

Saving Face: Effects of Stigma on Korean Migrant Families Associated with the relatives with mental illness

and

A proposal to counter stigma and discrimination relating to people who experience mental illness in the Korean community

- a summary by Ivan Yeo, Mental Health Foundation

Confucianism and Taoism remain strong influences on how Korean communities interpret mental illness. The concept of Saranm is key to understanding Korean people who experience mental illness. A public health promotion approach will enhance accessibility to services and increase strengths and resilience.

RESEARCH ARTICLE

Saving Face: Effects of Stigma on Korean Migrant Families Associated with the relatives with mental illness

An interpretative Phenomenological Analysis Study

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According to Hwang, stigma and discrimination is the biggest barrier for recovery for Korean people who experience mental illnesses in New Zealand.

Hwang's research finds stigma and discrimination is due to myths about mental illness. Words used to describe people who experience mental illnesses include: crazy, mad and abnormal. Sometimes mental illness is associated with dangerous behaviour, with people believing it to be an infectious disease and therefore seeing the need for segregation from the rest of the community.

Korean belief systems have been influenced by Confucianism, Taoism, Buddhism and Christianity.

In Confucianism, family plays a key role in personal wellbeing. By withholding personal needs and desires, and upholding filial piety, family harmony will be achieved. Marriage is seen as a family contract rather than an individual commitment. Families strongly believe in education, with one of the reasons for migration often to enable children to have a better education.

Subsequently, mental illness is understood as a family matter, rather than that of an individual.

Taoism emphasizes balance in life; the course of any illness, including a mental disorder, is due to excessive striving which results in the loss of peace of mind. People who experience mental illnesses can be treated as immature, or weak, especially when they are seeking support from others. This is considered shameful in Korean society. As a result, and for fear of being seen as unable to follow the rules of health, they often choose to isolate themselves.

Buddhism takes the view that life is about suffering. According to Korean's Buddhism ideology, to end the suffering is to become a Buddha in their next life. To achieve this, one has to accumulate virtuous deeds. Korean people who experience mental illness believe that suffering is a way of life; life is not in their control – this is a fatalism belief system. As a result, enduring hardship, overcoming difficulties and maintaining calm are identified as strengths in people who experience mental illness. This also decreases their willingness to seek further help.

Hwang also found Christianity plays an important part in the lives of Korean people who experience mental illness. There are two basic concepts of Christianity that can be generally agreed upon: unconditional love and forgiveness, and bearing their own cross in the manner of Christ. Christians believe that managing their difficulties, like stigma and discrimination, is expected of them, just as Christ managed his difficulties. They tend to seek help from God and believe that by doing so they will be able to overcome any adversity. Mental illness can be seen as the work of the Devil.

Saranm (human being) in relation to mental illness

Saranm is the Korean word to describe 'human being', and is an important concept – it depicts interpersonal relationships. Human beings are not perceived as individuals, and no one human being can survive by himself or herself alone: one must have support from another human being. Family, therefore, is understood to be basic unit of a human being's need.

If a family member is ill, which may include having a disability, undergoing a divorce, or experiencing a mental illness, Saranm will be damaged. Therefore, Koreans look after their ill relative and accept it as their responsibility to intervene and support. But the damaged Saranm is seen as shameful, so a family will pretend that it is in tact. It's therefore important for family members to sacrifice other things to look after the person who is experiencing a mental illness, while also 'saving face' in public and to avoid stigma.

Stigma and discrimination the biggest barriers

Hwang found stigma and discrimination is the biggest barrier to their recovery. Stigma and discrimination is in part due to lack of resources, information and understanding of mental disorders and how to access social services.

Communities need to be fully aware of the problems that Korean people who experience mental illness face, and know how to enhance collaboration. They, with social service agencies, should learn to deliver culturally appropriate approaches to people experiencing mental illness.

Asian peoples, including Koreans, underutilise mental health services because of the high degree of stigma and discrimination associated with these disorders. They also undergo many additional stressors such as acculturation. They become less intimate with others and express difficulties expressing their emotions. Their illness can sometimes exhibit itself as somatic rather than psychological symptoms.

Unable to get help and support or understanding from communities, people are further psychologically affected leading to isolation, low self-esteem and their ability to recover is weakened. They commonly use bibliotherapy, reading the Bible and praying to support themselves through their mental illness.

PROPOSAL TO COUNTER STIGMA AND DISCRIMINATION

Hwang's proposal suggests a public health promotion strategy be put in place to assist Korean people experiencing mental illness.

Despite Koreans making up the third largest Asian community in New Zealand, they are not being helped with mental health prevention nor is there work to counter stigma and discrimination in their communities.

The strategy should focus on supporting Korean communities to help with the settlement of immigrants, and be promoted at Korean community events to increase the awareness of stigma and discrimination and mental health services.

Resources, such as brochures and professional articles, should be developed and promoted through Korean local newspapers.

Workshops need to be devised to provide opportunities for discussion, and to educate family members, employees and mental health professionals about how to better support these people and to encourage them to seek help.

The strategy must also provide opportunities for Korean people who experience mental illness to involve themselves in mainstream society in order to enhance their recovery and empower them.