exploration of the relationship between the phenomenological experience of the unique culture experienced by Korean Christian adolescents and their mental health concerns. The above interview questions will help to understand the real phenomenon of the mental health crisis among Korean Christian adolescents and generate insightful data.

Data Analysis

The purpose of phenomenological data analysis is to classify, by meaning, Korean Christian youth's stories about their psychological and emotional situations and lived experiences. As a basis to analyze the data for this interview, semi-structured interview data is used (Karlsson et al., 2020). The purpose is to analyze data on the vivid experiences and non-verbal expressions of thoughts and emotions of Korean Christian adolescents.

The data collected for this study will be subjected to Giorgi's phenomenological data analysis. This method asks participants individually unstructured questions and categorizes them into topics for clarity of statements (Giorgi, 1997). The first step is to consider the whole statement to gain a general awareness of it (Linda, 2014). At this time, the researcher should freely read the text as often as necessary to get a good understanding of the whole. The second step is to classify the meaning units of the phenomenon from the researcher's academic perspective. Once the overall characteristics are identified, the researcher goes back to the beginning and distinguishes meaning units from an academic perspective.

The third step is to translate everyday expressions of the topic into academic terms. Once the meaning units are outlined, researchers can examine all meaning units and express the academic insights contained within them more directly (Hill, 2012). In other words, it is a process of converting the semantic units established in the previous stage into the most

appropriate academic expression through reflection and imaginative variation, and through this, reaching a general category (Karlsson et al., 2022). The fourth step is to structure and integrate the converted semantic units into coherent statements. This is called the structure of experience, and in phenomenology, the goal is to find the meaning, not the reason for the subject's behavior, that is, the structure of the subject's behavior (Lindseth & Norberg, 2004). A structure is a set of multiple meanings and contains correlations between the various components within it.

Therefore, the data in the qualitative research method is an open coding analysis that finds units or structures of existing phenomena through in-depth interviews of participants, from field notes, and interview recordings (Van Manen, 2014). The data are then analyzed to identify meaning units, structures, or themes of the research topic (Giorgi, 1997). Researchers repeatedly carry out the process of understanding the meaning of data content and classifying it into themes. In the classification process, each meaning unit is reviewed according to the criteria of similarity, distinctiveness, relevance, and similarity to ensure that the meaning is conveyed accurately, and to classify each meaning into representative content (Van Manen, 2014). This process is intended to identify and rule out the researcher's assumptions. It is an inductive method that organizes all data step by step and analyzes it by subdividing it into assumptions (Linda, 2014). By continuously comparing data while looking at it, the final meaning units are classified into large frames with similar content. These classifications are grouped and organized, category names are generated, and category tables are constructed (Lindseth & Norberg, 2004).

This study aims to deeply analyze the psychological pain experience and recovery process of Korean adolescents in a mental health crisis situation through topic area coding and semantic unit classification (Giorgi, 1997). In order to understand the nature of experience,

Giorgi's phenomenological research method can be seen as taking a more rigorous scientific stance by emphasizing description and analysis focused on the text according to the meaning and theme derived from the subject.

Trustworthiness

To increase the credibility of this study, participants must establish a truth basis for the data they respond to. This process seeks to ensure the accuracy of analysis, interpretation, and conclusions to increase the credibility of the study (Linda, 2014). To increase the validity of the information obtained, having external advisors and monitors audit the research process and results, allows researchers to assess their accuracy (Creswell & Poth, 2018). Researchers can influence how a study is approached and can shape its interpretation. It is important to clarify the past experiences, biases, and preconceptions of the researcher in question (Lindseth & Norberg, 2004). All participants in the study will disclose the interview process and information. If participants want to revise their statements to clarify the content of the interview, they should do so.

Credibility

To increase the credibility of the study, it is based on a review of relevant literature and data from participants' responses from their lived experiences with mental health (Elo et al., 2014). The researcher keeps a journal reflecting on the research process and provided interview records of the research subjects' truthful statements. Roberts et al. (2019) advise after collecting data, researchers should compare the data with qualitative research experts to ensure completeness. This process seeks to identify aspects of accuracy of analysis, interpretation, and conclusions to increase the trustworthiness of the study (Creswell & Poth, 2018). This process is intended to increase the reliability of the research results.

Dependability and Confirmability

The information obtained by the researcher must be evaluated by an external researcher to determine whether the information is biased, motivated, or neutral regarding the respondents (Amankwaa, 2016). To ensure the confirmability of the study, external evaluators must have no connection to the study. Auditing the research process and the results from external advisors and monitors can help assess accuracy (Creswell & Poth, 2018). To ensure the accuracy of the study, the researcher must provide research subjects with the ability to review their interview answers when necessary (Patton, 2015). This audit trail is intended to provide transparency over the entire process from research initiation to results.

Transferability

Researchers must address the researcher's past experiences, prejudices, and orientations that may influence how he or she approaches the study and forms interpretations (Korstjens & Moser, 2018). It is important for researchers to make biases clear from the beginning of the study so that readers understand any biases or assumptions that influence the study results (Lindseth & Norberg, 2004). The results of this study can also be applied to adolescents with mental health symptoms in the same environments. Amankwaa (2016) explains transferability, showing the applicability of research results in other contexts. Although this study is limited to Christian Korean adolescents in California, the results can be applied to Christian adolescents in Asian cultures. Research results can be transferred to similar situations or contexts, so researchers must clearly document the entire research process (Roberts et al., 2019).

Ethical Considerations

This study will be conducted after receiving approval from the Institutional Review Board (IRB) for ethical considerations. All study subjects were Korean Christian adolescents who participated voluntarily. It is important to use pseudonyms to protect the participants' privacy. McCosker et al. (2001) explain that ethical considerations in research include ensuring the safety of participants and minimizing all risks. Because the researcher belongs to the Korean church community, all information about potential problems and solutions for Korean Christian adolescents must be kept confidential (Jeong et al., 2018). Additionally, research participants must be informed of their right to withdraw from the study at any time during the research process (Patton, 2015).

Ethical considerations regarding non-disclosure of all data collected in the study should be stated. Researchers must attach a statement that all data collected will be deleted at the end of the study (van Manen, 2014). The most important thing is to share the overall content and progress of the research with research participants so that they can actively participate in the program (Creswell & Poth, 2018). Researchers must collect data, keep password-protected electronic files for three years after coding and analysis, and then destroy all data to ensure participant confidentiality.

Summary

This study explores the vivid experience of psychological pain amidst the mental health crisis of young Korean Christians through qualitative methodology and a phenomenological approach. In selecting participants for this study, eight participants of Korean Christian older adolescents who experienced a mental health crisis during adolescents were recruited through the recommendation of a Korean church formed in the CMF network. The recruitment criteria for

these participants were that they were Korean Christian adolescents who had experienced psychological distress due to a mental health crisis. Through interviews, vivid data was collected on the mental health stories of Korean Christian adolescent participants and the experiences of Korean immigrant families using mental health services.

Of importance is the exploration and understanding of the psychological pain of Korean Christian adolescents through their vivid experiences based on an understanding of Korean Christian families, churches, and Korean Confucian culture. Although the sample size of the study was too small to generalize to all Korean adolescents at risk of mental health symptoms, it was anticipated that it would be helpful in delving deeper into the stories of their lived experiences. This can provide insight into understanding and recovering from mental health concerns among Korean Christian adolescents, their suffering, and access to treatment. The results of this study can be applied to the treatment and recovery of Korean adolescents in Korean churches and Korean culture and society.

Chapter Four: Findings

Overview

This chapter presents the results of interviews with eight Korean Christian older adolescents during a phenomenological study on their experiences of psychological distress resulting from a mental health crisis. Data analysis resulted in the identification of themes emerging from the narratives and rich descriptions of the stories and lived experiences of each of the eight participants of Korean American Christian adolescents. The purpose of this study was to understand the impact of the traditional culture of the Korean church and Korean family on the psychological distress of Korean Christian adolescents during a mental health crisis. To this end, we answer research questions based on descriptive data collected from the eight Korean Christian participants, and conclude the chapter with a summary.

Participants

Eight Korean Christian adolescents participated in this study: Rebekah, Rachel, Naomi, Esther, Grace, Andrew, James, and Joseph. Pseudonyms are used to ensure anonymity and confidentiality. Each Korean Christian older adolescents (18-24 years old) who participated in this study has a Korean immigrant cultural background along with family. Two participants were born in the United States, and six were born in Korea having immigrated to the United States between the ages of 8 and 10. They are all second-generation and 1.5-generation Americans, all college students, and have all attended Korean churches since birth. All have experienced a mental health crises and psychological distress.

Recruitment letters and permission forms were sent to Korean churches to understand the purpose and importance of the study and the research procedures and methods. Basic information

was collected from participants in this study through Screening Questions to ensure that all participation requirements were met. Before the interview began, all consent and approval forms were emailed to this researcher, signed, and returned. Two participants preferred face-to-face interviews and the remaining six preferred online interviews. All eight participants shared stories of their unique and vivid experiences of psychological distress during a mental health crisis. Participants described their experiences with the mental health problems phenomenon from a personal perspective. These presented the personal stories of each participant and the lived experiences of eight Korean Christian older adolescents.

Table 1

Participant Demographics

Participant	Age	Gender	Born	Age at Immigration	Occupation	Korean Church Member
Rebekah	21	Female	Korea	8 years old	University Student	Yes
Rachel	20	Female	Korea	8 years old	University Student	Yes
Naomi	20	Female	America		University Student	Yes
Andrew	20	Male	Korea	8 years old	University Student	Yes
Esther	19	Female	America		University Student	Yes
James	23	Male	Korea	10 years old	University Student	Yes
Grace	23	Female	Korea	9 years old	Graduated from Theological Seminary	Yes
Joseph	23	Male	Korea	10 years old	Theological Seminary	Yes

Rebekah

Rebekah is twenty-one years old, she was born in Korea and immigrated to the United States with her family when she was eight years old. She grew up in Southern California with her pastor father, evangelist mother, and her two-years-older brother. Rebecca began adjusting to her

American school life in the second grade at an elementary school in Pasadena, California, and she is currently in her third year attending California State University. She attended church from birth, and when she was eight years old, she attended a Korean immigrant church in the United States because her father was an associate pastor at that church.

Rebekah recalled that at first, she struggled because she did not speak English in American schools and Korean churches. As the years went by, she got used to English and she thought she was good at it, but for a long time she attended a Korean church and her children still treated her as if she only spoke Korean, she said. She recounted trying to get along with people at church because her father was an associate pastor there, but she couldn't. Rebecca said, "Because I'm a pastor's daughter, um...a little...I had to maintain law and order...I always had etiquette. This is something my body is used to. I've been like this since I was a little girl." She tried to be perfect to show that she was an exemplary daughter in her own religious beliefs. She said, "So, hmm...I have a little bit. I also must not show weakness. There is something like this."

Rebekah began experienced mental health symptoms in the eighth grade. "The first thing I remember is, um...one night in eighth grade...I had a panic attack, um, I didn't know it was an attack. But...I couldn't sleep all night, and only later did I find out that it was panic disorder. So, I thought it started in the 8th grade." She said of her own symptoms, "The symptoms are, well, first of all, a feeling of separation between the soul and the body. My pulse is fast, I can hear my heartbeat, I feel like throwing up, I'm dizzy, my stomach hurts, my head hurts, I'm sweating, my legs are shaking." Symptomatic of Psychological pain. She confessed that her panic attacks became worse during the 10th and 11th grades of high school, and that her academic performance continued to decline because she was always anxious, fearing she would have a

seizure at the panic disorder, at any time, and even while reading a book, she had no energy and could not concentrate on her studies. She said it has improved a lot now, but symptoms still appear, occasionally.

When Rebecca immigrated to the United States with her family at the age of eight, her mother was very busy with work to support her family, and her father, who was a pastor, didn't take care of her due to his religious leanings. "There was no time," she said. She remembered her mother suggested she seek therapy to discuss her mental health problems. But she hadn't told her mom when she first noticed her symptoms in the eighth grade. Rebecca said, "Well, first of all, I didn't want to show that I was sick, and I didn't know what the symptoms were." She said her father, a Korean pastor, didn't understand her mental health issues and she didn't like receiving counseling. She said, "Dad, um...typical of Korean culture, was not very positive about my mental health concerns, or about me getting treatment." She recalled that before she could get counseling, her family treated her as a mentally ill person who did not understand the health concern. Her father said he couldn't do it.

Rebekah spoke about her own shame and perfectionism as causes of her mental health concerns. She said, "Because there is such a thing as shame and shame...well, I might feel like I shouldn't say it, or I might feel like I'm a total weirdo," she said. She said she had to look good to others, she had to do well in school, and because she was a pastor's daughter, she took it for granted that she had to keep law and order and be polite in church.

Rebekah didn't talk to church leaders or congregants during her mental health struggles, but even if she had, she said, it probably wouldn't have helped her much. That's because her church leaders and congregants didn't seem to care about mental health, she said, and she didn't

build trust or relationships with her pastors. Many pastors seem to regard mental health as something distant or vaguely say that everything will be okay.

Rachel

Rachel was born in Korea. When she was 2 years old, her father was sent to Egypt as a missionary, where she lived for 6 years. The whole family immigrated to the United States when she was 8 years old. Her father is a senior pastor at a church in Southern California, and her older brother graduated from an American State University. She is currently a third-year student at the California State University.

Rachel was subjected to racial discrimination and teasing in the sixth grade at an American elementary school, which became an obsession and caused difficulties with her presentations. She said she still has a revulsion to giving presentations. It got worse during her high school years when just hearing that she would be expected to give a presentation made her tremble. She said that even in her current college years, her fear of public speaking has led to depression, and she has felt psychological distress from repeated public stares and shame, “I just...um, go out in front...and uh...I think I'm very obsessive about how I look. My appearance, the voice, etc. Also, uh...the skills...when I present something, I get compared to others...that's it. I was shaking a lot. I was worried that things like that would show.” She said that the proximity itself with many people was burdensome and intimidating.

Rachel came to the U.S. as a child, but she was confused about her identity when it came to language, and said, “I need to speak English better...uh, a little, um, I...um, I hated myself for this, so I pretended to hate everything related to Korean. I just acted like I was American.” She said that at an American school, she felt like she didn't fit in with her American peers or with

second-generation Korean children who were fluent in English, so she ended up comparing herself to herself, which was a huge problem for her with English. She said she experienced cultural conflict.

By the time she was in grade 11 in high school, her anxiety, depression, and panic distress had worsened, making it difficult for her to concentrate in her school classes and straining her relationships with her friends. Her parents were reportedly conflicted because they did not recognize her symptoms of social anxiety, depression, and panic disorder, which had begun in the fifth grade of elementary school. “I didn’t understand the religious aspectual...I uh...I mean.” Especially her dad didn't understand. Why? “It's religious. It has nothing to do with depression...something like that. I didn’t quite understand.” Her dad linked her mental health concerns to her depression every time her dad preached at a family service. She was deeply conflicted by her parents’ religious efforts to resolve this, and the loneliness, especially in the early hours of the morning, consumed her so much that she said she would rather die. “Of course, of course...I want to commit suicide. Something that could kill me right now.” When she talked to her parents about her mental health, she said they seemed to understand at first, but then she ended up with religious answers and she didn’t want to talk to her parents anymore.

Rachel went to church from birth, and with her dad being a pastor, going to church was a given. She was adamant about attending services, forcing herself to attend Sunday services even when she was in the midst of her mental health problems. She said she didn't want to go to church, so she often went to the restroom and came back in. She wanted to meet and hang out with good church members, but she didn't see the joy of going to church, she says. “Always church, always school. I have to go to school unconditionally...going since kindergarten. If you

don't go...sometimes...a little...it feels like I didn't do it well. Of course, I have to do it... something is...so obvious. In this part, my father...my mother and father are very...he was adamant...so I forced myself to go." She was very negative about the church's perception of her during her mental health struggles, believing that her parents' emphasis only on religiosity did not help her recover.

Naomi

Naomi was born in the United States and lived there until she was 8 years old, then went to Korea for her parents' business, and returned to the United States when she was 14. She currently lives in Southern California. Naomi attended a Korean immigrant church with her parents and younger sister from a young age, and her mother is a deacon at the church. She has experienced mental health concerns since middle school. It was extremely bad when she was 15 and she is still receiving counseling. She said she had depression, anxiety, smartphone addiction, shopping addiction, and anger issues.

Naomi said she has been particularly sensitive to other people's gazes, "I can't go out without makeup." She has to do a full makeover for 2 hours and then go out. She said she had, "To do my hair," and "Could not dress roughly," and "That makes life very difficult." She says she is trying to gain recognition by being seen by others. She says she was outwardly teased by her Korean friends in middle school, and she has become obsessed with her appearance from then on. She reports she was unable to tell her parents about her mental health problems despite going through such a difficult time. She said that she didn't want to disappoint her hard-working parents and that she had to pretend to be bright and good because she came to America to achieve success. "I don't want my parents to be sad," she said, "Just...I did well today...ugh.

Coming to America is because of me.” “So, it was because of me that we came to the U.S., and I made this big decision,” she said, “Trying not to disappoint my parents’ expectations.”

Naomi said that academically, she gets stressed when she tries to do something perfectly and it doesn't happen. She says that this is how she developed her public speaking phobia now in her college years. She said, “There were times when I couldn't even present. Oh, I also have a fear of public speaking, so I take medicine like Cheongsimhwan (prescribed for psychological anxiety in Korean medicine). When I give a presentation, my voice is shaking so much, my feet are shaking, my hands are cold and I'm trembling...I'm more confident than I thought, but I'm afraid of standing in front of people. This is so bad.” Her parents had high academic expectations and demands for her when she was young, but she let them down because she did not meet their academic expectations. This is how she described her psychological distress during her mental health crisis: “I stayed at home for several days...really, I didn't go out once for a week. Really, so the body becomes exhausted, and people don't wash, and the mind is just...it becomes very difficult for people.” She said she couldn't focus on her academic studies and her grades went down.

Naomi began receiving therapy with her parents at the recommendation of her high school counselor after saying that she wanted to die. But she says her parents did not understand the symptoms of depression, anxiety, and panic disorder she was experiencing during her mental health crisis. In particular, her dad said “He didn't know I had depression. When I get depressed, my dad now...doesn't...believe me...he actually got angrier at me, ‘What are you, you're depressed!’” The fact that she suffers from depression makes it difficult for her dad, she said. She said her mental health problem was very conflicting for her parents, who did not understand

her, and that they fought every day and felt like it was a war. She said she misses Korea very much whenever she is depressed. The United States was like her prison, she said, her identity began to shake, and she wanted to leave for Korea.

During her mental health struggles, she said, she got along well with members of her church and had fun but was unable to share what was on her mind, “I had a little...image for the church. Always smiling and walking around. If they ask other people, they say that she is always happy and smiling...she must always be in a good mood...she is always a bright person.” She was unable to say anything about her mental health concerns at church or ask for help. She did not do it. When she asked for help, she said she felt like they would pray for her, but she didn't want to say anything. The reason, she says, was that she had never had an intimate conversation with her youth pastor, and they had no bond.

Andrew

Andrew, 20 years old, was born in Korea and came to the United States with his mother and two younger sisters in 2014 at the age of 8, lived in Canada, and then returned to the United States again at the age of 16. He is currently studying art in California. He had experiences growing up in the Korean immigrant church. In 2019, worrying about his own middle school situation, being anxious, and having a mental disorder, Andrew said that he was so anxious that it had become a habit for him to self-harm whenever he felt anxious, “Well, I hurt myself a lot, cutting my wrists with a knife, uh...this...started in 2019...and stopped, ...I think, in January 2023.” Andrew said that whenever he felt anxious during a mental health crisis, he wanted to die.

Andrew reported, “My father tends to talk a lot about people's educational backgrounds. I had anxiety symptoms because of the pressure of going to a top university.” His father

graduated from one of the best universities in Korea, but he wanted the best. “In Korea, depending on the school, they just ignore it,” Andrew said. “There are cases where people are ignored. That's why I think it was mainly based on my academic background. There were many people around me who were looked down on because of their academic background.” Andrew's father wanted him to attend an Ivy League school, reputed to be the best universities in the United States, or at least a university at the level of UCLA.

Andrew's mother attends a Korean church, and she said her mother was ignored because she was not at a high level of college and there were a few more people in the Korean church besides that group. Andrew talks about Korean culture facing a mental health concern: “Uh, at one point, uh, my mental health...I was trying to get out of the house...I hated the latest version, and I hated the Korean community as well.” Andrew said he was unable to cope well with his mental health issues.

Currently, he says that the pastor of the Korean Immigrant Church lacks support in mental health recovery and only focuses on “...Prayer topics: ... ‘Please help many Christians succeed.’ ‘Please let me earn a lot.’ ‘Please make a good business.’ These prayer topics...uh...those things don't really help my mental health.” Andrew said he is now friends with his pastor, but he is not helpful because he is not a mental health expert. He also said that it would have been helpful for the church to be aware of mental health and create support groups to support mental health programs.

Esther

Esther is 19 years old and was born in the United States. She went to Korea when she was 3 months old and came back to the United States when she was 7 years old. Her mom is a

devout Christian, and in 2020, her mom remarried her dad who is an evangelist, and her younger sister was born in 2021. Esther suffered a mental health crisis when she was in 11th grade. She said, “I was so nervous to be in class...no one was going to hurt me, there was no threat...but I was so nervous...nervous...shaking. Esther was in 11th grade when she took psychiatric medication for six months for PTSD, social anxiety, and depression. Esther talked about her psychological pain, saying, “Uh...when there are a lot of people...I have trouble breathing..., my heart beats like crazy.” Esther said she had felt anxious since elementary school. Her parents were always busy with work, which made it hard for her, and she did not want to deal with it. She thought she would get better with time, but she found it increasingly difficult and her symptoms worsened over time, she said.

Esther said as her anxiety became worse, she smoked a lot, “I smoked more when I was having difficulties—emotionally...crying...resolving...one of the...I think so. It helped. I just liked the feeling of the nicotine.” She confessed that she was addicted to vapes and that when she got upset, she would poke a lit cigarette on her wrist, “I think it was a bit rebellious. Reliving the pain, the feeling, this kind of thing.” She said, not only with a cigarette but also with scissors or a sharp knife to her arms and breasts. Esther was in a mental health crisis when she attempted suicide, “The day I decided...I felt like I was surrounded by a strange spirit. It's not that I'm depressed and sad... ‘I have to die today. I can do it today.’ Something like this, ‘I can do it.’ Strange. Energy doing something, I don’t know.” Esther said she was in a mental health crisis and had no one to talk to, and she held it in until she exploded.

Esther had a hard time with her parents, and that there were many misunderstandings about her family, “Usually...when I was young, I thought my parents are perfect. When I'm

having a hard time or feeling sad, I think there's someone who can accept me. If my parent doesn't listen to me...they don't love me. Just...I feel like I've completely fallen behind.” Esther said that just as her parents expected her to be perfect, she always had the perfect idea that she should do well from a young age, as she watched her parents living hard lives, and she said that she also had to do well and tried not to be a burden. She later said that her parents had been going through a very difficult time, praying for her and being patient with her, and that she recovered after clearing up her misunderstanding.

Esther is currently at a Korean immigrant church, a church she has been attending for 12 years since she was 7 years old, but she said when she started having mental health symptoms, she did not ask her pastor for help. She said she didn't feel the need to talk about mental health because she wasn't one to talk about it. She says she didn't get any counseling or education at her church, so she thought it would resolve itself over time. She was in 11th grade and at the height of her mental health crisis, she spoke to members of her church community who, she says, were very understanding and cared for her.

James

James was born in Korea, and when he was 6 months old, his parents were sent as missionaries to China. He lived with them in China until he was 2 years old. At that time, his parents returned to Korea to serve as pastors, and his family immigrated to the United States when he was 9 years old. James is 23 years old and has a pastor father, an evangelist mother, and a younger sister. His younger sister is a college student, and James attends an American university.

James has attended church since his birth and has continued to attend church since he was a 9-year-old Korean immigrant. James said he had suffered from social anxiety since his elementary school days. When he turned 16, he was diagnosed with panic disorder, anxiety, and depression by a psychiatric clinic. One day he tried to set the house on fire. He was reportedly admitted to a mental hospital for three days and two nights at the age of 17. James recounted psychological symptoms including, "My heart was beating fast, and it felt like someone was next to me even though no one was there. It was like schizophrenia." James said he felt like someone was sneaking into the room even though no one was there. He said he had this crazy idea of what he would do if someone stabbed him with a knife. When James was 17, he described himself as "Crazy."

Regarding his mental health concerns, James said, "I was worried about whether it was because I was crazy, or because I took a lot of drugs, or because I was stressed out." James had a lot of academic stress and felt like he gave up mid-way through high school. And he said that he felt a lot of stress from being forced to go to church even though he didn't want to. Since his elementary school years, he was always behind on homework and had a hard time concentrating. So, he said he didn't want to go to school, wasn't good at studying, and just slept instead of studying. He said that in his Christian family, he felt pressured to grow up properly. He said his parents did not fully understand his mental health problems and recognized his symptoms only when they were severe. He said he didn't know much about mental health and thought it was an act of attention seeking. He said his pastor parents raised him strictly, and it was difficult for him.

James said of his own anger issues, “I’ve been angry a long time ago, but nothing has happened. In life...there is a high wall...even now...there is a summit, but there is a high wall. Because I can’t get over the wall, I can’t do it.” James said he often thought about attempting suicide, but he always put it off, “I had a really bad performance on Wednesday, I’m dying today, I’m really annoyed...I ate delicious ribs...then I can’t go because it’s dirty...then take a shower... after showering...I’m tired so I just sleep.” Then, he said he made a plan to die again on Friday, “I’m going to die after taking a bath. Because it’s cool...ah...but Friday came and I played games with my family on Friday evening...ah...it’s sacred Friday, Saturday and Sunday...ah...I can’t go...Then, push it again.” Then, he said he postponed it because it was Monday again.

James said of his addiction during his mental health crisis: “Drugs made it worse, alcohol helped somewhat.” He took drugs once a week and also drank a lot. He said that using heroin caused him to hallucinate and become constipated, so he quit. He smoked cigarettes and played games as an addiction. He says that currently, he does not do drugs, drink alcohol, or smoke. However, he said that he could drink alcohol if someone bought him expensive alcohol. He says he has tried all the medications and drugs, and is not interested anymore. Although his mother is a devout Christian, she bought him alcohol, which he said he liked because she sympathized with him. After he was admitted to a mental hospital, he was shocked and it became an opportunity for him to reflect. James became closer to his family as he went through his mental health crisis. The reason is that his parents attempted to reduce their workload and prioritize spending time with him, allowing him to spend more time with his family.

James said that receiving counseling from a pastor is not good because Christian counseling takes precedence. “Read Psalms, Read Proverbs. “Pray and it will get better.” He said that because it is not a counseling based on psychology—it focuses on reading the Bible and praying. James described his experience at the Korean American church, “It was always boring. I was supposed to play on Sunday, but I was forcibly taken.” James said his pastors seemed uninterested in his mental health as he suffered. “Heal your ways. God will help you,” he said. Because pastors, “Believe in God...they are not professional. They pathologically believe in prayer.” James thinks the pastor is ignorant, “My nerves are broken, and I need to take medication to fix it.” James said mental health is a matter of professional treatment.

Grace

Grace is 23 years old and was born in Korea. At the age of 5, her parents were sent to Uzbekistan as missionaries to live with her, and at the age of 9, she moved to the United States with her family. Her father is a missionary and a pastor, and her mother is a faithful Christian. Of her two older sisters, the eldest sister attended the American Theological Seminary, is married to a pastor and is serving at a church in Southern California, and the second sister is studying at the Southern California Theological Seminary in the United States and is doing youth ministry at the church. Grace graduated from American Theological University and began interning at a Korean Christian broadcasting station.

Grace said her anxiety began when she was in second grade, and her panic disorder became very severe in high school, leading to perfectionism, depression, anxiety disorders, shame, and suicide attempts. She said that when she was in the second grade, she suddenly felt like she wanted to die, although no one told her. “I thought about stabbing myself in the stomach

with a kitchen knife,” Grace said. “When I think about it now, this is a spiritual and mental battle. I must have had a very hard time. That’s what I thought. I had this thought when I was in the second year of elementary school.” She said psychological symptoms of her mental health problem left her feeling heartbroken, lethargic and lacking the will to live. Grace said, “It felt like I was falling into the ocean and continuing to go down.” Grace’s panic disorder seizures began at the age of 15, and she collapsed two or three times a month in crowded places and churches.

Grace said she was unable to focus on her studies during her mental health crisis, she had no motivation for school, she had no interest, and she had no will to live. Grace, she says, had to tell her mom about her own symptoms. But at the time, Grace said her mom viewed her illness as shameful. Her dad and mom were supposed to be an exemplary in their faith, but when it came to those with mental illnesses, they are shunned by the Christian community. Although Grace was the youngest of her three sisters, she was forced to follow Confucian etiquette in her household's hierarchy. She said, “If I end up fighting with my sisters, even if it isn’t my fault, it becomes my fault. Just because I’m young...and what’s unfair. Even if it’s unfair...uh...you're going to face it...something like this.” Grace said in her home, she said she was the ugly duckling and that she was not a person who should be in her family, and no matter how hard she tried, she felt like the wrong person. She says that she had strong perfectionist tendencies, which is why she always had to work hard and live a good life.

Grace said she had no place to go for support—adults and people she trusted—when she was in a mental health crisis. Her suicide attempts continued thereafter, she says, and lasted from middle school to high school. She says it was when her parents realized the severity of her

mental health issues, “I lived in an apartment from middle school to high school. She kept thinking about jumping off the apartment. “I can’t help but admit that I’m about to jump, because it’s very serious.” After that, she started receiving counseling and treatment at the recommendation of her school teacher, and her parents started helping her from then on.

But she said she received no help from her pastor, congregation, or church during her mental health struggles. As a child of her pastor, she said, she was expected to always behave exemplarily in church, “I just had to stay quiet. “At church...adults talk...eat when eating, say hello, and that’s all there is to it.” Church was a difficult place for Grace until high school, she says. She said she didn't think to speak because the pastors didn't care about people. As she went to college, her image of church and pastors changed, she says, “Hmm...the image I had of the pastor at first changed. He truly loves me like Jesus. So, this is the love of Jesus. He eats, talks and listens.” This one was in a good relationship, “It wasn’t just about preaching.” Grace says she felt the love she experienced in that church and gradually recovered. Grace said she needed access to mental health services, both spiritual counseling, and therapeutic.

Joseph

Joseph is 23 years old, has two older sisters, and has faithful Christian parents. He attends a Korean immigrant church and is currently attending a theological college in Southern California. He had anger issues from a young age, was emotionally depressed, and was addicted to pornography. Out of curiosity, he tried drinking and smoking, but now he doesn't because of health concerns. In his second year of elementary school, he was exposed to pornography through a phone, and it became so severe that he couldn't control it by high school.

Joseph said that from an early age, he attended mission school and that he was very disciplined, like the missionaries. It is said that his parents also wanted him to lead an exemplary religious life. However, Joseph said he was unable to control his anger at school, fought with his teachers and friends, and resorted to violence. He reported that he did a lot of things he shouldn't have done. He had a lot of rules that he had to follow. However, he was scolded a lot because he violated the rules. He also didn't want to disappoint his parents.

Joseph said, "I couldn't control my anger easily. Why am I like this? I even resorted to violence. I hit my friend at school." A teacher said if he fails to control his temper, he should receive treatment. He said his emotions came and went, and he thought of himself as "not normal." When he was angry, he was out of control and wouldn't let anyone stop him. He then confessed to throwing things and breaking walls, "My parents said, 'You can't fix it with worldly methods. You must meet God directly.'" He wanted to repent and live properly only through faith, through only the Word. He said that he ran away from home after a fight with his parents and wandered around for three days before returning home.

Joseph got angry, conflict arose between people, and immediately he regretted it, leading to depression. He would go through emotional ups and downs. When he would get angry, he would fight. When he was depressed, he didn't want to go out or meet people. He says he doesn't know why. He was in such a state of mental health crisis that he was unable to tell his church or even his parents about his addiction. He said that because he was trained as a missionary at a mission school and he hated disappointing people, saying, "People's gaze...being recognized. This child is still a person of faith... 'He's a good friend.'" He could not speak about his pornography addiction because he didn't want to be seen as such. He still doesn't think he can

tell his story to the pastors at church. He said that this motivated him to hide himself and give him the opportunity to watch secretly.

Results

Data were collected based on the appropriate narratives of Korean American Christian older adolescent participants, coded similarly in the analysis stage, and developed into thematic categories. Similar codes and a code classification table for the data can be found in the Table 2. The codes were based on a research question about the impact of relationships between Korean American churches and congregants on mental health crises among Korean American Christian older adolescents. This was structured around Korean immigrant culture and family, psychological distress during a mental health crisis as a Christian, and the connection between Korean American families and mental health services. Additional codes were created based on similar commonalities in the responses of Korean Christian older adolescents.

Theme Development

The themes derived from interviews with Korean Christian older adolescents in this qualitative study were (a) Korean American church experience and perception of mental health concerns, (b) Difficulties of Korean immigrant families and Korean Chaemyeon culture, (c) Experience of psychological distress and mental health crisis, (d) Misunderstanding and prejudice about access to mental health services. It was organized into these four categories. The four categories were derived from the research questions that guided this study. To better understand Korean Christian adolescents' experiences with the phenomenon of s mental health concern, the researcher developed 16 subthemes. Table 2 summarizes the contents by four categories and each topic.

Table 2

Organization of Themes into Categories and Number of Participants

Category & Theme		Number of Participants
Theme 1	Korean American church experience and perception of mental health concern	
	Experiences living in a Korean-American church community	8
	Relationships with Korean pastors and lack of awareness of mental health	8
	Religious obligations and oppression	7
	Religious and spiritual help.	6
Theme 2	Difficulties of Korean immigrant families and Korean Confucian culture	
	Difficulties adapting to the immigrant culture	8
	Difficulties with unfamiliar English	6
	Relationships and Conflicts with parents	8
	Korean Chaemyeon culture	7
	Korean Confucian cultural background (Shame)	7
Theme 3	Experience of psychological distress and mental health crisis	
	Symptoms of Psychological distress.	8
	Experiences of mental health crisis: experience of depression, anxiety, addiction, self-harm, and suicide Attempt.	8
	Negative impact on academics.	8
Theme 4	Misunderstanding and prejudice about access to mental health services	
	Misunderstanding mental health services.	8
	Families and conflict and stigma regarding mental health services.	7
	Efforts to provide services after experiencing a mental health crisis	8
	Experiences and effects of mental health services	6

Theme 1: Korean American Church Experience and Perception of Mental Health Concern

Through data analysis, the first thematic category recognized by Christian adolescent participants were their experience within the Korean immigrant church. This first category consisted of four themes: 1) experiences living in a Korean-American church community, 2) relationships with Korean pastors and lack of awareness of mental health, 3) religious obligations

and oppression, and 4) religious and spiritual help. Most Korean-American Christian older adolescents who participated in the interviews said they had been going to church since they were born. The parents of these Korean Christian adolescent participants mentioned that since they were faithful pastors and believers, they naturally attended Korean American churches.

- “I have been attending church since I was born, and since 2010, I have been going to a Korean American church. Because my dad is an assistant pastor. Well, I didn't want to come here, but I came. My parents were a bit religiously biased” (Rebekah).
- “Ever since I was born, church has always been school, a place I have to go to unconditionally, and if I don't go, sometimes a little...I feel like I didn't do well. Of course, a little something so obvious. In this part, my father, my mother and father are very...he was adamant. So, I forced myself to go” (Rachel).
- “I attended a Korean-American church. I've been going since I was young” (Naomi).
- “I came to the U.S. in 2014, and I just went to a Korean church since I was young” (Andrew).
- “Just attended from birth” (Esther).
- “Well, I guess I should say so. I'm a Christian...I have been to countless churches since I was born—Korean church, since 2010. It's been 14 years, since I was ten” (James).
- “I've been going to church since I was born...came to the US when I was young and attended a Korean church” (Grace).
- “It is a faith from birth. I've been going to church since I was young, but it was more about going to meet friends rather than living a religious life” (Joseph).

Sub-theme 1: Experiences Living in a Korean-American Church Community. Most of the parents of these Korean American Christian older adolescents were faithful Christians, so it was natural for them to attend church from the time they were born. They spoke of church as a good experience for them, but at the same time, for some, they considered it oppressive because their parents forced them to attend church. Participants whose parents were pastors or ministers said it was very difficult to live a life of church ethics and etiquette, whereas the youth of lay parents described it as a very good experience.

Rebekah. I wanted to fit in, but I couldn't. I tried to fit in on the outside. There was a lot of that when I was young. Well, it wasn't good. I felt like I couldn't fit into the community feeling that something has to be fake.

Rachel. I couldn't adjust to church...um...I never felt like it was a good fit. So, no matter how religious I was, I compared myself to others. A little...I also want to fit in well with people in a good group, church group, and get to know them well. I always just listen to the sermon and go home right away, or at the beginning, praise, I didn't want the time, so I went to the bathroom. I joined after a while. No matter how many small groups or retreats I went to, I never felt like I was a good fit. So, I'm not sure about the joy of church.

Naomi. The church experience was very good. I went to a Korean church there. There was an older brother that my mother first introduced me. Thanks to that older brother, I became friends with church older sisters and younger siblings. We all became close friends. Hello to each other, hello! We all get to know each other. If I want to go to college, I have to do volunteer work, right? There was babysitting there. To be honest,

taking care of babies is not considered volunteer work. It was just so much fun. I just wanted to do it. It was just something I wanted to do other than volunteering for college application. Because it's fun.

Andrew. Right now, I think it's good. I like the youth group at church. I think it's better than when I was young. Well, to be honest, the bad things I mentioned earlier are not all the things I went through. Going to church was fun and I think it's good now. Actually, I feel at ease. We're close. I'm currently attending art college, but it's difficult religiously. But those things, well, things like that, is this right? Homosexuality, is this right? When I'm curious and we think about it together, so I think it's good in that respect.

Esther. Still, there is a youth group. There are about 40 people. I have been going to church since I was seven or eight years old. I went there for about 12 years. The atmosphere was not conducive to conversations about mental health. I wasn't the type to speak first...If I had told you, I would have listened...Later, when you were talking to me, you said you didn't know.

James. Born in Korea and raised in the United States. Life for immigrants was okay. It wasn't bad. I've been to countless churches. From 2010 until now...it's been 14 years since I was ten. It wasn't fun; they said I had to go to church and play on Sunday. But I was forced to go. In my own way, I had no friends. I didn't want friends. There is no reason to make friends at church...um...because I don't like church...hahaha...I didn't go to church to make friends either.

Grace. I felt very lonely in the community. Um, there was a time when I didn't invite him and hung out separately or something like that. It was hard. But when I was in college, I

went to another Korean church and I really liked that church. When I was young, I went to a small church. A church with only about 10 adults. It's not the church I chose, but the church I followed my parents to. So, I just did it.

Joseph. When I was young, I followed my mom and dad and played with my friends at church. Church was fun...um...the service of the church members seems somewhat perfunctory. While looking at the people working in each department, I...um...feel condemned...wondering if I am like this. I think about it and it's really nice to see something like serving, but...um...rather than doing it because I love Jesus, it just feels like working at a company...doing this at church. I wonder if it's true...so I worry about that.

Sub-theme 2: Relationships with Korean Pastors and Lack of Awareness of Mental Health. Eight Korean Christian youth participants responded that they did not make requests of their pastors during their mental health struggles because they did not have a close relationship with their pastor. They responded that pastors were not interested in mental health and were not seen as professional counselors. In particular, when the participants' parents were pastors of the church they attended, they emphasized the distorted belief that mental health problems can be cured through prayer and the Word of God, and shared their very difficult experiences.

Rebekah. During my mental health concern, I didn't tell anyone. To anyone in the church. I don't know...hmm...the pastors didn't seem to be interested in mental health. I didn't say anything, but I'm sure the pastors weren't much help. Because I am not close to the pastors...pastors. Well, you're a far cry from me. There are people like that...ugh,

sometimes for some people everything will work out. Some people just say that, or it's not their business, anyway.

Rachel. It's not that I don't understand...um...what I'm thinking about right now is that in the religious aspect, uh...I didn't understand. I, uh, I mean, especially my dad didn't understand. Why? There is no connection between religion and depression. In a way, I didn't quite understand. For example, uh, the characteristics of depression. I'm not very religious and of course I don't like church, but uh, I'm so depressed that I don't have the strength to take a shower, and when that happens, I feel lethargic. All I could do was cry. Well, my dad asked his family to get together and study the Bible, but I said I didn't want to do it. My dad said a lot about this. I'm really having a hard time. For the first time in my life, I cried so loudly that I wondered if I could ever make such a sound. But I thought that my dad would see that and be really worried. But rather than saying that I don't understand, um, while doing, rather...rather, on the other hand, I had a family Bible meeting the next day, and I was the one who did not do well. I apologized. That was it. "I think it's especially the religious aspect that I don't really understand.

Naomi. I've never heard of it in church. There was nothing about mental health. I haven't had much conversation with the pastor in charge. I went to a wedding hall once, said a few hellos. The pastor in charge knew my name...well...it was just, I don't think anything really happened at that time, there was something about me that I didn't want to say. I guess I didn't want to talk.

Andrew. When I have a mental health problem, I think I'll tell the pastor first, but I think it's okay to tell the small group leader. But, uh, actually, they are not a professional. They

are not a professionally trained person. So, actually I think it's right to read the Bible together. So, what should I say...uh...actually the pastor didn't do anything. My friends helped me. I had a friend from church. Uh, what should I say? So, the middle and high school was a very small church. There were a few people with the evangelist, and a friend...and a friend who majored in Christian psychology at Methodist Theological University student helped me. I remember a friend of mine who was a church official at the time and helped me a lot.

Esther. I have never consulted with the missionary in charge. He didn't think it was necessary to do that. I have no particular reason or thoughts. I have to tell the pastor. I didn't think about that.

James. Pastors say things like, heal through prayer, God will help you, because they only believe in divine things, not in a professional way, believe in miracles. They say that if you pray, everything will be heard. If you pray, you may get better, so then you can teleport, hahaha. Because you talk like that. It means you have pathological beliefs like this. That's absolutely not possible. Are you asking if everything will be fixed by praying? I think it's ignorant.

Grace. I don't think pastors are interested, so they can't talk to people they don't have a relationship with. I guess that's why I didn't even think about saying it. If people are truly formed through fellowship and relationships...hmm...if the church leader has formed a relationship, people who are having a hard time in their hearts would like someone to approach them first. Shouldn't trust be formed by nurturing each other even when things are hard? I think a pastor is a spiritual person. Everything is connected, including spiritual

things. I think we need to provide spiritual nurturing and care as well. I think we need to truly check and care for each and every person rather than just giving a sermon.

Joseph. I know that the pastor is a person who will pray enough, like this. I pray, I think, but I don't know. But I think it would have been helpful to me if the pastor had been an expert. Because he can provide counseling. The pastor is not an expert in mental health. I don't think he will be of any help. They're not an expert in that field, so I think they can only interpret this in the spiritual aspect, so "Don't do it, it's bad." It can happen. It seems like it's just going to end like that. It was like that at mission school before. It's a sin. You just said no, you only said this. No solution was given. to be honest, I have never said anything like that in church. A pastor or something, I have never revealed my true feelings to the leader or anything, not only to the church but also to my parents. So, I think about it alone, and when I come up with a solution, I try it. Most of the time, I think I just ignore it while thinking about it and pretend not to know, without being able to solve it.

Sub-theme 3: Religious Obligations and Oppression. All of the participants were Christians and grew up in Christian homes. The Confucian culture and customs of Koreans were passed down to the Christian community, so they had to follow ethics and laws even in church. They mentioned that for them, their life of faith was a religious pressure because they had to live a life of faith, follow strict rules, and be an example to others. They came to their mental health concerns with a sense of self-reproach, as if something was wrong with them, and their parents shared their experience of seeing this issue as a test of faith and having to solve it through prayer and the Word.

Rebekah. Because she's the pastor's daughter, maintain law and order. Upholding etiquette have always been ingrained within me. It's been like that since I was young. I also shouldn't show weakness. There is something like this, well, it wasn't good. I felt like I couldn't fit into the community. I felt like something had to be fake. I thought of it as an endurance. Is it possible for me to become more valuable? Sometimes it can be completely wrong, but what it is discipline, and as it says in Romans, discipline is patience and hope, like that.

Rachel. Dad always said we have to overcome things a little with God. Even when preaching or holding small worship services at home, there were a lot of people trying to subtly link it to my depression. None of that helped. The topic mentioned comfortably. Because it is not a topic, it's a bit heavy. When I talk to my mom, she seems to ask, "How can I help?" Then, I don't know. So just, just listen to your baby, just talk to me like that. My dad is a bit talkative, so if I talk to him, he just ends up talking longer and more. No matter what we talk about, we end up talking about religion. So, I'm a little...a little tired, and that's why...um...I don't think I can talk. No, I don't think there is any...it's difficult...it's more difficult. It's just...I've never felt that being religious was helpful.

Andrew. Actually, too, I think we are only obsessed with the immediate results. When we pray, honestly, if we share our prayer topics...please help us succeed. Please let me make a lot of money. Please let me go to a good university. Well, when we share these prayer topics, these are usually things that are realistic and practical before our eyes. Ugh, I don't think those things are helpful for mental health. But many churches talk about things you can achieve in this life and about praying a lot and I think that might actually be

damaging to your mental health. Because in a way, it feels like a burden. All of these things become a burden. I have this thought. Um...I think there is...well...I don't think this is good for mental health. I, I've been subjected to a lot of things like this, even in the church, ignoring, so I don't think it's good for your mental health. Going to church may not be a good place. I don't know if it's good for your mental health.

Esther. When I was sick, I think I was told to pray. At that time, I had a slight misunderstanding, and my mind was twisted and my parents tried to help me. But at that time, I couldn't hear them at all. I don't like those words, and my relationship with God was worsened, so I guess I didn't want to listen to anything related to God. At first, I tried to listen. No, I think I just covered my ears.

James. Well, I was just a little kid, but they raised me a bit harshly. Well, that far, most Christian children are raised strictly. So, since you are a missionary's child, you have to do it like this. You have to do it like that. Um, the Bible should be read like this. We do this. Why do you? Don't you do this?? Things like this, comparing, you have to do better than us. Because there are things like this. There are a lot of bastards who can't withstand the oppression and turn around to make a profit.

Grace. At church, because my mom told me to do it. Quietly, hahaha, stay quiet when adults are talking to your child, don't run around, and eat quietly. It's such an inconvenience. I have to be quiet when I'm around...my thoughts and um...You can't express things like this at all. I had to be quiet when there were adults around me. It had to be that way.

Joseph. My mom and dad consider a life of faith very important. My parents place a very strong importance on a spiritual life. They have high standards and have received a lot of training from missionary organizations. I have to become a son who fits that. I tell people that my mom and dad have good faith, and the children are also sleeping well. I think I thought I had to show that.

Sub-theme 4: Religious and Spiritual Help. Some Korean Christian older adolescents reported that they did not receive spiritual help due to the oppression of their parents' religion, but six mentioned that they received care from the church community and spiritual support from God during a mental health crisis. In particular, they thought of God and asked God for help in dangerous moments of self-harm and suicide attempts. They also said that they believed in the existence of heaven and hell, that they felt fear of hell, and that at the moment of their suicide attempt, they passed that moment with some kind of spiritual power.

Rebekah. Why are you doing this in the first place? Why are you doing this, really? I lamented my situation and tried to blame God, but eventually I ended up only looking for God. Why? Because there is no answer? So, now I'm clinging to God.

Naomi. Uh...um, when things are this hard, I really, sometimes, I think it might be better not to live at all. I couldn't help it that, even if I don't live, if I really die.... Now, I am a Christian. Isn't this correct? This is the first thing I heard. Because I knew I was going to hell. Um, I thought maybe I was wrong. Um, dying itself, was wrong. I'm a Christian, but suicide itself is forbidden. But that's what I thought. In itself, isn't it a bit no good? I also had this thought. I think it was a bit like that. I'm a Christian at the exact moment of danger. That shouldn't happen.

Andrew. To be honest, uh, drugs are a guilty pleasure. Sure, drugs. I didn't feel that guilty, but I thought that I shouldn't attempt suicide. Was that a Biblical factor? It was just...in life, so that, I was thinking a little bit about whether I should live this hard, relying on will, so I didn't do it.

Esther. It wasn't at first, but later the church helped me a lot. They understood a lot and took care of me. Like this, even via text message, "Are you doing well?" Or, sometimes we sleep over and take care of them at the house together, or sleep next to them often. Or something, buy them delicious food, talk to them, "How have you been? Is there anything difficult these days?" I think every single one of those things helped.

Grace. I lived in an apartment from middle school to high school. I kept thinking about jumping from the 7th or 11th floor. What if I go to hell if I kill myself? What do I ask for when I go before God? Can I really go to heaven? Even if I commit suicide? That thought stopped me. My image as a church pastor changed while I was in college...hmm...the image I had of the pastor at first changed. He truly loves me. So, this is the love of Jesus. Talks to the something, and listens. This one was in a relationship. It wasn't just a sermon.

Joseph. What I am thankful for is that there is a small English ministry group at church. There are only brothers there. While having spiritual fellowship...again...the leader of the ministry, if there is any difficulty, asked the small group to pray in real time. Other kids were just posting, "Now the temptation has come. Please pray. "What is this?" I wonder. I also end up praying. I also end up asking for prayers when I'm having a hard time. And I'm making progress little by little. Anyway, that's what I'm doing.

Theme 2: Difficulties of Korean Immigrant Families and Korean Confucian Culture

The categories of Korean immigrant families' difficulties and Korean Chaemyeon culture include 1) difficulties adapting to the immigrant culture, 2) difficulties with unfamiliar English, 3) relationships and conflicts with parents, 4) Korean Chaemyeon culture: gaining recognition from others and a good reputation, and 5) Korean Confucian cultural background. Most of the participants expressed their experiences of difficulty with Korean immigrant families and the Korean Chaemyeon culture. Most participants mentioned that they had to hide their pain due to difficulties with English, conflict with parents, mental health perceptions, shame, and perfectionism during immigration settlement. Additionally, Korean adolescents expressed that it was very difficult for them to share their pain with their families because they were conscious of other people's gaze during their mental health struggles. Their parents were very busy with economic activities to achieve the American Dream, so they mentioned the experience of not being able to discuss their daily lives with their parents.

Sub-theme 1: Difficulties Adapting to Immigrant Culture. Among the participating youth, two were born in the United States and all six youth who came to the United States before their teenage years had difficulties with the immigration culture. They revealed that it was a time of confusion between Korean and American cultures, and that the process of adaptation was very difficult. Some participants shared their experiences of discomfort and difficulty in adapting to the changed family culture due to their parents' busy immigrant lives.

Rebekah. In the past, I also experienced racial discrimination. And I couldn't fit in. I thought they were all different from me because we had different interests. So, I wanted to graduate quickly. First of all, I think my start was different from that of some kids born

here and living in the US. I'm not as good at English as they are, that's for sure. There was a question of how far I had to go to be as good as those kids.

Rachel. Hmm...I also feel like I don't fit in with my American friends. There were a lot of comparisons. A bit of self-loathing. What is it? The kids are adjusting well. Even though I started here faster than the kids, why can't I adapt? Uh...why me? I thought I hated America. I go to school like everyone else, just...hmm, I just want to live a normal life. Uh...um...it seems like I am the only one who is abnormal. So, unlike other kids, I don't adapt well. Even though I've been living abroad since I was born, I still feel like life in America is lonely and doesn't suit me.

Naomi. It was difficult adjusting to life in America. Um...I thought I did well at first, but it was a bit difficult. I think we need to understand ourselves. Um...I want to go to Korea, so when I go to Korea...um...I want to go to America again. I don't know how I feel. When you go to Korea, it has its own pros and cons. There is good public transportation. Things I want to eat, things that suit my taste, things I see on the outside, people, things that I can feel a sense of belonging to. I don't want my parents to be sad. Just...I did well today. Ah!! Coming to America is because of me. So, I came to the US because of me. I made such a big decision, but when I see the hardships it causes, I think I came here for no reason. It's sad to think that my parents had such a hard time coming and failed. It's just me. If I do a little...well...everything will have a happy ending. If I get depressed and ruin everything, too...everyone...ah...because it happens like this, I feel like it's a bit selfish. I think it was a bit like that.”

Andrew. So, the ninth and tenth grades were the hardest. Well, actually, well, anyway, now, because it's Korean American...but...I think around 2016, when I was in the 4th grade, I went to Korea for a short while. The culture is so different. So, puberty, it was an overlapping period. The kids had Korean culture. They all went to the PC room and played games, and I was just playing games at home. This could be natural...um...it was very surprising to me. I didn't adapt well. I thought that Korean culture and American culture did not match my emotions. So, I came back to America.

Esther. Ah...um...my mom remarried in 2021. Han, my younger sister was born in 2021. Don't you remember exactly when she remarried? Originally, when you're young, you think your parents are perfect. When I'm having a hard time or feeling sad, I think I have someone who can accept me, but my parents can't listen to me when I'm having a hard time. I was collecting the images of them not being able to listen to me. They didn't love me. Back then, I had a lot of big misunderstandings. It was a bit difficult like this. I wanted to communicate emotionally. But you give birth, and make money...so.

James. Because I was busy, both my mom and dad were busy, so I didn't have time to do anything with my friends...um...right. I wanted to do this before. I said I wanted to do that, but it didn't work out. I think there are things like that. I don't do well at school, I don't study well, I fight with the kids every day, and when they make fun of me, I don't sit still. Then we just fought, and so.

Grace. I just had to stay quiet at church, adults talk, eat when eating, say hello, and that's all there is. I just don't have anyone around the same age as me, I always attend adult worship services, and I've been attending major worship services since I was young. I

didn't know what was right for me, like faith, or praise that was appropriate for someone my age. There wasn't. Because it was an adult worship service, it was the pressure I felt myself. What was most important was a little bit more Confucian things, being polite, hierarchical order...um...a lot. I did a lot of education like this.

Joseph. Uh, I have a bit of a dilemma. I was a person who had completely adapted to Korean culture. But I was very sad emotionally. I couldn't recover from my depressed feelings. I always avoided people. Without even saying a word to mom and dad. Even my close friends. I keep my distance. I stay alone. But the funny thing is, I'm lonely because I reject people. I need to talk. It's hard to do. I tried to do that, but I also want to meet people and I don't want to meet people, and I miss them. This is just messed up, I kept thinking.

Sub-theme 2: Difficulties with Unfamiliar English. Most Korean-American adolescents had parents who were not familiar with English. They said that they had a very difficult time adjusting to the immigrant culture and living in school immersed in English, and that they were always nervous at school. They noted that although they had become proficient in English as they adapted to the United States, the difficulties increased as they helped do daily tasks with their parents, who were not good at English.

Rebekah. I can't hang out with people like this! Am I a strange person! It was really hard. And because I don't speak English. That was the hardest part. Because my parents don't speak English, I have to solve it. Mom and Dad are telling me to solve it. I don't know either. They have to write something for school, and they tell me to write it. I don't know either. Tell me to write it...hahaha. "You wrote it, write it." Even if you order food, tell

me to order it for them. Something like that. And although my parents did their best when it came to school, homeschool could have been a better fit for my brother and I. But that's because I don't know much about the new educational system. I had to find it first and tell my mom and dad. I also have to translate. Phew! There was something like that.

Rachel. Um, uh, Korean is comfortable, but, sometimes it's embarrassing. That's it. Sometimes, when speaking Korean, people are very good at Korean. People say, "I sound like a native speaker," but it's a compliment. I need to be a little better at English, uh, a little bit, um, I'm...um, why am I not like Korean kids? I've thought about that a lot. What the heck...I hated myself like this, so I pretended to hate everything related to Korea. They just acted like they were American I don't do that now. So, at some point, I became afraid of giving presentations. When I was in high school, my personality was greatly influenced from my adolescence. Depressed since tenth grade...depression started. When I felt like it was getting really serious, it was in eleventh grade. I could almost say that the presentation caused me depression.

Naomi. So, I had to help my parents with English. A lot of times, I have to make phone calls in English. It was a lot of pressure and a hassle. It was very annoying. They don't speak English. There was no problem, was born here. That's why I'm being informal. I can speak English better than Korean.

Esther. Hmm, I help with English. I have a younger sister, so I take care of her. I help with housework if I can. It could be a burden. Especially, right before my little sister was born. I think I felt pressured when people told me that I had to help my mother. Well, I

just need to help my mom a lot. I know these words are meant in a good way, but for me, I have to be a little perfect. I felt a bit of pressure. I think so.

James. Ugh...I'm not good at studying. It's a different country. I have to speak English too. But that's also stressful. But I also have to go to church on Sundays. My life is blocked. There is not one until the end. This is it. Until now, I have lived a difficult life. Of course, from other people's perspective, I'm no different from a lazy bastard, but I see it that way too, but it was a bit difficult.

Joseph. I attended a Korean church in the U.S., and I had a lot of friends in the Korean group and the English group. But English wasn't that easy for me. But I attend both. So, it's a little difficult. I want to have a deep conversation, but because of the language barrier, there are times when the conversation doesn't go well. So, I came to English Ministry as a bit of a burden. So, I thought I should move to Korea Ministries, but... again, my friends weren't there. It wasn't fun. I felt that a lot.

Sub-theme 3: Relationships and Conflicts with Parents. Korean adolescents reported that their mental health struggles were a very difficult experience as their parents argued with them due to their traditional Korean Christian faith and beliefs, disagreed with them about their approach to treatment, and had expectations about ethics and obligations. They shared their experience of having very difficult communication due to conflicts with their parents.

Rebekah. Mom was busy working to make a professional living. So, she didn't have time to look after me. That was the case, but first of all, my father, um, had a typical Korean culture, so he wasn't very positive about mental health and receiving therapy. Why should

I get that? A little, that was the reaction. My father is in a position to never receive counseling, together. So, it wasn't easy at first.

Rachel. Um...again, I have social anxiety. I did the calculation myself. It just so happens that I did something, one thing...um...what should I say? Um, so, I went grocery shopping, but I forgot to pay one thing. But my dad is very, very, very firm in this regard. There was someone who said, "What you didn't do well is your fault, and you have to go and fix it." So, I brought this up again and told the employee to pay again. But now I'm so scared of this. I was so embarrassed to have to say this. I was so scared to say it. The whole time my dad was picking me up and going to the supermarket, I was telling my dad that he should talk to them about it, but he told me, "You have to tell them what you did." They said it like this. I cried even when I got there, "Dad, I really can't do it. Please, please." This is what I did. But my dad actually screamed and scolded me in front of people. So, how did I do it? So, I got into the car crying because I was sad. It must have been hard for my dad, but I did a good job without this baby, why? He kept saying things like he didn't understand anymore. I couldn't understand these things in general. It was so hard.

Naomi. Really, my mom and I didn't get along so well that it felt like we were at war. It was like polar opposites. I didn't understand my mom, and she didn't understand either. Uh, I was having a lot of trouble with my family. At that time, I was very lonely for a while, but since the coronavirus broke out and there was no one around, I really wanted to go to Korea at that time. But since I couldn't go, America felt like a very prison-like place. I feel like I'm trapped and can't get out. I feel like I'm in a prison and I have to do

something to get out. But I was forced to stay here, and all I could feel was something like it was locked down. I can't sleep at dawn, just frustrating. So that, so, I just held on with the thought of going to Korea. I cried and cried alone, really.

Andrew. I think there was something like that, mainly based on academic background. There were a lot of people around me who were looked down on because of their academic background. Uh, the reaction is you always had a second plan. Uh, um, honestly, Korea isn't a great country to live in, right?? So, uh, I don't know if it's from a wealthy family, but they paid a lot of attention to technology. So, I decided to study. "If you don't think it will work, I told you to learn a skill," Dad said that a lot, "You don't have to be good at it, but if you can't do it, stop studying and learn a skill." Uh... I don't talk to my parents a lot. So, but my father didn't like playing. I'm playing. I liked it a lot. Uh, uh, father shouldn't have had any free time. He said he had to keep busy. But I liked slowing down. And then my father, I didn't understand my dad, my dad didn't understand me either. Mom, she didn't really pay attention to me. As long as I did what I had to do, she didn't really care.

Esther. Um, misunderstanding, for me, whether it was misunderstanding by God or misunderstanding by my family, I think it got worse. It's just, my family doesn't understand. I think there were misunderstandings like, "My family doesn't love me," etc. Gradually, I live my life on my own. Well, these thoughts just, trapped in my thoughts, um, just...I just misunderstood. I just hated it. I think I hated it all.

James. It could be because I was raised too strictly. So, you don't know. Read Psalms. Read Proverbs. Well, then it will be better, but, how can those people...do you know?!

Right?! I don't think Christian counseling is good...um...because I'm going to give priority to Christian things, this, that. That's not counseling that is based on counseling psychology. Christian counseling, read books, read the Bible, pray, this should come first. It's not something psychologists use. Since it is only used for Christian purposes. Well, isn't it good from a counseling perspective.

Grace. It's not that I receive love because I'm the youngest, but I always end up fighting with my sisters. Then, even if it's not my fault, it becomes my fault. Just because I'm young, and what's unfair, I fight with my sisters, even if it's unfair, uh, I guess that's what you said. Something like this. So, am I an ugly duckling at home, at school, and outside? I think I had this thought that maybe I wasn't supposed to be here. Even if I work hard and live a good life, I have a strong tendency to be a perfectionist who must try and live a morally good life. No matter how nice I am, I am ranked at the top. Oh my, I have no value. No matter how hard I try, I am a wrong person, and even if I say something, they don't answer, so I think that's the case. Because it feels so great to have been ignored. I got quieter, I couldn't hear it because it was so quiet, and it seemed like it kept getting worse. I think he didn't like me in there. Who am I? I don't know myself, things like that.

Joseph. At school, I mean about not following the rules at school, when my mom and dad said something, I got into a fight with my mom and dad. I didn't listen to my mom and dad. Doesn't everyone just say that? Anyway, we fought. Because it is a school that trains missionaries, because it is a mission school, the standards are high. You are missionaries, because these are the standards...so...we do not tolerate small mistakes.

They say that doesn't work either. They say this doesn't work either. There are too many things to protect. I can't protect them all. This is what's at stake. It would be okay if I did it without anyone knowing, but I got caught. Again, I got caught. I did something that was against the rules. I felt like I wasn't a normal person. When I get angry, I can't control it. Even when he tried to stop me, I threw, hit the wall, I felt sorry for hitting the person, and then I started hitting him, and left the house. I would leave the house for 2–3 days at a time.

Sub-theme 4: Korean Chaemyeon Culture. This refers to the need to gain recognition and good reputation from others. Korean Christian adolescents said they were overly concerned about what others think of them. They mentioned their parents' expectations at home, the pressure to do well at school and church, and the experience of having to be perfect. They said that when they did not meet the expectations of others, they compared and evaluated themselves.

Rebekah. Well, you shouldn't show your ugly side. Um...you have to be better than others. So, it shouldn't look less distinct from other people. Uh, therefore, this should be okay. And the old Korean culture is like that. I think there is something like this, "Our kids need to do better than me," so you become a tiger mom. So, put your expectations on the kids. That pressure goes to the kids. Kids have to be perfect. I feel like I'm becoming a bit of a puppet. Then, now the kids have to do better. Then it has to be perfect. So now, that's what happens.

Rachel. I just...um...go out in front, and I think I'm very obsessive about how I look. The appearance, the voice, etc. Also, uh, the skills. When I present something, I'm compared to others. That's it. I was trembling, too. I was worried that things like that would show.

In fact, it was noticeable. There were times when the kids laughed, just a little. When the words are twisted to make it funny, or when it shows something like that. I felt like I showed the side I wanted to hide the most. If you make an announcement like that, you won't be able to get along with the kids. I feel like I've shown my worst flaws, this is what the kids will think of me. The kids, really. Uh, a little becoming distant. Rather than staying away, well, the kids will think of me like this. And... uh...I think I was a bit isolated. So, to be honest, I didn't have many friends, and it was just...um...giving a real presentation felt like I had to bare my whole body and go out in front. It really, really felt like that. Um, so embarrassing for me. Well, the part I want to hide the most.

Naomi. But my mom was quite strict when it came to studying. The kid is a little, not very smart. Don't play with that friend. There was also something like this. My mom paid attention to these things. Well, now lookism is so severe. I end up putting myself down every day, and I end up evaluating and comparing myself to the kid next to me every day, so even if I want to wear clothes, I can't wear them. When I was in middle school, I told some kids...I was made fun of externally. As it turned out, from then on, little by little, my external self-esteem began to decline. From then on, I became very obsessed with my appearance. From then on, I couldn't go out without makeup. You have to do a full makeover for 2 hours and then go out. And you have to do your hair, and you can't dress roughly. As a result, life becomes very difficult.

Andrew. My dad talked a lot about academic background. He wanted my high school to be a special high school, but my grades dropped a lot because of the pressure. My anxiety got really bad at that time. What, um, just, uh...First of all, he wanted it to be like the best

university in Korea. My cousin went to a good university, but my dad, he didn't go to a good university, so, even in America, to be honest, even the Ivy League, well, not that much, but at least, UCLA level, but he still wanted universities in the top 30. Uh, I think that was the case.

Esther. It's just...always, ever since I was little, I think I've always had to do well and be perfect. Ah...I just had a hard time with my parents, so I should do well, too. I think that was the case. I think I was trying not to become a burden or add to the hardships.

James. I don't remember, I think I've been angry a lot since long ago. Inside, well, nothing works. What is life? That it was a high wall to overcome, and even now, there is a summit, but in front of it, it's too high. The feeling that there is a wall. That's what happens because you can't get over that wall, do whatever you want. Also, I can't do what I want to do. It doesn't work the way I did. Well, so, well, I guess so.

Grace. Has a strong tendency toward perfectionism. I think I had the good kid syndrome where everything had to be perfect, had to look good to be seen by people. This means that you can go to God just as you are. I thought I had to go before God with a perfect appearance. I thought prayers had to be perfect too.

Joseph. I think the biggest thing is people's gaze. And, um, being recognized. You are still a person of faith. Otherwise, I am still a good friend. I think there is a desire to be recognized. I don't want to burden my parents. I don't want to tell them about my worries or difficulties. I want to show my parents that I am good at something. Not only to mom and dad, but also to many people at church, I think I shouldn't bring up my concerns or difficulties.

Sub-theme 5: Korean Confucian Cultural Background (Shame). Korean Christian adolescents said they felt ashamed of their mental health concerns and that something was wrong. They said that because depression and anxiety are seen as people without faith, their parents also considered their children's mental health problems as a shame, hoped that they would overcome them with faith, and were reluctant to open up to others.

Rebekah. Because there is such a thing as shame? You may feel like you shouldn't say it. I might feel like I'm a completely strange person. Korean culture...um...things have changed these days, but adults still...um...don't seem to think of it that favorably. It is natural to go to the hospital with a physical injury, but some people think that someone who goes to a hospital with a mental illness is a weirdo. I think it's strange. There is more to Korean society. Shame. The shame is stronger. Even more so if your daughter or son did that.

Rachel. My mom and dad are Korean too, it's just Korean culture. I didn't force it, I felt it myself. I don't really remember, but I was a perfectionist and had to look good. I guess it's a bit subconscious. Exemplary, it was very difficult. It was very difficult because they told me to just study the Bible at home.

Naomi. I can't pay attention to other people's opinions at all. I can't act comfortably. I don't know where I'm really comfortable. Something feels off in my heart. Right now, I'm thinking about being very sensitive to people's gaze. Something, now, it was my fault. So, when I said I was mentally ill, I felt ashamed and worried about the future. Usually, um.”

Andrew. I don't think so positively. Well...um...and embarrassment, what I experienced. So, the church I went to when I was young had a bit of an elitist tendency. Well, a bit, the

church itself was made up of people from top universities and so when the rumor got out, well now, I was ignored. I couldn't fit in there well.

James. First of all, the older generation, well, because it was narrow, the ideology and the older generation had things like this, "I endured it for a long time, why can't you do this? I grew up so strong, why aren't you? Did you grow up this weak?" There are things like this. It's a disease caused by weakness.

Grace. Shame. How do I prove it? I can prove it. How can we raise awareness of this seriousness? To my mom and dad, how can I get treatment? I was worried about this. Because there is no time to receive treatment, I don't know. I think there's something I don't want to admit. Because my father's side of the family has genetic depression, my father's younger sister. Despite knowing that, I think I was in denial thinking that I wish my daughter wouldn't be like that.

Joseph. At mission school, they made me write down everything I wasn't good at, and made me realize that I am a sinner. Hmm...They made me read this in front of the entire school. In front of about 100 people. I read it all and I was extremely embarrassed. I felt ashamed, I know I did something wrong, but do I have to go this far? Because of things like that, now when I do something wrong, I get shamed like this in front of people. I don't like this anymore. Now, at times like that, I get very depressed. Why do I?? I wondered if I could not control my anger like this, and end up like this. Why do I do things like this? Should I be embarrassed in front of people? All the shame has rotted away.

Theme 3: Experience of Psychological Distress and Mental Health Crisis

The experience of psychological distress and mental health concerns category consists of three themes: 1) symptoms of psychological distress, 2) experiences of mental health crisis: depression, anxiety, addiction, self-harm, suicide attempt, and 3) impact on academics. These Korean Christian youth mostly experienced psychological distress during a mental health problem and mentioned that it had a negative impact on their academic performance. In particular, they shared their experiences of the pain of making extreme choices during a mental health crisis.

Sub-theme 1: Symptoms of Psychological Distress. Korean Christian adolescents mentioned the following symptoms of psychological distress during a mental health crisis: pain as if they were going to die.

Rebekah. The symptoms are, um. First of all, it feels like my soul and body are separating. My pulse is getting faster, I can hear my heartbeat, I feel like I'm going to throw up, I'm dizzy, my stomach hurts, my head hurts, I'm sweating, my legs are shaking, I feel like my skin is going out, I don't know where it's coming from, I'm having a seizure, so I get anxious, panic. Since it's an anxiety disorder, it makes you anxious.

Rachel. One day, the teacher told us that we have a presentation, and the next day is the day of the exam. As soon as I heard that, I couldn't take the exam. Even on important days I avoid it and hide in the bathroom, or just go to the nurse's office, or hide there. Refuse to go to school. Because I was so scared. Well, even in the finals, speech was the last test...um...that didn't even go into it. I think I have a lot of anxiety and fear about the presentation.

Naomi. I stayed at home for several days, all day, really. I didn't go out once for a week. Really, so the body becomes exhausted, because people don't wash, and the mind is just...it becomes very difficult for people. I feel anxious and worried a lot. I'm blocking the medication right now. I don't think counseling has any therapeutic purpose, so I'm just taking medication.

Andrew. Uh, I think the reason for self-injury is to ask for attention, to be difficult because self-harm itself is too difficult. So, when you look at self-harm, wrists (they do it a lot on their wrists). But actually, my wrist is more visible than I thought, even though I can't see it. It looks good, so, the self-injury itself is asking for attention. Thinking about it, me, because it's this hard. If you think about it that way, I think it was like that. The interest of wanting to live. I think they're asking me to watch it because it's so hard.

Esther. Uh, when there are a lot of people, and I'm locked in the classroom, and I have trouble breathing, and my heart is pounding like crazy, I think it was anyway. I have to go out, outside, so I go to the bathroom. I have a lot of experiences like that. Or, I just, I had a lot of nightmares. I think people are very wary and like this. Uh, the trauma started when I was young.

James. Suddenly my heart beats fast. Um, it's like something that didn't happen, but in a way, it's similar to schizophrenia. Well, anyway, there's no one in the room. It feels like someone is there, someone is sneaking in, someone is stabbing me. But, doesn't exist. I'm just having crazy thoughts. At first my heart beats fast, like this, then I'm talking nonsense to myself, then it gets better again...um...maybe it's because I'm crazy, maybe it's because I used a lot of drugs before, or maybe I was originally crazy, but it comes

from inside. Maybe it's because I'm stressed, maybe it's because I drink a lot of caffeine.

Maybe...um...it doesn't seem like he used a lot of medicine.

Grace. Psychologically, it hurts physically. When you feel pain, your chest feels tight and pressed. It feels like you've fallen into the deep ocean and keep going down. In the deep sea with no light and nothing to catch. The pressure was getting stronger. Actually, the panic disorder was something else. It started when I was fifteen. Every time I go to church. Like a spiritual attack. I always felt out of breath and passed out at church. In crowded places, once or twice a month. It got better when I went to college. I think the water saved me. Water should always be by my side. Water bottle should always be in my bag. I feel anxious without water.

Joseph. My guilt, my difficulties, even...anyway...because of that, anger. So, I don't think it was resolved well. I think that's why I suffered for a long time. Anyway, I see. So, actually, there was a time when I thought I wanted to die. Why should I live? Well, there is nothing like this. The current shame and difficulties are so difficult that I want to die.

Sub-theme 2: Experience of Mental Health Crisis: Experience of Depression, Anxiety, Addiction, Self-harm, and Suicide Attempt. These Korean Christian youth participants experienced mental health crises. In particular, although Christians, some mentioned an experience in which they felt anxious about life and wanted to die, which led to a suicide attempt.

Rebekah. The first thing I remember is, um, one night in 8th grade, I had a panic attack, but I didn't know it was a seizure. But I stayed up all night, and only later did I realize that this was a panic disorder. So, I know it started in 8th grade. Then, it got worse

starting in high school, and I think my panic attacks were at their worst when I was in tenth or eleventh grade. It's still bad when it's not good, but it's gotten a lot better. I don't know why I get panic attacks. Stress...hmm, maybe there is.

Rachel. I didn't know how serious it was, but I found out about it in eleventh grade.

When I was going from eleventh to twelfth grade, I had a lot of extreme thoughts. Every day, I was depressed, helpless, and my interpersonal relationships were really difficult.

Ugh, I want to commit suicide. How can I give it comfortably? Think about that too.

Something that could kill me right now. I imagine that if there is a certain button, I want to press it right away without hesitation. I imagined a lot. But now, I don't think I've ever told my mom and dad about those things in detail. It's just, I know it, but I know it all around. I think I knew it. Because my heart hurts, and that too, especially at dawn, the most at dawn, I was so consumed by loneliness. I don't think about that now, but I still have a diary, and it was so painful that I thought it would be better to die. That feeling, it just came to me. I can't explain it, but the loneliness was tormenting me like crazy. I was crying so hard. I was so tired that I cried and went to sleep over and over again. When I wake up, I just say hello to mom and dad as if nothing happened. Well, I don't know the details.

Naomi. A lot. It started in middle school. Since I was fifteen, I've been experiencing mental health concerns. Smart phone addiction, shopping addiction, very angry, emotional ups and downs, so I don't express it to others. I couldn't control it. I can't sleep, sometimes I can't sleep until 7:00 or 8:00 in the morning, or sometimes I sleep too much. I just slept for 15 hours, or I had a little stomachache, even though there was no reason

for my stomach to hurt. Even though I haven't eaten anything, my stomach still hurts due to stress. Why is this? I don't know why it hurts. It hurts every day, and now that I've been like this...um...I've also started to have anxiety symptoms. I think I've developed a fear of closure these days.

Andrew. Well, I really hurt myself a lot, slitting my wrist...uh...this has been going on since 2019 and stopped in January 2023. At that time...uh...depression. It was really bad, but then I could see bones...um...ligaments. I could see bones and they were white. Inside my flesh, what I felt at that time...uh...people don't die that easily. I felt it for the first time. I can't go that far, really, just watching, just to the point of vomiting, just, that was that much, but I didn't think I could get to that level. I think that's why I stopped self-harming.

Esther. Uh, when I was having a hard time, when I was in eleventh grade, I smoked vapes. I smoked cigarettes and that was it. I kept doing it until I became addicted and, on that day, this is a bit unique, on that day at night I thought, "I am going out to die today. I wish someone would kidnap me and kill me." This was so big. At that time because, because of Christians, I didn't want to go to hell if I committed suicide alone. I don't know. I just don't know. I thought it would be nice for someone to attack me like this. That day was the day I decided, I will die today. It was that kind of day, really, it was night. I tried to leave, and my mom was crying and I didn't want to let me go. She had never done that to me before. My mom was surprised that she felt that way that day, but I was so sad, I didn't think about suicide or harming myself. But on the day, I decided to do it, I felt like a strange spirit was surrounding me. It's not that I'm depressed and sad, "I

have to die today. I can do it today." Something like this, "I can do it" Strange energy doing something. I don't know.

James. I drank a lot. Drugs. I didn't do it every day. I was just curious, "Why do kids do drugs?" But when I started taking drugs, I started to think I was crazy, so I stopped taking drugs after that. About once a week the kids at school gave it to me. I stopped taking it because I got constipated after meeting the bastards. And I think I'm hallucinating a little bit. I'm having hallucinations, so if I do this, I'll go to the goal. People like sea turtles are constipated because this, the intestinal muscles stop...so...ah..., this a bit... The smell of farts is terrible. I don't do it. But, burning to death is cool. I have something to do. I don't know why it did that, but it did that anyway. I literally attempted suicide. Honestly, I didn't. I kept putting it off. Today, Wednesday, I'm really dying. Why? I didn't get good grades. Ah, that's annoying. But on Wednesday, I ate rib soup. I feel drowsy, then take a sigh and just wake up. Then it's seven o'clock, then I can't go too dirty, take a shower. After the shower, you know, I felt drowsy so I slept again. And just on Friday, I thought I should die. And I made all my plans for Friday. Oh, really, I should die by stabbing myself in the stomach with a knife. Why?! Because the uniform is cool. Friday arrives. But I have to play games on Friday, because games are only allowed on weekends. Friday, Saturday, and Sunday are sacred days. I can't go again, put it off, then it's Monday again. I have to go to school again on Monday. Like this, I'm not doing it again.

Grace. I lost myself. I felt like I wanted to die. I thought about stabbing myself in the stomach with a kitchen knife. No one taught me, no one told me, and kept jumping out of the apartment and trying to kill himself...frequently...

Joseph. What I did, addictively, was I watched a lot of pornography. I don't know if I can say this. I've seen that a lot. I caught on quickly. When I was in the second or third grade of elementary school, one day after church, I went to my friend's house. I learned it from my younger brother at church. My younger brother asked me if I knew about these things. Just saying this with a man and a woman. I didn't know what that meant at the time. I was shocked when I saw it then. What is this? It was like this. But, this, what's really amazing is, at first, I felt like this was messy and dirty, but as time passed, I kept thinking about it. And then I started looking for it for the first time when I was in sixth grade. But I didn't see it that often. I started looking for a way to look for it. Well, sometimes I started seeing it a lot. When I saw it a lot, I started seeing it a lot when I was in high school. Because I was lonely. I had a lot of problems, and I wasn't good at talking to people. I guess that was the way to soothe my loneliness, and that's when I got to see a lot, so, it's like I can't think normally. So, I tried to end it with my own will. I tried a lot after high school, but it didn't work out. I felt like I was at risk. Alcohol and cigarettes are all available.

Sub-theme 3: Negative Impact on Academics. Most participates adolescents shared experiences of a decline in academic performance due to mental health issues and psychological distress, and an overall negative impact on their school life.

Rebekah. It was so crazy. I couldn't concentrate even if I wanted to. I want to concentrate, but I can't concentrate, so even if I sit for three hours, I read, but I can't read. Then, now, this, I'm clearly reading, but this doesn't enter my head, and eventually my grade drops. My body can't be controlled.

Rachel. In high school, if you do homework, you get points. At that time, I just did it, but now college classes are difficult. It's so hard to concentrate. So, now that the coronavirus outbreak has occurred, online classes have naturally emerged and universities are also able to offer online classes. University students, like kids, have to participate in the campground themselves. I am only participating online. But I still think I'm avoiding it. There will be a day when I can go and hear it in person. I'm still a little bit...um...I'm already worried a lot. Announcement or something. The space itself is burdensome with so many people. I'm shrinking. Quite, just...hmm...snow crab.

Naomi. If something isn't perfect (there are things like that) I'm not good at it, so I get really stressed out about this. Even in school, my major was art. It's comparable to the drawings made by other kids. Compared to other children's drawings and mine, my drawings look like childish drawings. The kids look like they were painted by Picasso. Something...I felt intimidated. One time, I had to go to the bathroom. I didn't want to go to class, so I stayed in the bathroom for an hour or two. Because I get compared. Also, there was a time when I couldn't make an announcement. Oh, I also have a fear of public speaking, so I take medicine like Cheongsimhwan. When I give a presentation, my voice is shaking so much, my feet are shaking, my hands are cold and I'm trembling. I'm more confident than I thought, but I'm afraid of standing in front of people. This deep sea...

Andrew. I quit. I had too much pressure on my studies, so I chose to quit. I just gave up completely. Uh, I think it's anxiety. Things like what I had planned for the future, talking, people are saying that I can do well. I wonder if it can happen. I think that was the most

severe pressure, "What if I can't do this? What if I can't do it?" Things like this. I think the biggest thing for me was academics.

Esther. Just school...um...school wasn't important. I blamed myself a lot. My grades went down a lot. Uh, I don't think there was much of a job or anything like that in my life. Life is hard, living a day is so hard.

James. I just, I didn't study. I went to school and slept. I just lived like a dog like this. It's all my fault, because I was a bitch. It was my fault. The stress. I was stupid. Studying. Even if I look at it, it doesn't get into my head. I try to do it, but I can't because there are things like that. Even if I study, I give up. Since elementary school, I didn't do my homework well. I kind of understand these days. I have ADHD.

Grace. I wasn't interested in grades to begin with. I didn't put in any effort. School life is friends, exchange. There was no one, and I was ostracized by my friends. So it wasn't fun. I couldn't concentrate. Why should I study if I have mental health problems? I can't study. But I did my homework. I had no motivation at all. I didn't feel like I had to do well at all. I didn't like studying, and I didn't like school life at all. I just don't want to go to college. Why am I studying? You should only do things you don't like, right? If you have the will to do something you are interested in, you will have the will to live. What I want to do, what I want to learn, what I want to see, etc. Other than YouTube videos, there is nothing I can experience, just home, school, church, etc. Because there is nothing like this.

Joseph. From middle school to high school, I went to a mission school, but I couldn't hold back my anger, and I took it out. I endured it, endured it, fought with the teachers,

shame for a while. I wandered around a lot. What should I do? What should I do? I was depressed at the most depressed time. Well, I had a lot of emotions. I felt sorry for my mom and dad. I was embarrassed, and I wondered why I was like that at that time. I think that was the worst time. Getting angry, that anger itself was a feeling of guilt for me.

Theme 4: Misunderstanding and Prejudice about Access to Mental Health Services

The categories of misunderstanding, prejudice, and access to mental health services consist of four themes: 1) misunderstanding of mental health services, 2) families and conflict and stigma regarding mental health services, 3) efforts to provide services after experiencing a mental health crisis, and 4) experiences and effects of mental health services. These are informed by the following: Most Korean youth participants explained that they were not aware of mental health services and shared that their parents were uncomfortable with accessing mental health services and wanted them to receive treatment through a religious approach. It was revealed that when participants attempted suicide, they were admitted to a mental hospital, or when they became severely addicted, their parents recognized the need for mental health services and approached them. They reported that they were experiencing improvements after receiving mental health services.

Sub-theme 1: Misunderstanding Mental Health Services. Most Korean Christian adolescents stated they were unaware of the mental health concerns and believed symptoms would be resolved over time.

Rebekah. Well, first of all, I didn't want to show that I was sick, and I didn't know what I was. "You know what I'm saying, right?" I didn't know. And I was like, "What is this?" So, I haven't heard that much. So, it's just like that. I'll find out later. It was like talking

naturally. So, I thought, “Will you understand me?” Because I haven’t experienced it. I could see it because I was the only one suffering from it, so panic disorder didn't seem to be around. So, I didn't say anything, but why bother saying it, there are things like that.

Rachel. Hmm, I think it took a while. From the time I was in fifth grade until I realized it in eleventh grade. I went to a psychiatrist for the first time in the fall of eleventh grade. Actually, it didn't help. It felt a little. Well, at first, it didn't feel like they were listening to my baby or giving me advice, but it wasn't helpful.

Naomi. I think it would have been better if I had received treatment, but I guess I didn't know. Mom, Dad, and myself. I don't think they knew. Me too, and the counselor, too, acknowledges it. Like I said, that’s what others say when they see it, “You said you were a bright person.”

Andrew. At first, I did it because I had severe anxiety. My anxiety was much worse and I self-harmed a lot. Uh, a little, when I saw that time. Should I say it? If I had the strength to do this, I would have the strength to live. I think I lived like that.

Esther. At that time, I don't think I ever thought about whether. I think, “You will figure it out by looking at my symptoms.” Or, I thought it would just get better with time. I wish I had had a talking at least a little. It would have been better. I think I should have talked a little at that time, or I should have told him that it was hard.

James. Panic disorder, anger, anxiety, not being able to talk to people, elementary school, since kindergarten, not being able to talk to kids. I guess it was like that in the past, me.

Well, I didn't take it seriously. I, too, thought it would get better when I grow up. That's right.

Grace. It seems like things have improved a lot now, but before, if you thought it was a mental illness, locked away, and bad, it shouldn't be revealed at all, just like this, just like the stigma. Nowadays, anyone can experience it, anyone can get sick, and this is a type of health, so mental health needs to be checked just like physical health. Perception seems to have changed, but in terms of action, the system is still lacking. I don't think there are any counselors or departments in the church that can help with such things yet.

Joseph. The biggest thing is what people think of me. I think the biggest thing was what it would be like. I felt like I was lacking something mentally, not complete. It's hard for me to admit this, and I think I hated it, and I was afraid that if I got counseling, people would completely think of me that way. I think that was the biggest thing, in my opinion.

Sub-theme 2: Families and Conflict and Stigma Regarding Mental Health Services.

Families shared their experiences of not being able to understand the participants which resulted in conflict about receiving services when struggling with mental health concerns. Participants mentioned that their families did not believe them even when they said they had depression and that they had a hard time due to misunderstandings and prejudices about mental health among Korean families.

Rebekah. I couldn't ask my parents because of shame, "You won't understand me. You won't understand. It's annoying to talk about." Something like that. There was, well, it was definitely there before. Because they don't know everything, they don't seem to care,

they don't understand, and that's why they don't talk to them. It just happens that way, naturally.

Rachel. Uh, what is it? Depression, since I haven't experienced it before, in my father's eyes, I'm a kid who doesn't want to do it, and I don't have the will to do it. My dad always said to me, "you have to have determination," things like that. Just usually, what about Dad, I said it to help, but it didn't help me. So, for a time, from the beginning of 2022 until the summer, we barely talked and our relationship wasn't good. But sometimes, um, I just wish they would listen to me. For example, if I tell my mother that I am helpless, she will um, "I don't mean to hurt you, but there is not a day when you are not helpless. I have said this before, again." When I was arguing with my mom and dad, my mom told me that, "You are the king here. Why are we here? Do you have to live your life paying attention to what others think?" I just heard things like that. When I hear things like that, I feel like my existence is a huge nuisance and I'm very sorry. I was like that. It's just, um, I think there's more. Little things. I understand. that's why I don't want to tell my mom and dad that I'm having a hard time. And it's still like that.

Naomi. Um, my dad tends to get a little angry, so I... he's a bit...he's a bit stressed. My dad didn't know I was depressed. When I got depressed, my dad couldn't trust me anymore. He actually got angrier at me, "What are you, depression! What is depression and why are you using this to make me understand!" "Are you trying to make it difficult for me?"

Esther. I thought it would get better with time. I thought it would get better, but it didn't and it seemed to get more and more difficult as time passed. Those symptoms...but...I

can't take it anymore. So, I told the story, but my parents didn't realize it at all. I told my mom I harmed myself, and it all started like this. I can't take it anymore. At that time, the scissors were rather sharp and thick. When I was having a really hard time, I smoked, and I burned myself with cigarettes, and my wrists all burned. That's how it was. It was like that.

James. Mom didn't understand either. I don't know other people's mental health. How do I know if they don't explain it in detail? I went around saying bullshit about setting the house on fire. My parents must have found out. I was just a crazy bastard. First of all, "Even if you talk first, even if you talk seriously, you say it to get attention, well, that could be so, so..." I understand, of course. I guess, in a Christian family, "If you say something like that, that's right. Right, I raised them as Christians." "Are they disobeying? Well, that could be possible."

Grace. I can't help but admit that I'm about to jump out of the apartment, and it's so serious. It's a shame. I was proud, but at the time, my mom thought it was very shameful. That's when she said I thought I was depressed. She just said, "No, you're not depressed," or something like that.

Joseph. Hmm...I think there was something like this....um...my parents told me that you should encounter God, and that's what they said at school, too. Basically, um, I don't think I was that enthusiastic about things like alternative benefits or counseling. The same goes for my family and the Christian school where I was trained. The atmosphere within the group itself is...um...only faith. Only the Word, only. That was it. You had to repent and do the right thing. I don't think my parents would have thought about that because of

that. My mom and dad have always, for a long time, been trained by a missionary organization. So maybe they just didn't think about it. Actually, I don't know. Uh, just faith didn't help in the end. Uh, that's too bad.

Sub-theme 3: Efforts to Provide Services after Experiencing a Mental Health Crisis.

Recognizing that the mental health crises among Korean Christian youth was extremely serious, their parents began accessing mental health services. Above all, participants mentioned that they received mental health services at the recommendation of school teachers, counselors, and experts around them rather than their parents.

Rebekah. Yes, at first. It seemed like I didn't know much. It was like that until my mom changed. That wasn't until she found out about mental health. Because I don't know. She didn't understand me. Later, my mom told me to go to therapy first. I was in tenth grade, eleventh grade, or so. I was in therapy.

Rachel. My parents didn't take it seriously. Until the eleventh grade. Honestly, did you know last year that I, in the summer of 2022, at a counseling place, that my relationship with Mom and Dad would have been very bad? When I hated it, even talking, the counselor said she talked to my mom and dad. As she explained about me, she said that my mom and dad found out about me. Thanks to that, it got better.

Naomi. The school said it was compulsory, so I received counseling. Depression, anxiety. In Korean style, I want to die. That's what I said. I tried to explain it a little bit, but the teachers accepted that the I was on the verge of death. I didn't mean it like that, but they decided that I need to receive counseling. So, after going through the process, I received counseling.

Andrew. Mental health...uh...wait a minute. I was diagnosed with depression in 2019.

When I was in middle school, I was diagnosed with depression, anxiety, and panic disorder. My mom took me to a psychiatrist. I don't remember much now, but from what I remember, my school teacher suggested I go to a psychiatrist.

Esther. It wasn't the first time I felt it when I was in eleventh grade. I held it in, I held it in, I said I couldn't stand it anymore. So, I told my parents. At first it wasn't a hospital, it was Christian counseling. I went three times, but the experience wasn't that good. After the diagnosis, not really, I was planning to go to Korea anyway, so I went to Korea. My mom said, "Korea is a bit faster, how about getting it there?" The price seems to be cheaper, too. While I was visiting Korea, I think I went to a psychiatrist. When I went to Korea, then, I went to a mental hospital and received counseling. Then, after graduating from high school, when I finished eleventh grade, I went there during summer break before starting twelfth grade. At that time, I had PTSD. I have social anxiety. I took medication. I think it's been over 6 months since I took the medicine. I wasn't sure about it at first, but I think it was helpful. It's not a immediate cure, but I think it helped.

James. They said I was going to set the house on fire and die. The peak was when I was hospitalized in a mental hospital for 3 days and 2 nights. At that time, I was taking psychiatric medication, and I was at my craziest at that time. I wasn't stressed. Since I was taking psychiatric medication, I was just feeling dizzy. I don't think I came back to my senses. I was fed up with bullshit every day.

Grace. When I was in eleventh grade, I received counseling for the first time on the recommendation of the school principal. This is a person I can trust outside of my family,

a white American. They guaranteed confidentiality and I wasn't worried. To be honest, and for the first time, he was an adult I could trust. I had this thought.

Joseph. Um...I thought about getting counseling, but I can't control my anger, well. Because of depression and anxiety, I thought I was mentally unstable, and when I got angry, I became violent. So, I even hit my friend. At that time, the teacher said that if I couldn't control my anger, I should go to the hospital and get counseling. I went back and forth emotionally. For the first time, I thought about it.

Sub-theme 4: Experience and Effects of Mental Health Services. Korean Christian adolescents received services when they were at a peak mental health risk and stated that they were very helpful to them. They also expressed that families need appropriate attention and understanding of mental health in order to use services.

Rebekah. You should think of it as normal, like a cold. I think it's good for people who need it to get counseling, because it's better if they get to know themselves at least once. In recovery, um, resilience comes. Now how do I recover? Well, there is a way. That's what I learn, learn about me.

Rachel. Well, one thing I feel for sure is that I feel at ease after consultation. And I just have a place where I can talk to. Counselor is a good person and I like her, so, honestly, I depend on her more than my mom and dad. When I cried so hard that I couldn't come to my senses. There was a time when I was like that, but after meeting counselor, I strangely felt relieved. If you have concerns, you should see a counselor, at least. I used to think like this, "Um, just now, you finally understand me now. There was so much

accumulated from Mom and Dad. In the daily reading chapter, there will come a day when Mom and Dad will regret it until they die. Just, you will understand me someday.”

Naomi. While receiving counseling together with my mom, when I was in eleventh grade, we have been receiving counseling together since then. Now, I started in the tenth grade, and from then on, I started to get a little depressed. Ah!! I think the teacher now knows about my problem with my mom. So, I should go to counseling with my mom. So, I told the counselor that my mom did this to me. Then why did the counselor pass it on to my mom? My mom came to me and apologized. She tried to talk to me, little by little. I think my mom was trying to tell me that she was sorry.

James. It helped to some extent. I think I've stopped talking bullshit. Falling into delusion. I saw it and fell into hallucinations, so I thought my schizophrenia was over. I think the medicine helped a bit. I don't think the counseling helped a little. Ah, it did help a little, but I have no feelings. Why? Because I take psychiatric medication. When I get crazy, I feel like I've just become a zombie. I don't know, because when you take the medicine, time goes by so fast. If you just blink, 4 hours just go by. So, I'm curious about what other people see, and that might be more accurate.

Grace. If I had received counseling a little earlier, wouldn't I have been able to think more freely in this framework? It's not that it's strange that I'm sick, it's that anyone else can experience something like this. You're not alone.

Joseph. When I think about it now, I think it would have been helpful to me if I had gotten help. Why?! Hmm...I wonder if I didn't receive the service, I thought to myself.

My parents are working hard as believers, so what if I put pressure on them. I thought to myself like this.

Research Question Responses

The purpose of this qualitative phenomenological study is to understand the impact of Korean churches, immigrant families, and Korean culture on the lives of Korean Christian adolescents who suffer psychological distress due to mental health concerns, and to understand their symptoms and their families' responses. Additionally, the goal of the study is to determine the impact of mental health concerns on access to mental health services among Korean American Christian youth. Four research questions were used to reveal the essence of the mental health crisis experience through the responses by the phenomenological study participants. Study participants shared their lived experiences of a mental health concern, demonstrating the negative psychological, religious, and academic impacts it had. In particular, the church's indifference and lack of awareness of mental health crises, the Confucian culture of Korean families, and distorted Christian faith treatment methods are mentioned as mediators that hinder or delay access to mental health services.

Research Question One

The first research question was **RQ1:** How do Korean Christian adolescents describe their experiences with Korean pastors and congregants in shaping their awareness of mental health concerns? In response to this question, the researcher wanted to know how the experience of their relationship with Korean church pastors and congregants influenced the participants' direct mental health problem in forming their perceptions.

The participants experienced church since birth and naturally attended church when they immigrated to the United States. Korean-American Christian adolescents explained that attending church was a natural thing for them to do, so it was a natural place for them to go even after immigrating to the United States. Regarding her participation in church, Rachel said, “I have been going to church since I was born..., and since 2010, I have been going to a Korean-American church...because my dad is an associate pastor.” However, participants with lay parents said that church life was very good. Naomi said, “The church experience was very good. “I went to a Korean church there, and it was just so much fun.”

The participants whose parents were pastors found their church life painful because they focused on ethics, morals, and examples in church life. Regarding her father, Rebekah said, “Because I am the pastor’s daughter, maintain law and order. There has always been etiquette. It’s been like that since I was young.” Most of the participants explained that they did not have close relationships with Korean church pastors and that Korean churches had no awareness of mental health. Naomi said, “I’ve never heard of it in church. There was nothing about mental health. “I haven’t had much conversation with the pastor in charge,” she said. They were unable to share their mental health problems with their pastors. Regarding pastors’ indifference to mental health, Grace said, “I don’t think pastors care.”

In particular, pastoral parents tried to help their children with mental health issues through their religious beliefs. James said, “Pastors heal through prayer. God will help us. It’s not about professionalism; it’s about doing it the divine way, believing in miracles. They say pray, and everything will be heard,” he said. Pastors lacked professional knowledge of mental health and approached mental health treatment with distorted religious beliefs.

Nevertheless, Korean Christian adolescents relied on God in moments of crisis. “I didn’t think I should try to commit suicide,” Andrew said, “I think it’s a Biblical factor.” They said they received spiritual help from God. Esther, who was cared for by the church community, said it was helpful, “The church gave me a lot of help, understanding, and care.” While the experience of the church community has positive aspects in shaping the mental health problem of Korean Christian adolescents, its negative effects were greatly emphasized.

Research Question Two

The second research question was **RQ2**: What is the vivid experience of Korean Christian adolescents’ mental health crises, and how do they affect their lives as Christians? Through the second question, the researcher aimed to uncover essential elements of the participants' lived experiences as Christians, in general: What was the influence of the immigration adjustment process, Korean-Confucian cultural background, and family culture on their mental health? After immigrating, these Korean Christian youth and their entire families attended Korean churches, but their exemplary Confucian lives were formed within the church. Regarding Korean church life, Grace said, “I just had to be quiet at church. Adults talk, eat when eating, say hello, and that’s all. The most important thing was...a little bit more...Confucian things, being polite, hierarchical order, um...a lot. I did a lot of education like this.”

As the Confucian cultural traditions of Korean traditions were passed down to Christian families and the Korean culture of Chaemyeon was formed, they had a hard time conforming to the expectations and perspectives of others. Regarding Korean culture, Joseph said, “I think the biggest thing is people’s gaze. And being recognized, “You are still a person of faith. Otherwise, I’m still a good friend. “I think there is a desire to be recognized,” he said. The participants'

parents were unable to take care of their children due to their busy daily economic activities in order to adapt to immigrant life.

Regarding the difficulties of immigrant life and family relationships, James said, “Because I was busy, both my mom and dad were busy, so I didn’t have time to do anything close. “I wasn’t doing well at school. I’m not good at studying. I fought with the kids every day, and when those kids made fun of me. I don’t sit still, either. Then we just got into a fight, and that was it.” In particular, the participants experienced increased stress due to unfamiliarity with English in the early stages of immigration. Regarding the difficulty of helping parents who are not familiar with English, Naomi said, “So, I had to help my parents with English. A lot of times, I have to make phone calls in English. It was a lot of pressure and a hassle. It was very annoying. I don’t speak English. There was no problem.”

Korean Christian participants felt burdened by their parents’ academic backgrounds and external expectations. Regarding this, Naomi said, “Mom was quite strict about studying. She’s a little..., she’s not smart, ‘Don’t play with that friend.’ There was also something like this: my mom cared about these things. Well, now she’s so obsessed with looks that she puts me down day by day and evaluates the child next to me every day.” In particular, faithful Christian parents were said to be ethical and normative according to the characteristics of Korean Confucian culture. James said, “It could be because I was raised too strictly. So, you don’t know, ‘Read Psalms. Read Proverbs.’” He said that his parents had a high standard of faith.

Participants naturally had a high tendency to gain and maintain a good reputation in order to meet their parents’ expectations. Regarding this, Esther said, “I just always, I think I’ve always had to do well and be perfect since I was little. Ah, I just had a hard time with my parents. So, I

should do well too. I think that was the case, so that I ‘don’t become a burden’ either.” Their tendency to pursue high expectations focused on others rather than themselves, made effort to receive recognition from others, and feel shame when they failed to do so. Regarding this, Andrew said, “And embarrassment, what I experienced. So, the church I went to when I was young had a bit of an elitist tendency, well, a bit. The church itself was made up of people from top universities, and so when the rumor got out, well now, we were ignored, “I couldn’t fit in there very well.”

Korean Christian youth participants experienced psychological pain due to the difficulties of immigrant life, difficulties with English at school, and perfectionist tendencies to focus on the reputations before others in order to meet their parents' high expectations stemming from Korea's Confucian culture. Essential elements of the experience of the psychological pain of shame were revealed when one did not meet others' standards of approval.

Research Question Three

The third research question was **RQ3**: What are the symptoms of psychological distress, and how do Korean American Christian adolescents express themselves behaviorally when faced with a mental health crisis? Through this question, the researcher investigated the nature of the phenomenon of psychological distress among Korean Christian adolescents and its impact on satisfaction with their lives. Among the participants experiencing a mental health crisis, Rebekah, who experienced psychological distress, said: “First of all, it feels like my soul and body are separating. My pulse is getting faster, I can hear my heartbeat, I feel like I’m going to vomit, I’m dizzy, my stomach hurts, my head hurts, I’m sweating, my legs are shaking, and I feel like I’m going crazy.”

Participants had a high fear of giving presentations at school due to stress in their homes, schools, and church environments. Rachel said, “If I were to give a presentation on that day, I would avoid it and hide in the bathroom, or just go to the nurse’s office, hide there, or refuse to go to school at all. I was so scared, um, I think I had a lot of anxiety and fear about the presentation.” Participants struggled with depression and anxiety in their daily lives when their mental health went untreated. Andrew, who did not receive support or appropriate attention from his family, mentioned his family's concern as follows: “Uh, the reason I harm myself is to ask for attention. The self-harm itself is to ask for attention. Because it’s this hard. Please take care of me. The interest of wanting to live. I think I’m asking you to please take care of me because it’s so hard.” Participants wanted attention, understanding, and love from their families during a mental health crisis.

Additionally, they were identified as major factors contributing to psychological instability and dependence on cigarettes, drugs, and alcohol. Naomi said, “I started in middle school, was fifteen, been in a mental health crisis, smart phone addiction, shopping addiction.” Esther said, “When I was having a hard time, I smoked vapes. When I was in eleventh grade, I smoked cigarettes. I continued to do it, but it even became addictive.” Korean Christian adolescents experiencing mental health issues use James as a proxy for anxiety, saying, “I drank a lot, drugs too. I was just curious.” They were less satisfied with school life, had poor academic performance, or gave up midway through high school. Andrew said, “I quit. I chose to quit my studies because the pressure was too much. I just gave up completely.”

Participants who had experienced a mental health crisis said that as time passed, they talked less and spent more time alone with anxiety, insomnia, anger, and depression persisting,

leading to continued suicide attempts. Esther said, "I think I should die today. I can do it today. Something like this, I can do it. Strange, I don't know." Due to the seriousness of the mental health crisis, Korean American Christian adolescents experience panic disorder, depression, anxiety, suicidal thoughts, and attempt suicide, which can be confirmed by the nature of their experience of mental health risk phenomenon.

Research Question Four

The fourth research question was **RQ4**: How does the culture of Korean immigrant families influence Korean Christian adolescents' experiences of psychological distress and their accessing mental health services? Through this question, the researcher wanted to know about the relevance of Korean culture and the culture of Korean families in deciding whether to use services during a mental health crisis. Most participants were initially unaware that they were experiencing mental health symptoms and were reluctant to use services. Rachel said, "Hmm...I think it took a while, from the fifth grade until I recognized it in the eleventh grade." James said, "I didn't take it too seriously. I thought it would get better when I grew up." Christian participants said they had a hard time with other people's perceptions of mental health issues as Christians. Joseph said, "The biggest thing is people's perceptions. I think the biggest thing was what it would be like. I felt like I was lacking something mentally, not complete. It's hard for me to admit this, and I think I hated it."

When the participants reached the point of mental distress and asked their parents for help, the parents also lacked awareness. Rachel's father told her, "You need to have a strong will and determination." She said that especially in her family from a Korean-Confucian cultural background, access to mental health services was seen as shameful and was discouraged.

Faithful Christian parents felt shame about seeking mental health services. Grace said, “I don't know. I think there's something I don't want to admit. It seems like my thoughts were negative.” Additionally, the parents of the participants wanted them to be healed through religious methods such as prayer and the Word. Jace said, “Christian counseling, reading the Bible, praying, these should come first.” Participants said that the ethics of the church were factors that made it very difficult to access services during a mental health crisis.

What is most unfortunate is that most participants accessed mental health services approximately 5 to 10 years after their mental health concerns began. Receiving services through recommendations from schools, teachers, and friends. Naomi, who said she accessed services in eleventh grade because of anxiety and depression that started in 2nd grade, said, “I received counseling because the school said it was mandatory,” and Joseph, “The teacher told me that if I can't control my anger, I should go to the hospital and get counseling.”

Participants and their families accessed services when they were in a serious mental health crisis, ranging from self-harm and suicide attempts to addiction. James said, “I said I was going to set my house on fire and die.” The peak was when I was hospitalized in a mental hospital for 3 days and 2 nights. He said, “At that time when I was taking psychiatric medication, I was the craziest.” He said that his family took it seriously at that time. When participant's mental illness reached a critical point, their families accessed and used services. Participants said that receiving mental health services helped them and their families, Rebekah said, “First of all, with recovery comes, well, resilience. Now, how do I recover? Well, there is a way. That's what I learned. I learn about myself.”

Participants were left unaware of services when experiencing mental health concerns and were denied services when they asked their parents as their distress worsened. Their parents viewed mental health services as shameful due to the Korean Confucian culture, and their faithful Christian parents wanted treatment only through prayer and the Word of God as a treatment method based on distorted beliefs. It was reported that school teachers and experts who became aware of psychological symptoms exhibited by the participants' mental health distress asked them to receive therapy, and counseling began. Above all, the participants used counseling services when they were in a serious mental health crisis, had suicidal thoughts, attempted suicide, were admitted to a psychiatric hospital, or were in a state of addiction. After using mental health services, most participants could confirm that professional services had helped their mental health.

Summary

In this chapter, eight Korean Christian participants shared their lived experiences of how their Korean church, immigrant family, and Korean Confucian culture influenced their psychological distress during their struggles with mental health. The participants are Korean Christian adolescents who have experienced mental health problems in the background of Korean immigrant culture and have experienced symptoms of psychological distress. The research results were coded based on the participants' response data and developed into four categories and sub-themes according to each category. Through the study, the following four themes were identified as influences on the mental health crises: 1) Korean American church experience and perception of mental health concerns, 2) difficulties of Korean immigrant families and Korean Confucian culture, 3) experience of psychological distress and mental health

crisis, 4) misunderstanding and prejudice about access to mental health service. Korean Christian youth's responses to their experiences of mental health concerns explained their realistic experiences. The study's codes and themes provided an understanding of the nature of participants' experiences and the impact of their mental health crisis through an organized and structured description based on the answers to the research questions.

Chapter Five: Conclusion

Overview

The purpose of this study is to understand the experience of psychological distress during a mental health problem among Korean Christian adolescents. In particular, the purpose of this hermeneutic phenomenological study was to determine the impact of Korean Christian adolescents' unique cultural and religious life experiences on their mental health (psychological distress) and their avoidance of professional mental health services. Chapter 5 (a) explains the purpose of interpretive phenomenology research of mental health problems among Korean-American Christian adolescents, (b) summarizes the results of the study of eight participants, (c) discusses the mental health crises of Korean Christian adolescents by comparing and aligning each with the relevant literature and cultural psychological theory framework, (d) presents practical insights into the psychological distress of mental health crises and methodological approaches to accessing mental health services, (e) studies and describes limitations, (f) recommends future research in related areas, and concludes with a summary.

Summary of Findings

Based on the lived experiences of eight Korean Christian adolescents who endured mental health concerns, the researcher examined the participant oral accounts to determine psychological distress and its impact on their accessing services. An individual's lived experiences are always meaningful, and interpreting their experiences is valuable for understanding the world as they experience it (Van Manen, 2016). Therefore, hermeneutic research approaches people's experiences descriptively without transforming them (Giorgi, 1997).

Data on the crisis experiences of Korean Christian adolescents were collected through interviews, and based on these, it was revealed that Korean American Confucian culture and the experience of the Korean church were related to mental health problems. Additionally, it was determined that their experiences in the Korean Christian family community had an impact on the mental health concerns of Korean Christian adolescents. Answers to research questions about the psychological pain experienced by Korean American Christian adolescents during their mental health concerns are as follows.

Research question 1

Korean Christian adolescents relate to the relationship between Korean pastors and Korean churches in recognizing their mental health problem. Most of the participants' parents were faithful Christians, so they experienced church from the time they were born. Also, when they immigrated to the United States at a young age, they naturally attended a Korean immigrant church. However, Korean Christian adolescents experienced a focus on the ethics, morals, and examples of Korean Confucian culture rather than the freedom of the Gospel in church life (Cheungm, 2011). These experiences failed to have a positive impact on the formation of mental health awareness in the context of a mental health problem. Especially in the case of a mental health crisis, Korean American pastors lacked professional knowledge of mental health, so they attempted to solve the problem only through a distorted faith-based treatment approach (Kim, 2019).

Of the 8 interview participants, 6 perceived their relationship with pastors negatively during their mental health crisis, and only 2 received emotional care from the church community because they had lay parents rather than pastoral parents. However, the parents of the eight

participants had no understanding of mental health issues and considered only religious service approaches (Kim, 2023). While the Korean church experiences, which were shaped by Korean ethics and examples were perceived negatively by them, the gospel they heard from their parents was helpful in moments of mental health crisis. They acknowledged that they prayed for spiritual help from God during dramatic moments of mental health crises and suicide attempts. Among Korean Christian adolescents, the experience of the church community was a negative aspect in the formation of the mental health concerns, but the positive influence of God was also emphasized.

Research question 2

Participants related elements of their mental health concerns to life as an immigrant, Korean Confucian cultural background, and family culture in terms of their Christian life. Korean Confucian culture became a tradition and was formed in Korean American churches and Korean Christian families, where a culture of ethics and exemplary behavior was passed on (Kang et al., 2010). All participants expressed a tendency to conform to the expectations and perspectives of others rather than their own opinions due to the Korean-American culture. They tried to be acknowledged by their parents for their high academic expectations and achievements (Kim & Park, 2011). In addition, the level of religious values expected from faithful Christian parents was high, and efforts were made to gain a good reputation in order to meet these expectations.

Korean Christian adolescent participants chose to pursue perfection in order to live up to the ethical, normative, and exemplary expectations of their Korean American parents. When they did not meet their parents' expectations, they felt shame about not being recognized (Karlsson et

al., 2020). As children of Korean immigrants, they had many difficulties in school, including English as a second language, but they were unable to discuss these with their parents for fear that they would disappoint them for their lack of academic success, which served as a factor contributing to their mental health problems (Yoon et al, 2021). The pursuit of perfection to meet the expectations of, and recognition by others, which stems from the Confucian culture of Korean Chaemyeon, led to psychological pain, those who did not meet the standards were viewed as failures (Bae & Wickrama, 2015). Participants emphasized the negative connection between the essential elements of their Korean-American ethical background as Christians and their experiences with Chaemyeon culture in the context of mental health problems.

Research question 3

Korean Christian adolescents said that they did not initially recognize psychological distress as a serious problem during a mental health crisis, but gradually recognized it as the symptoms worsened. Participants reported symptoms of psychological distress including panic disorder, fear of public speaking, depression and anxiety, dependence on cigarettes, drugs and alcohol, smartphone addiction, relationship addiction (need of other's attention), and addiction to pornography (Kim & Kim, 2017).

As participants experienced a mental health problem, they spoke less, spent more time alone, and had difficulty adjusting to school life. Symptoms of psychological distress were decreased academic performance, lower grades, strained relationships with friends, and ultimately, a negative impact on academic performance (Park et al., 2013). They described thinking about death during times of extreme anxiety and repeatedly self-harming, and attempts to commit suicide (Choi & Dancy, 2009). However, a participant sincerely expressed wanting

understanding, interest, and love from his family during a mental health crisis. Elements of the nature of Korean American Christian adolescents' experience of symptoms of psychological distress indicated the severity of their mental health crisis.

Research question 4

Participants expressed that Korean-American culture and the cultural background of Korean-American families had a negative impact on accessing mental health services. Most participants explained that there was a lack of awareness of mental health problems in the context of traditional Korean culture (Moon & Nam, 2018). Most of these people started experiencing symptoms around the second year of elementary school but reported they were in middle or high school before they realized the severity. Although the participants were aware of mental health issues and asked their parents to help, Korean parents viewed their children with shame and failure when it came to mental health issues (Vaidyanathan et al., 2021).

Most Korean parents' approached treatment through prayer and the Word of God to solve mental health problems based on their Christian faith (Kim, 2013). However, participants were unable to receive successful mental health treatment solely based on their faith, and rather, their faith acted as a barrier and delay in accessing professional services. The participants' families were left unaware of the participants' early symptoms of psychological distress, and most accessed services approximately 5–10 years after their initial symptoms at the urging of school teachers and friends. When participants' families recognized the severity of the participant's self-harm, attempted suicide, drug addiction, and hospitalization in a psychiatric hospital, did they attempt to access services. Most participants explained that their experience using mental health services was an effective help with their mental health.

Discussion

This phenomenological qualitative study was conducted with the purpose of understanding the lived experiences of psychological distress during a mental health crisis among Korean-American Christian adolescents. To date, reports on the severity of mental health problems among Korean-American adolescents have continued to be published, but most studies have focused on studies of Asians as a whole (Jange et al., 2018). In particular, there are few studies that observe and analyze the stories of Christian adolescents with psychological concerns who experience anxiety and depression (Han et al., 2017). To this end, the researcher collected data through in-depth interviews with eight Korean Christian adolescent participants who had experienced a mental health crisis and conducted a qualitative analysis.

The results of the participants' psychological experiences of mental health crises derived through this process were categorized into 4 themes (and 16 sub-themes): 1) Korean American church experience and perception of mental health concerns, 2) Difficulties of Korean immigrant families and Korean Confucian culture, 3) Experience of psychological distress and mental health crisis, 4) Misunderstanding and prejudice about being willing to access mental health services. The factors related to the results of this study were confirmed in the literature (Chapter 2.) Based on this, they were compared with theoretical and empirical research, then discussed and evaluated for new contributions.

Theoretical literature

The framework on which this study is based is the theory of cultural psychology, which states that personal psychological behavior patterns reflect the cultural influence that shapes their psychological process. Therefore, in this study, Korean American Christian adolescents are

formed in Korean churches within Korean Confucian culture. Elements of the theory of cultural psychology are that an individual's psychological processes and structures are formed according to the meanings and customs of specific cultures (Cypress (2018). Within the cultural psychological theoretical framework that formed this study, the understanding of human behavior is discovered by recognizing mental and psychological behavioral patterns that occur in relationships within specific cultural groups (Kanagawa et al., 2001). This study provided evidence that the characteristics of a specific Korean cultural group influenced the recognition of mental and psychological behavior patterns that occur in Korean families, and the main factors of their mental health problems were identified (Shiraev & Leary, 2020).

Cultural psychology is a research method that identifies the process of mental and behavioral expression formed within people's culture in order to understand people's behavior and spirituality (Kashima, 2016). The three factors identified by cultural psychology theory are that 1) Koreans are a special cultural group, 2) with their own Confucian behavior pattern—Chaemyeon culture—and 3) ethics and laws are formed within the religious group (Kashima, 2016). This study shows that the specific Confucian culture of Koreans, as confirmed by the research participants, was passed down through Korean churches and Korean families and that it contributed as a major factor of mental and psychological pain during the mental health crisis of Korean Christian adolescents.

The results of this study have been confirmed in existing research literature on the influence of behavioral patterns of specific Korean groups on the Korean community (Moon & Nam, 2018). The theoretical expansion of the results of this study contributes to a new theory that the Korean-American Chaemyeon culture (Bae & Wickrama, 2015) is passed down to the Korean-American Christian community and has a negative impact on psychological and

emotional behavior patterns (Kim, 2013). While the Christian Gospel is the foundation of freedom, grace, and love, Korean churches have inherited a Confucian style of Christianity, providing insights that extend previous research, such as the negative effects on mental health.

Empirical literature

The empirical literature review compared and expanded findings with previous literature reviews by analyzing similar themes derived from the analysis of participants' perceptions of mental health concerns and experiences of psychological distress. Additionally, after synthesizing the research results, several new contributions to the literature were proposed in Chapter 2. Through the results of this study, it was possible to determine the influence of factors that cause mental health concern among Korean American Christian adolescents. Because the psychological problems that Korean Christian adolescents may experience arise through the specific culture of the Korean Christian community, the religious life they experience was examined.

Lack of awareness of the mental health crisis in Korean American churches

In this study's recognition of the mental health crisis among Korean-American Christian adolescents, the life accounts of Korean-American church pastors and the community provided insights that corroborated previous research on the impact on experiences of psychological distress (Cheon et al., 2016). The mental health concerns of Korean American Christian adolescents have been influenced by the experience of living in the Korean church community, relationships with Korean pastors, lack of mental health awareness, and religious obligations and oppression (Vaidyanathan et al., 2021). The participants in this study attended church and experienced church life since birth. Most of these people experienced exemplary ethical and

moral religious life in church life, experienced burden and frustration in church life and difficulties in adapting to church, and experienced difficulties in less-than-friendly relationships with pastors.

These results are due to the lack of awareness of mental health among Korean pastors (Cheon et al., 2016), the cultural characteristic of trying to treat mental health problems with religion and spirituality (Lee et al. 2008), and the lack of counseling for mental health needs by pastors. Personal preference (Zhang et al., 2017) and Korean American pastors' lack of professional knowledge about mental health (Jang et al., 2017) confirm previous research. Korean Christian adolescents reported that Korean pastors lack awareness of mental health. This points to the lack of access to mental health services. The experiences of Korean-American churches compiled in this study support the argument that this special cultural group's legacy is living within a Confucian church.

As pointed out by Kim (2019) and Lee et al. (2008) examining the phenomenon of Korean-American Confucian churches, Korean adolescents confirmed the exemplary and normative core teachings of Confucianism even within the church. This can support the existing claim that first-generation Korean immigrants formed, and have inherited Korean churches to religiously maintain their Confucian cultural heritage (Kim, 2019). Therefore, the pattern of established Korean Confucian, authoritarian, and legal customs was learned by the Korean Christian community (Lee et al., 2008). The Korean-specific cultural pattern of church life served as a negative factor in the recognition and intervention of Christian adolescents' mental health problem.

A previous study revealed that participants said that Korean church leaders only emphasize religious and spiritual aspects of mental health concerns, which hindered or delayed

them in recognizing mental health crises and access to services (Hong, 2016). The Korean Americans in this study are a group rooted in religion and spirituality, and due to the characteristics of Korean American culture, it was confirmed that they prefer churches as the primary treatment approach when mental health problems arise (Jang et al., 2017). In this study, the distorted mental health awareness of Korean American churches' and Korean church pastors' faith-based treatment approach to mental health problems confirm that they place a high value on faith alone.

Influence of Korean families and Korean Confucian culture

Participants explained the impact of cultural differences on their mental health concern by pointing to the difficulties of Korean immigrant families and the influence of Korean Confucian culture. Research shows that Korean-American Christian teenagers had difficulty adapting to American immigrant culture (Kim & Park, 2011), and that they faced obstacles in school life and relationships with their parents due to their unfamiliarity with English (Ding et al., 2011). When there was a conflict (Kang et al., 2010), it was soon confirmed that it was influenced by Korean Chaemyeon culture (Bae & Wickrama, 2015).

As suggested in previous studies, Korean immigrants applied Korean Confucian culture when participating in family obligations, observances, norms, and customs (Moon & Nam, 2018). The results of the study showed that Korean families inherited the ethical and exemplary culture of Korean Americans and that they valued a good reputation by others in order to meet their parents' high expectations. Due to the influence of the Korean American Chaemyeon culture, participants had psychological experiences of fear, embarrassment, and perfectionism (Park et al., 2013) when they did not meet the expectations of others (Bae & Wickrama, 2015).

The study showed the participants' parents experienced economic, social, and family concerns in adapting to American culture because they were unfamiliar with English (Cheungm, 2011). Additionally, they experienced difficulties in choosing a career, economic difficulties, social isolation, and conflict with their 1.5 and 2nd generation children (Kim, 2019). Previous research suggests that the study participants experienced the greatest conflict during a mental health crisis and that their families felt very ashamed of their mental health status and feared being left behind by the Korean American community (Kim, 2013).

Korean Confucian family culture and Chaemyeon culture demand high ethical and exemplary religious behaviors, so they try to live up to them, but if they do not meet their expectations, as explained in previous research, this presents as an essential factor in the development of mental health problems (Koh, 2018). The vivid experience of the mental health crises of the Korean Christian adolescents who participated in this study were due to the interaction with parents that occurred in the Korean American family and the influence of Korean Confucian culture. Elements of the experience of psychological pain were presented in previous research (Moon & Nam, 2018).

School maladjustment due to psychological distress

Korean Christian adolescents who participated in this study confirmed previous research findings that symptoms of panic disorder (Brook et al., 2008.), in which the soul and body are separated as a symptom of psychological distress in a mental health crisis, can begin in elementary school. Participants particularly emphasized the fear of public speaking as the biggest factor in school maladjustment, which may contribute to the expansion of new theories on the importance of psychological distress in mental health concerns (Kim & Kim 2017).

As explained in the existing literature, those with mental health concerns are depressed and anxious (Noh, et al., 2015), dependent on cigarettes, drugs, alcohol (Yoo & Kim, 2020), and smartphone addicted (Fjermestad-Noll et al., 2020). This corroborates research findings that have shown interest in relational addiction (Shin et al., 2018) and pornography addiction (Draucker, 2005). In this study, adolescents' vivid experience of psychological distress is associated with mental health concerns. A previous study confirmed that students spoke less, spent more time alone, and found it difficult to adapt to school life (Joowon & Cho, 2020).

In this study, symptoms of psychological distress resulted in a loss of interest in school (Vaidyanathan et al., 2021), failure to meet parents' high academic expectations (Chang et al., 2015), difficulties in relationships with friends (Shin et al., 2018), and, in conclusion it has been proven in the literature that it has a negative impact on mental health (Lee et al., 2008). Research confirms this in the literature—where participants experienced increased stress and sleep problems when suffering extreme anxiety, leading to depression, thoughts of death, and repeated self-harm in an attempt to commit suicide (Osenk, 2020).

Previous literature confirmed that participants' psychological distress increased during a mental health crisis due to the family's attempted exemplary and ethical parenting style, parental religious pressure, lack of understanding of mental health, and academic discrepancy between expectations and reality (Smith et al., 2016). It has been confirmed in the literature that participants felt psychologically ashamed due to their parents' unrealistic expectations—pursuing perfection in their academics—which tormented them with perfectionistic tendencies and influenced their dropping out of school (Chang et al., 2015.). The elements of the Korean American Christian youth's experience of symptoms of psychological distress expressed the seriousness of the influence of the Korean Confucian family and the Korean American

Chaemyeon culture, and this was confirmed as having a significant negative impact on academics.

Misconceptions and prejudices about accessing mental health services

Participants complained of mental health problems, but their parents were reluctant to access mental health services, and their primary preference for church pastors confirmed previous research on the negative stereotype that mental illness is stigmatized due to Korean American cultural characteristics (Park et al., 2013). Korean American parents expressed in a previous study that their children's mental health problems are considered highly shameful in the context of Korean American social culture and are associated with religious stigma (Han et al., 2017). Most of the participants said that their symptoms began around the second grade of elementary school, but they were in middle or high school before recognizing the severity. They explained that due to the nature of Korean American culture, the approach to treatment for mental health problems stemmed from a very negative perception (Vaidyanathan et al., 2021).

This study confirmed that most Korean parents approached treatment through prayer and the Word of God to solve mental health problems based on their Christian faith (Jang et al., 2017). The results of this study provided new insight that participants could not receive mental health treatment solely through religious aspects, but rather that religious aspects acted as a hindrance and delay in accessing services. Additionally, the participating families reported that the specific distorted cultural influence of the Christian faith community (Lee et al., 2008) had a negative impact on biblical values (Son, 2020), which led to their children not being able to recognize early symptoms of psychological distress. It has been confirmed through research that patients were inattentive to their symptoms and their symptoms worsened (Yoon et al., 2022).

As a result of the study, most of the participants recognized their symptoms through recommendations from schoolteachers, and friends, and accessed services approximately 5–10 years later due to their parents' lack of knowledge and exposure to mental health. Their Confucian cultural background encourages them to refrain from expressing emotions related to mental health issues (Oh et al., 2019). It has been confirmed in the literature that they have an effect on growth by suppressing emotions (Han et al., 2017).

In the research results and confirmed by the literature, that the participants' families recognized the participants' symptoms when they were expressed as physical symptoms (Son, 2020). In particular, new conditions developed, leading to self-harm, suicide attempts, drug addiction, and hospitalization in psychiatric hospitals. Analysis provided new insight into the seriousness of recognizing the severity of conditions, and attempting to access therapeutic services earlier. As a result of the study, most of the participants said that their experience of using mental health services was an effective help for their mental health. This explanation was extended to the study of mental health service access and made a new contribution to effective service access.

Implications

This provides excellent insight into the relevant purpose of this section—to address the theoretical, empirical, and practical implications of phenomenological qualitative research. Through the theory of cultural psychology, Korean-American Christian adolescents are able to understand the mental health concerns and understand psychological pain within Korean Confucian culture, Korean families, and Korean churches. This includes clinical interventions and Christian worldviews to be used by Korean church pastors, parents, Christian counselors,

and mental health officials to effectively link access to mental health services in the mental health concerns of Korean American Christian adolescents. The approach included specific recommendations for spiritual helping strategies.

Korean American Church's Mental Health Crisis Approach System

Korean American Christian adolescents' awareness of mental health problem may encompass religious oppression due to the perspective of Confucian values and exemplary norms formed in Korean pastors and Korean churches, which may promote obstruction of awareness of the mental health problem (Moon & Nam, 2018). An individual's religious values, beliefs, Christian behavior patterns and actions are negatively affected by the unique Korean culture created in Korean churches. According to the Korean Confucian cultural background, Korean Christian youth's individual faith was gradually internalized into the exemplary and normative beliefs within the Korean American church. Under these Christian cultural norms, Korean American adolescents' mental health problems were caused by conflict and developed into negative perceptions due to incorrect beliefs, perceptions, and expressions of emotions that lead to shame (Bae & Wickrama, 2015).

In this study, Korean Christian adolescents were frustrated by their pastor's lack of interest in mental health awareness and expressed their experience of embarrassment by emphasizing treatment only through faith. These experiences are associated with Korean Christian youth's maladjustment to church life, negative views of relationships with believers, and feelings of shame about expressing emotions during a mental health concern (Park et al., 2013). Hence, alongside educational efforts aimed at comprehending the mental health problem among Korean Christian church leaders and pastors, it is imperative to offer professional training

on how to effectively address their needs and provide support services. In other words, they need to help Korean-American Christian leaders serve as a support system for mental health crises and as the first gatekeeper for Korean-American Christian adolescents' access to treatment.

Re-Recognition of Korean Chaemyeon Culture as a Christian Value System

From a biblical perspective, Chaemyeon culture is similar to the idea of seeking to present oneself as seen through the eyes of others. In Matthew 23, Jesus rebuked those who followed the law of the Pharisees for boasting about their godly deeds (*King James Bible*, 1769/2017). They liked to wear large tassels on their hems, to sit in the seat of honor at banquets, to sit in the synagogues, to require respect in the marketplaces, and to be called Rabbi by the people (Matthew, 23, *King James Bible*, 1769/2017). These behaviors come from a need for attention and recognition by others (Yoon et al., 2021). Jesus warned these men to be extremely careful about seeking a good reputation with others.

From a biblical point of view, Korea's Chaemyeon culture goes beyond being polite in human relationships. It is self-assertive, embellished with lies in human relationships and does not show authenticity. Thus, people who think in terms of the culture of reputation stand out and become famous, forcing them to act based on their highest values (Woo, 2019). This is most likely caused by a false sense of existence and a desire to be recognized and envied by others, and that one's own value can be increased by the reputation of others (Suk-Sun & Kim-Godwin, 2019). This manifests itself as a tendency to pursue one's own glory rather than the glory of God, because presenting oneself to others is of utmost importance (Foubert, et al., 2017). It is not seeking the glory of God, but seeking self-glory before men.

Among Koreans, the essentials of Chaemyeon are selfishness, arrogance, self-worship, and disastrous pursuit of human praise and recognition rather than God. Koreans are more likely to see their distorted self-esteem, that is, loss of reputation, when mental health problems occur (Woo, 2019). Koreans tend to spend excessive time maintaining reputation, focusing on their appearance, studies, jobs, or anything else that they are convinced best represents them (Choi & Dancy, 2009). Mental health practitioners see them hiding behind masks and pretense out of fear of being criticized and ridiculed by others for revealing their true selves (Yoon et al., 2021). Solving only the surface problems of Korean mental health can have a temporary benefit, but it may be difficult to solve the root of the problem, and the difficulties of mental health are likely to intensify (Kim, 2017). This requires a process of recognizing that Koreans' fixation on reputation can lead to a mental health issue, understanding the background of Korea's Chaemyeon culture, and facing the problem from a biblical point of view.

Above all, the solution to the real problem is to understand the cultural psychology of Koreans—that they are bound by the sense of reputation and culture, and need to find a true and honest appearance before God through facing biblical values. The Bible verse, Philippians 2:3 urges us to look at ourselves in everything with a humble heart, not with strife or vainglory (*King James Bible*, 1769/2017). According to Woo (2010), Koreans can only truly understand their experience of suffering from the fear of a reputed mental health problem when they are fully aware of their cultural background. Therefore, the process of recognizing, considering, and understanding the reputation culture of Koreans from a Christian point of view is helpful in solving and preventing Koreans' mental health problems.

The Need for a Proper Understanding of the Mental Health Crisis among Christian Adolescents

The participants in this study are all children of Korean Christian immigrant families in the United States. They have suffered from mental health concerns and their parents did not understand their pain, which resulted in conflict with their parents, decreased interest in school, difficulty presenting schoolwork, pressure to meet the expectations of others, insomnia, depression, breathing difficulties, alcohol abuse, and alcohol abuse. Experienced drug dependence and suicide attempts (Yoon et al., 2021). Rather than being perceived as someone experiencing mental health symptoms by themselves and those around them, this phenomenon was understood as laziness, lack of will, or physical illness, and it took the participants to experience considerable psychological pain before receiving professional treatment.

The parents of the study participants were all faithful Christians who felt ashamed of mental illness and approached their children's mental health problem with faith and treatment. Korean Christian adolescents felt pressured to be an example of their faith, which led to their reluctance to use mental health services (Karlsson et al., 2020). Therefore, more in-depth research is needed to identify the symptoms of the mental health issues among Christian adolescents and how they differ from the psychological characteristics of Korean immigrant adolescents and Korean Christian adolescents, and through publicity and education about the mental health crisis. There should be early intervention for Korean Christian adolescents who experience this.

Access to Christian Counseling

There is a need for a proper understanding and response to Christian counseling and pastoral counseling for Korean Christian adolescents in mental health crisis. Christian adolescents must be sensitive to changes in the Korean Christian youth, and by those who are closest to them—such as Korean church pastors and Christian counselors—and must respond appropriately. Most study participants explained that they had inherent high-religious expectations due to their parents' Korean-American Chaemyeon culture (Yoon et al., 2021). From the time they were born, they were compelled to attend church regularly or to be an example at all church events. The Christian adolescents who participated in this study experienced difficulties with high levels of cultural, religious, and social expectations due to the church's exemplary values (Vaidyanathan et al., 2021). Therefore, faith-based treatment approaches to mental health problems have revealed difficulties due to the pressure to influence spiritual growth.

In accessing Christian counseling, the rigid view of mental illness as ‘shame’ and ‘failure’ may block Christian adolescents from accessing mental health treatment (Bae & Wickrama, 2015). A prejudice within Christian counseling is that the passive response to their psychological symptoms and behavior, or the exclusionary attitude after being diagnosed with a mental health disorder actually hinders the growth of faith. There is negative prejudice in the Korean church for Korean Christian adolescents with mental health concerns are wanting communication and attention. It also became a contributing factor to crises (Kim, 2013). In particular, the response of Christian counselors and pastoral counseling affects the perception and response to the mental health concerns of Korean Christian adolescents, so proper

understanding and response by Christian counseling is an important factor in helping Christian adolescents in mental crisis.

The Need for Emotional Relationship Connection Interventions

Multifaceted interventions are needed to help Korean Christian adolescents in mental health problem to form meaningful emotional relationships with others such as mental health professionals, counselors, parents, teachers, and friends. Most participants had never honestly told their stories to their parents or church leaders, had no hope, and were angry with themselves, making it difficult to form relationships with others (Jeong et al., 2018). Christian adolescents with mental health concerns who participated in the study were isolated from interpersonal relationships at school and were not understood by their parents, so they spent a lot of time alone at home (Chae et al., 2010). A previous study by Koh (2018) found that depression and anxiety among Korean Christian teenagers are on the rise, and they attempt self-harm, which is consistent with the fact that they have implicitly expressed their desire for attention from their parents.

In the process of receiving treatment services for mental health symptoms, participants received sympathy and comfort through consultation with experts, and experienced improved relationships when their parents understood them. These results emphasized the importance of meaningful human relationships, emphasizing the role of counselors in helping adolescents overcome mental health symptoms (McCarthy et al., 2008). Drucker (2005)'s research emphasizes that adolescents in mental health crisis should not only be encouraged to consult with mental health professionals to prevent them from being emotionally isolated, but should also be helped to form emotional networks with parents, teachers, and friends.

Need for Intervention for Suicide Risk

Korean Christian adolescents frequently attempt self-harm as part of their mental health crisis, and intervention to address their risk of suicide is critically needed. The participants in this study had recurring thoughts about wanting to die, and in particular, they attempted to harm themselves with sharp tools or knives, hinted at suicide by jumping from a high apartment, or showed impulsive suicidal behavior. In particular, Crumley (1979) suggests that signs of suicide include adolescents thinking of themselves as worthless, incompetent, or have negative thoughts about their future due to the relationship between depression and anxiety in a mental health crisis.

As suggested in previous studies, the suicide rate among Korean adolescents has recently increased significantly (Choi & Dancy, 2009), so appropriate intervention is very important. The participants in this study were in a mental health crisis, and the reason their parents recognized the mental health crisis was that mental health services were provided after they attempted suicide, self-harmed, and were admitted to a psychiatric hospital. However, these psychological symptoms are signs that can be sufficiently observed before a suicide attempt, and intervention to address the risk of suicide must be preemptive.

Effectiveness of Mental Health Service Interventions

Participants in this study were able to discover the possibility of recovery through access to mental health services. Participants said that they passively approached treatment due to their and their families' negative views on psychiatry, but that they gained resilience after receiving services. Through the services, they learned about themselves, understood the conflict with their families, and were constantly working to restore their relationships.

Korean Christian adolescents reflected that accessing services earlier would have helped them recover from their mental health symptoms. Therefore, the mental health problem of Korean Christian adolescents should not be interpreted from a shame, failure, or pathological perspective (Park et al., 2013). More focus should be placed on the view that the cause of their suffering is a by-product of the heavy tasks assigned to them in the Korean American Confucian characteristics, the exemplary Korean Christian and Confucian culture, and the successful expectation atmosphere of the Korean family (Bae & Wickrama, 2015).

Therefore, the mental health problems among Korean Christian adolescents are multifaceted, and when professional and systematic intervention are provided for treatment, this study shows evidence that they can grow into healthy Christians. In other words, systematic mental health education and comprehensive mental health awareness efforts should be made within an organic relationship between Korean Christian adolescents with mental health concerns, Korean parents, Korean churches, treatment institutions, schools, and local mental health service centers. Institutional supplementation of effective mental health services is needed for this purpose.

Delimitations and Limitations

Using this qualitative research approach, we sought to understand the experiences of psychological distress among Korean Christian adolescents with mental health concerns. The scope of the study was to examine the subjective experiences of Korean American Christian older adolescents (18–24 years old) in the United States, a subject that has rarely been touched on in previous studies, and the mental health of life in the Christian community within the

context of the Korean Confucian environment to which they belong. It is significant in that it seeks to understand the crisis in detail.

The purpose of this study was to understand the mental health crisis and psychological distress of Korean Christian adolescents. Many previous studies on comprehensive mental health problem across Asia have used quantitative research methodologies. This qualitative study can better clarify the causes of psychological distress and their cultural perspectives on the lived experiences of mental health crises among Korean American Christian adolescents. The issue of recognition of mental health problems in the experiences of Korean immigrant families and Korean Confucian churches was appropriately investigated using an interpretive phenomenological approach understood within the context of cultural psychological theory. In this study, the demographics of Korean American ethnicity and culture of Korean immigrant families and Korean Christian adolescents ages 18–24 were intentionally defined. Korean Christian adolescents chose to be vigilant about their experiences with the phenomenon of mental health concerns.

In the data analysis of this qualitative study, excluding the researcher's own views, assumptions, and preconceptions is a very important process (Moustakas, 1994). The researcher conducted data analysis based on the audio recordings of the participants' interviews and transcribed their words verbatim. However, this acknowledges that there are limitations in the researcher's role in analyzing data thematically with unbiased understanding and awareness of the explanations of Korean Christian adolescents' experiences of mental health concerns.

The design of this study is a small-scale investigation centered on mental health concerns among Korean-American Christian adolescents, and its findings cannot be generalized to all Korean-American Christian adolescents or Korean families. This study specifically targeted

Korean adolescents experiencing mental health problems within Korean families. However, it is limited in scope as it did not include the perspectives of parents who may have undergone similar experiences. Mental health crises within Korean Christian families are recurrent events.

Consequently, the findings of this study may not fully represent the breadth of mental health crises occurring in the households of all Korean American Christian adolescents

Additionally, other limitations include sampling, gender differences, and age differences. Participants were all recruited as active members of a California church and may have had different experiences and perceptions of the differences in symptoms of a mental health crisis. Although they all attended church, their perceptions of mental health concerns may differ depending on their religious beliefs. Additionally, this study needs to expand the reflection of youth demographics from middle school to high school due to the limited age limit of 18–24 years for Korean Christian adolescents. Differences in psychological symptom problems related to gender differences in mental health crises among Korean Christian adolescents were not included.

In particular, Korean-American Confucian culture emphasizes the value of maintaining a clean slate, so Korean Americans are often reluctant to disclose internal problems with their families and their own mental health to anyone other than their family (Koh, 2018). Participants participated knowing that this study would be published under pseudonyms but were hesitant to share their experiences publicly, so they were asked several times to confirm that pseudonyms would be used. Korean Christian adolescent participants were able to form a consensus that the researcher was Korean and shared experience with Korean culture. If the researcher were of a different ethnicity, it must be assumed that Korean Christian adolescents would not actively volunteer to be interviewed about mental health issues in a model ethical Korean Christian

community. As a Korean-American Christian counselor for almost fourteen years, my professional life experience in pastoral counseling played an important role in forming bonds with interviewees.

Recommendations for Future Research

Considering the results and limitations of this study, we hope that in the future, Korean Christian adolescents can receive appropriate help in mental health concerns by changing the perception of mental health within the Korean church, changing the perception of Korean American families, and receiving mental health services. A qualitative phenomenological study of Korean American Christian adolescents was designed to understand the diverse issues of parent and child perceptions of a mental health problem across two generations within the family and in-depth cultural connections to Korean American Confucian culture and the Korean American Christian exemplary community. Because most previous studies have primarily focused on Korean-American youth or Asia as a whole, there is a need to understand the different stages of mental health crisis awareness for the two generations of Korean-American families (Cheon et al., 2016).

A two-generational study within Korean immigrant Christian families, examining distortions in parents' and children's perceptions of mental health problems and the impact of access to services would contribute to the cultural influence of Korean churches and the effective provision of mental health in Korean families across generations. Considering that the problems of mental health crises continue to increase, two generations of research are important to understand the impact of crisis and psychological distress among Korean Christian adolescents,

not only on Korean Christian adolescents, but also on Korean families and Korean churches in general—suggesting the need for comprehensive research.

Future research could compare cultural influences on mental health concerns among Korean Christian adolescents and Christian adolescents from other ethnic groups, such as Chinese, Japanese, Vietnamese, Indian, South American, and other cultures with addiction. Depending on cultural influences, qualitative research results may vary. Additionally, future research comparing differences in psychological distress and symptoms of mental health problems among Korean American Christian adolescents by gender could provide a specific understanding of mental health crises for Asian immigrant families, including Korean Christian communities. Participants in this study were limited to 18–24 years of age and was a quantitative study that compared and analyzed their perception of mental health issues and psychological symptoms and the pattern of mental health concerns among Korean Christian adolescents before the age of 18 suggests the need for a mental health intervention.

This study targeted Korean Christian adolescents who experienced the psychological pain of a mental health crisis and has limitations in that it was not conducted with their parents who experienced these mental health challenges alongside their child. Therefore, research is needed to provide a deeper understanding of accessing mental health services. The adolescents who participated in this study believed that religious oppression and negative perceptions of the church did not help their mental health, rather than purely spreading the gospel faith, as they participated in the Korean American church as an example and standard. Participants expressed that they were religiously forced by their Korean immigrant parents to heal from a mental health problem through words and prayer. Since Korean Christian parents placed the passing on of faith

as their absolute value, future research on how their zeal for religiosity affects mental health issues could examine the Christian approach to mental health problems.

Therefore, in follow-up research, various studies should be conducted that consider the severity of mental health crisis and gender differences. In addition, attempts at research methods that can take advantage of the benefits of using professional services to address mental health concerns in relationships with Korean parents through multifaceted qualitative research, such as exploring the nature of the special experiences of Korean immigrants experiencing mental health problems, should also be attempted. Lastly, it was confirmed that it is important to provide support to facilitate willingness to access services for Korean Christian adolescents in a mental health crisis. It is important to recognize, detect, and intervene in a mental health problem early, but the process of using services is also very important, and intervening to ensure the continuation of treatment is also an important task. The unique experiences of participating Korean Christian adolescents can enrich the literature and increase interest in clinical work and pastoral care with Korean American Christian families.

Summary

The purpose of this interpretive phenomenological study was to understand Korean American Christian adolescents' experiences of psychological distress during a mental health crisis. Through the participants' stories, this study was able to gain understanding that the difficulties of the Korean Confucian cultural background, conflict with Korean parents, and the sense of exemplary duty of the Korean American church are the main factors contributing to mental health crises (Kang et al., 2010). In particular, the participants, who were Korean-

American Christians, provided an understanding of how their parents' high expectations of religious values hinder their access to mental health treatment (Kim, 2019).

In this qualitative phenomenological study, eight Korean Christian adolescents were interviewed to describe how they experienced a mental health problem and their perceptions of crisis in their lives in the Korean American Christian community. This study recruited Korean American churches by emailing them to voluntarily participate in the study. The researcher recorded the research participants' stories about their actual experiences, analyzed them, and organized them into themes about the essence of the experiences.

In the context of the increase in mental health crises among Korean American adolescents and the lack of Korean Christian research, literature has been written focusing only on studies of Asians, but what factors influence the psychological distress of Korean American Christian youth's mental health concerns in their lives? The literature on whether these people are mentally ill has been much more limited. Through this study, we asked research questions about what influences caused mental health problems among Korean Christian adolescents and how those influences affected mental health services, resulting in four themes. The four themes and 16 sub-topics created were about the impact of mental health concerns on Korean Christian adolescents: the Korean American church experience and perception of mental health concerns, the difficulties of Korean immigrant families and Korean Confucian culture, and mental health issues. These were misunderstandings and prejudices about experiencing psychological pain and using mental health services. The purpose of the topic was to describe the lived experiences of mental health crises among Korean Christian adolescents.

According to the results of this study, Korean-American adolescents experienced a negative impact on mental health due to the unique Confucian culture, Chaemyeon culture, and

the exemplary nature of Korean-American churches reported in the literature (Bae & Wickrama 2015). This study was confirmed by previous research and provided insight into the factors that impede access to mental health treatment, such as conflict between immigrant families and religious foundations (Cheungm, 2011). If the religious obligations and oppression that participants reported did not help with the mental health problem, they reported that Christianity had a negative impact (Kim, 2019). The literature suggested that Korean Christian leaders lacked awareness and expertise in mental health issues and that parents with high religious values felt ashamed and left behind when it came to mental illness, which was consistent with the results of this study (Kim, 2023).

The most important perceptions from this study's findings include Korean American Christian youth's desire to access effective services when experiencing mental health problems. This has implications for awareness of misunderstandings and prejudices (Koh, 2018). Korean Christian pastors, Christian counselors, mental health professionals, schools, and families should work together to understand the psychological distress of Korean Christian adolescents in mental health concerns, their cultural background, conflicts with immigrant families, school maladjustment, and access to treatment services. Based on the participants' actual experiences, the factors affecting the mental health crisis of Korean Christian adolescents are consistent.

This study concluded with evidence that Korean Confucian culture, religious oppression and obligations in Korean churches, and conflicts in Korean immigrant families influence symptoms of psychological distress by promoting several factors that cause mental health crises in Christian adolescents (Kim & Park, 2011). In Korea's Chaemyeon culture, the wrong perspective of seeking attention and recognition from humans rather than God is highly likely to be considered shameful when mental health problems occur. Jesus rebuked the Pharisees for

boasting about their religious lives—to be seen by others—and warned them to be careful about doing things to impress others (Matthew 23). Korean Christians should approach mental health issues not with shame but with the love, concern, protection, and treatment that is the essence of Christianity.

Korean Christian adolescents revealed that faith contributed to coping with their mental health crisis at the border between life and death by relying on spiritual strength from God even in dangerous moments of suicide attempts. Therefore, there still remains a conflict in the complex literature on whether religion, namely Christianity, is a contributing factor to their mental health crisis or not a contributing factor to their mental health crisis.

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Appendices

Appendix A

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

January 25, 2024

Munmi Son
Scott Edgar

Re: IRB Approval - IRB-FY23-24-1007 A Phenomenological Study of Psychological Experience in the Mental Health Crisis of Korean-American Christian Older Adolescents

Dear Munmi Son, Scott Edgar,

We are pleased to inform you that your study has been approved by the Liberty University Institutional Review Board (IRB). This approval is extended to you for one year from the following date: January 25, 2024. If you need to make changes to the methodology as it pertains to human subjects, you must submit a modification to the IRB. Modifications can be completed through your Cayuse IRB account.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. [45 CFR 46.101\(b\)\(2\)](#) and (b)(3). This listing refers only to research that is not exempt.)

For a PDF of your approval letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study Details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your stamped consent form(s) and final versions of your study documents can be found on the same page under the Attachments tab. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix B**Permission Request**

Dear [REDACTED]
Berendo Street Baptist Church (Saenuri Korean Church)
975 S. Berendo St, Los Angeles, CA 900061250

As a graduate student in the School of Behavioral Science at Liberty University, I am conducting research as part of my requirements for a doctoral degree. The title of my research project is: A Phenomenological Study of the Psychological Experiences of Mental Health Crisis of Korean-American Christian Older Adolescents. The purpose of my study is to understand the impact of the mental health crisis of Korean Christian older adolescents on the lives and psychological distress of Korean-American cultural and immigrant Korean church communities.

I am writing to ask you to provide contact information (emails) of Berendo Street Baptist Church (Saenuri Korean Church) members who are eligible to meet the study criteria. Participants must be California Korean Christian older adolescents between the ages of 18 and 24 and have experienced a mental health crisis and psychological distress. Once the list of eligible participants is received, I would like to invite them to participate in my study via a recruitment email. The researcher will provide participants with Screening Questions email. For the study, each participant will undergo Screening Questions to determine eligibility. If any of your church members are suitable for this study or would like to participate, please recommend them to the researchers.

If eligible, participants will respond about their personal experiences with a mental health crisis in an interview about their lived experiences after screening questions. Total interview time is expected to be approximately 60 minutes (audio and video recorded, in person or via Zoom). Participants in this study participate entirely voluntarily, and interviews can be reviewed at any time. Names and other identifying information will be requested as part of this study, but participants' identities will not be disclosed. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to authorize the study, please respond by email at [REDACTED]. If you have any questions at any time, please contact me by email.

Thank you,

Sincerely,

Munmi Son
Doctoral student
Liberty University Department of Behavioral Sciences

Appendix C

Dear [Recipient]:

Recruitment Email to Korean American Christian Adolescents

I am a student in the Department of Behavioral Sciences at Liberty University and am conducting research as part of my requirements for a doctoral degree. The title of my research is: A Phenomenological Study of Psychological Experiences in Mental Health Crisis of Korean-American Christian Older Adolescents. The purpose of my research is to understand the impact of Korean American Christian adolescents' mental health crisis on the lives of Korean American cultural and immigrant Korean church communities and its impact on psychological distress. I am writing to invite eligible participants to join my study.

I am recruiting participants to interview from among Korean American Christian older adolescents. Each participant must be between the ages of 18 years old and 24 years old and have experienced a mental health crisis and psychological distress.

Definitions: Korean-American Christian Older Adolescents (18–24 years old))

* Older Adolescents- Older adolescents is a stage of life that spans between childhood and adulthood. While modern puberty is accelerating the onset of adolescence in nearly all populations, the onset of adulthood is being delayed due to longer periods of education and delays in marriage and parenthood. As a result, the age at the end of adolescence increased to the 20s. The definition of 10-24 years of age fits more closely with the public's understanding of adolescent development and this life stage than does 10-19 years of age. Therefore, this study focuses the range of participants, targeting adolescents in aged 18 to 24 years of age for its research sample.

* Emerging Adults – Often used interchangeably with the term ‘older adolescents’ but places an emphasis on the developmental tasks related to transitioning into adulthood. This study was expanded to include Korean Christian adolescents (18 to 24 years old) who experienced a mental health crisis during adolescence.

If eligible, participants will participate in an interview to talk about their lived experiences. The total interview time is expected to be approximately 60 to 90 minutes (audio and video recorded; in-person or via Zoom). Participants in this study participate entirely voluntarily, and they will be able to always review their interview transcript. However, participants may discontinue participation at any time if they wish. Names and other identifying information will be requested as part of this study, but participants' identities will not be disclosed.

The researcher will provide participants with a screening document via email. If you are suitable for this study through screening or would like to participate, please contact [REDACTED] and complete the attached screening document.

If you are eligible, a consent form will be sent to your email. The consent document contains additional information about my research. The consent form will include the participant's name, date, and signature of the participants and must be returned to me by email before or at the time of the interview.

Sincerely,

Munmi Son
Doctoral Candidate
Liberty University School of Behavioral Sciences

Appendix D

Screening Questions/Guide

Title of the Project: A Phenomenological Study of Psychological Experience in the Mental Health Crisis of Korean-American Christian Older Adolescents (18–24 years old))

Munmi Son
 Liberty University
 School of Behavioral Sciences

Definitions: Korean-American Christian Older Adolescents (18–24 years old))

* Older Adolescents- Older adolescents is a stage of life that spans between childhood and adulthood. While modern puberty is accelerating the onset of adolescence in nearly all populations, the onset of adulthood is being delayed due to longer periods of education and delays in marriage and parenthood. As a result, the age at the end of adolescence increased to the 20s. The definition of 10-24 years of age fits more closely with the public's understanding of adolescent development and this life stage than does 10-19 years of age. Therefore, this study focuses the range of participants, targeting adolescents in aged 18 to 24 years of age for its research sample.

* Emerging Adults – Often used interchangeably with the term ‘older adolescents’ but places an emphasis on the developmental tasks related to transitioning into adulthood. This study was expanded to include Korean Christian adolescents (18 to 24 years old) who experienced a mental health crisis during adolescence.

Pre-Interview Question: Questions about Personal and Mental Health Crisis Background

1. Are you between the age of 18-24 years old?
2. Are you a Korean American Christian?
3. Is your family of Korean immigrant cultural background?
4. Do you have experience in Korean churches?
5. Have you ever experienced a mental health crisis?

Interview Questions 1

Lively experiences as Korean Christian adolescents (pastor and congregant) that shaped mental health crisis awareness:

1. Please introduce yourself.
2. Where were you born, where did you grow up, and what is life like for Korean immigrant families?

3. As a Korean Christian adolescent, how long have you attended Korean immigrant churches?
4. What experiences have you had in Korean immigrant church life?
5. What are your interactions with pastors and congregation members?
6. Who in your church do you turn to first for help when a mental health crisis occurs?
7. How do you think pastors perceive the mental health crisis?
8. In what role have chaplains been helpful in your mental health crisis?
9. How have your pastors influenced your awareness of mental health services?
10. What have been some significant life-changing experiences from your interactions with chaplains during your mental health crisis? If any, how has it affected your thoughts and feelings?

Interview Questions 2

A Korean Christian adolescents' vivid experiences of a mental health crisis and its impact on their lives as Christians:

11. Please describe your experience of a mental health crisis.
12. As a Korean Christian adolescent, what are your thoughts, perceptions, and beliefs about mental health?
13. Do you think it is possible for a Christian to experience a mental health crisis? Why? Or why not?
14. What is the impact of religion and spirituality, or church, on a your life during a mental health crisis?
15. What are your perceptions regarding mental health services in your church? Comfort from church leaders? Christian counseling? Pastoral counseling? Care? Counseling service? Counseling psychology?

Interview Questions 3

Mental health of Korean Christian adolescents, symptoms of psychological distress, and behavioral ways of expressing oneself:

16. How did you express the symptoms of your mental health crisis and psychological distress?

17. How did psychological distress affect your cognitive, behavioral, academic, and occupational abilities?

18. What factors had the greatest impact on your psychological distress? Why?

19. How has psychological pain affected your life as a Korean Christian adolescent?

Interview Questions 4

The relevance of Korean culture and Korean family culture in determining whether or not to access mental health services:

20. How does your family perceive the symptoms of psychological distress in a mental health crisis?

21. Have you ever received support from your family or community during the pain of a mental health crisis?

22. If you received help, which things helped you approach recovery?

23. If not, what are the barriers to your being willing to access the service?

24. How do you perceive Korean traditional cultural services for mental health crises?

25. What is the connection between Korean American culture and the prevalence of mental health crises?

Appendix E 1

Consent Form

Title of the Project: A Phenomenological Study of Psychological Experience in the Mental Health Crisis of Korean-American Christian Older Adolescents
Principal Investigator: Munmi Son, Doctoral Candidate, School of Behavioral Sciences, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study regarding the lived experiences of mental health crisis among Korean American Christian older adolescents. To participate in this study, you must be a Korean Christian older adolescent who has experienced psychological distress from a mental health crisis. You must be between 18 to 24 years of age. Participation in this study is voluntary. Before deciding to participate in this study, please read the entire participation consent form carefully.

Definitions: Korean-American Christian Older Adolescents (18–24 years old)

* Older Adolescents- Older adolescents is a stage of life that spans between childhood and adulthood. While modern puberty is accelerating the onset of adolescence in nearly all populations, the onset of adulthood is being delayed due to longer periods of education and delays in marriage and parenthood. As a result, the age at the end of adolescence increased to the 20s. The definition of 10-24 years of age fits more closely with the public's understanding of adolescent development and this life stage than does 10-19 years of age. Therefore, this study focuses the range of participants, targeting adolescents in aged 18 to 24 years of age for its research sample.

* Emerging Adults – Often used interchangeably with the term 'older adolescents' but places an emphasis on the developmental tasks related to transitioning into adulthood. This study was expanded to include Korean Christian adolescents (18 to 24 years old) who experienced a mental health crisis during adolescence.

What is the study about and why is it being done?

The purpose of this study is to understand the personal impact of the experience of psychological distress during a mental health crisis among Korean American Christian adolescents. This study is being conducted to determine the impact of Korean immigrant culture and Korean churches on the mental health crisis of Korean Christian adolescents.

What will happen if you participate in the study?

If you agree to participate in this study, please do the following:

1. Participate in a 60- 90-minute interview session either in person or via Zoom. With participant permission, interviews will be audio or video recorded, and the participants will be able to review their interview transcripts at all times.
2. If you have any questions or need clarifications after your interview, there is the possibility of requesting a follow-up interview.

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How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from the interviews and group meetings. However, the information you provide will help us improve resources to provide appropriate psychotherapy services to Korean Christian adolescents in mental health crisis and set policy directions to make it easier for family members to access more effective treatment resources.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. There are no special risks or discomforts by participating in this study. If you have any questions about risks or discomfort during the study, please contact the researcher immediately.

How will personal information be protected?

All records of one-on-one interviews and meetings for this study will be kept confidential. The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

1. Participant responses will be kept confidential by replacing names with pseudonyms. Personal interviews will be conducted in a location not shared with others.
2. The data will not provide any information about you that can identify you.
3. This study is provided for presentation purposes and all records will be retained for three years after the study is completed. After three years, all records will be deleted.
4. Data will be stored on a password-locked computer. After three years, all electronic records will be deleted. Recordings will be stored on a password locked computer for three years and then deleted. Only the researcher will have access to these recordings. (There won't be any hard copies)

How will you be compensated for being part of the study?

No compensation will be provided to participants in this study.

What are the costs to you to be part of the study?

There is no cost to participants in this study.

Is study participation voluntary?

Participation in this study is voluntary. You are free to not participate in this study and there will be no disadvantage to you if you do not participate. Your decision whether to participate will not

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 Approved on 1-25-2024

affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions about this study or if you have any problems during the study, please feel free to contact the person in charge of the study below.

The researcher conducting this study is Munmi Son. If you have questions later, **you are encouraged** to contact her at [REDACTED]. You may also contact the researcher's faculty sponsor, [REDACTED].

Whom do you contact if you have questions or concerns about the study?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. The physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and the email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

1. I have read the explanatory text of this study and discussed it as needed with the researcher in charge.
2. I have been told about the risks and benefits, and my questions have been answered satisfactorily.
3. I voluntarily agree to participate in this study.
4. I consent to the collection and processing of information about me obtained in this research by the researcher (audio-record/video-record).
5. I consent to the recording of my personally identifiable information to be kept confidential by the researcher in charge.
6. I understand that I can withdraw from this study at any time, and this decision will not harm me in any way.
7. My signature indicates that I have received a copy of this consent form and will keep it until the end of my participation in the study.

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study

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 Approved on 1-25-2024

after you sign this document, you can contact the study team using the information provided above

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio- and video-record me as part of my participation in this study.

Printed Subject Name

Signature and Date

Liberty University
IRB-FY23-24-1007
Approved on 1-25-2024

Appendix E 2**Consent Form**

Title of the Project: A Phenomenological Study of Psychological Experience in the Mental Health Crisis of Korean-American Christian Older Adolescents

Principal Investigator: Munmi Son, Doctoral Candidate, School of Behavioral Sciences, Liberty University

Invitation to be Part of a Research Study
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* Emerging Adults – Often used interchangeably with the term ‘older adolescents’ but places an emphasis on the developmental tasks related to transitioning into adulthood. This study was expanded to include Korean Christian adolescents (18 to 24 years old) who experienced a mental health crisis during adolescence.

What is the study about and why is it being done?
--

The purpose of this study is to understand the personal impact of the experience of psychological distress during a mental health crisis among Korean American Christian adolescents. This study is being conducted to determine the impact of Korean immigrant culture and Korean churches on the mental health crisis of Korean Christian adolescents.

What will happen if you participate in the study?
--

If you agree to participate in this study, please do the following:

1. Participate in a 60- 90-minute interview session either in person or via Zoom. With participant permission, interviews will be audio or video recorded, and the participants will be able to review their interview transcripts at all times.

2. If you have any questions or need clarifications after your interview, there is the possibility of requesting a follow-up interview.

How could you or others benefit from this study?

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However, the information you provide will help us improve resources to provide appropriate psychotherapy services to Korean Christian adolescents in mental health crisis and set policy directions to make it easier for family members to access more effective treatment resources.

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What are the costs to you to be part of the study?

There is no cost to participants in this study.

Is study participation voluntary?

Participation in this study is voluntary. You are free to not participate in this study and there will be no disadvantage to you if you do not participate. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

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2. I have been told about the risks and benefits, and my questions have been answered satisfactorily.
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7. My signature indicates that I have received a copy of this consent form and will keep it until the end of my participation in the study.

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio- and video-record me as part of my participation in this study.

Printed Subject Name

Signature and Date