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THE ROLE OF ACCULTURATION AND ACCULTURATIVE STRESS IN THE
ASSOCIATION BETWEEN GENERATIONAL STATUS AND FACTORS RELATED
TO SUICIDE AMONG SOUTH KOREANS IN THE UNITED STATES

by

Hyejin Jin

A Dissertation
Submitted to the Graduate School,
the College of Education and Human Sciences
and the School of Psychology
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

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ABSTRACT

Korean Americans have the highest suicide mortality rates among Asian American subgroups (6.84 per 100,000 population; U.S. Census Bureau, 2010). Therefore, it may be important to examine the unique factors that account for the suicide rates of Korean Americans, especially since current knowledge on suicide with Korean Americans is limited. Thus, the present dissertation study sought to examine the role of acculturation and acculturative stress in the association between generational status and factors related to suicide among Korean Americans.

A sample of 150 participants completed a study protocol consisting of various self-report measures on MTurk. The results supported the hypothesis that the relationship between generational status and willingness to seek help for suicidal ideation would be moderated through acculturation, but such that that individuals identifying as third or higher generation were less willing to seek help for suicidal ideation at higher levels of acculturation. The proposed model did not consider the possibility of Korean Americans relying on social networks to receive support and help with mental health difficulties. As such, it is worth reconsidering the methods for measuring help-seeking behaviors and utilization of help for mental health difficulties in Asian Americans, given that traditional methods have focused on professional sources of help. Secondly, the model hypothesized that higher generation status would be associated with a more open and positive attitude toward suicide, due to longer duration of residency in the United States and therefore, being more acculturated to the American culture. However, it appears that the level of acculturation is not entirely contingent on one's generational status, given that the acculturation process is affected by various factors. Given that Korean American

immigrants may be at higher risk of developing psychopathology and suicidal ideation than other minority groups and prefer mental health providers who have similar values and ethnic background as them, it would be important for Asian American psychologists to increase their visibility to the Korean American community and do outreach services to increase their awareness of psychological services.

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DEDICATION

I would like to thank my parents for their unwavering support and trust. I would also like to thank my brother and my dog for their emotional support.

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LIST OF ABBREVIATIONS

<i>CSE</i>	Collective Self-Esteem
<i>MTURK</i>	Amazon Mechanical Turk
<i>SITBI</i>	Self-Injurious Thoughts and Behaviors Interview
<i>VIA</i>	Vancouver Index of Acculturation
<i>ATTSPH-SF</i>	Attitudes Toward Seeking Professional Psychological Help-Short Form
<i>ATTS</i>	Attitudes Toward Suicide
<i>SAFE</i>	Social, Attitudinal, Familial, and Environmental Acculturative Stress-Short Form
<i>INQ-15</i>	Interpersonal Needs Questionnaire-15 Items

CHAPTER I - INTRODUCTION

Suicide is the 17th leading cause of death and accounts for 1.4% of deaths worldwide (WHO, 2015) and as such, suicide has been identified as a global health concern. South Korea has the second highest suicide rate in the world, with 36.1 deaths per 100,000 population in 2015 (WHO, 2015) and this rate has continually increased since Asian financial crisis in the late 1990s (OECD, 2014). In fact, suicide is the second leading cause of death in South Korea (WHO, 2015). However, it is noteworthy that the proportion of South Korean individuals making a suicide attempt is roughly five times greater than that of the United States (i.e., 0.6%, or 1.3 million individuals; CDC, 2015). Indeed, South Korea's suicide mortality rate is 85% higher than that of the United States, with 13.92 per 100,000 population dying by suicide in the United States (CDC, 2018; WHO, 2015).

An estimated 1.1 million people of South Korean descent live in the United States, which represents 3% of the 41.3 million foreign born population (U.S. Census Bureau, 2010). Further, South Koreans account for approximately 10% of the Asian American population. Given that South Koreans living in the United States make up the second largest Korean community in the world and 73% of the Korean American population is foreign-born (U.S. Census Bureau, 2010), a question that arises is whether the suicide mortality rate would be comparably high in the Korean American population as it is in South Korea. In fact, previous research has demonstrated that suicide rates among immigrants follow those of the country of origin (Kliewer & Ward, 1988). On the contrary, a recent epidemiological study found that Korean Americans had lower suicide mortality rates than those living in South Korea (13.9 per 100,000 population for men and

6.5 per 100,000 population for women; Kung et al., 2018) but higher than suicide mortality rates for other Asian Americans (6.84 per 100,000 population; U.S. Census Bureau, 2010). In fact, Korean Americans had the highest rates of all Asian American subgroups. Most importantly, the suicide rates in Korean Americans nearly doubled from 2003 to 2012 (Kung et al., 2018). Therefore, it may be important to examine the unique factors that account for the suicide rates of Korean Americans, especially since current knowledge on suicide with Korean Americans is limited. Most importantly, Korean Americans' attitudes about suicide and their willingness to seek professional help may be important factors to consider.

One of the factors that could influence South Korean immigrants' vulnerability to suicide may be generational status. Generational status is defined as the place of birth of an individual or an individual's parents (U.S. Census Bureau, 2016). The individual's and parental place of birth are used to define the first, second, and third-or-higher generations. The first generation refers to those who are foreign born (i.e., born in South Korea who immigrated to the United States), second generation refers to those with at least one foreign-born parent (i.e., U.S. born South Koreans with immigrant parents), and third-or-higher generation includes those with two parents who are native to the United States (U.S. Census Bureau, 2016). An individual's generational status could determine the different challenges and distress they experience as they adjust to a new environment, country, and cultural values. Further, generational status for Korean Americans may affect the degree to which the individual has been exposed to or embodies the Korean and/or American culture, and ultimately, the presence and magnitude of unique stressors experienced throughout the acculturation process. Therefore, generational status may

play a vital role in determining the willingness to seek help for psychological difficulties, attitudes about suicide, and development of suicidal ideation.

Although generational status is likely informative in understanding the attitudes about suicide and help-seeking behavior among South Korean immigrants, it is unlikely to be the only determining variable in the relationship. Thus, it is important to understand the factors that may weaken or strengthen this association, and acculturation may be a notably relevant factor to consider. Acculturation is defined as the process of acquiring the cultural characteristics of the new country an individual migrates to (Berry, 1998; Redfield, Linton, & Herskovits, 1936). It can also be a process by which individuals incorporate behaviors and values from the new culture into the context of their native culture (Constantine et al., 2004). High acculturation suggests that the individual has adopted the cultural practices of the dominant society and low acculturation signifies that the traditions of the former country are retained. The importance of an individual's generational status with respect to suicide risk may be influenced by the varying levels and magnitudes of acculturation, or the degree to which they identify with either Korean or new American culture.

Individuals who are migrating from a collectivistic country (e.g., South Korea) to a host country that is predominantly individualistic (e.g., United States) may encounter more difficulties in the acculturation process (Ratkowsky & Leo, 2003). Indeed, Korean immigrants maintain strong ties to their home country and traditional cultural values, such as gender roles and collectivism (Hyun, 2001), which can contribute to higher levels of stress in this population. Along these lines, Korean immigrants who still identify with the collectivist culture that is heavily influenced by Confucianism seek mental health

treatment at lower rates due to family reputation, loss of face, negative stereotypes and beliefs of mental illnesses (Chou et al., 2012; Segal, Coolidge, Mincic, & O'Riley, 2005), as well as shame and stigma (Jang, Chiriboga, & Okazaki, 2009; Leong & Lau, 2001). On the other hand, Asian Americans with higher acculturation were more likely to recognize the necessity of psychological help, tolerate the stigma associated with seeking help, and more open to discussing their difficulties with a professional (Atkinson & Gim, 1989). In fact, individuals in the United States overall tend to have more positive attitudes about seeking mental health treatment, as they are less ashamed about seeking professional help (Mojtabai, 2007) and the majority (greater than 80% of the adult US population) agree that treatment is effective (CDC, 2012). Most importantly, decreased adherence to Korean cultural values was shown to be associated with increased help-seeking attitudes among a sample of Korean Americans (Gloria, Castellanos, Park, & Kim, 2008). This phenomenon may be due to the United States embodying an individualistic culture that emphasizes the importance of independence, autonomy, and personal motives that overrule the group (Kwan, Bond, & Singelis, 1997), which may ease the process of seeking help for mental health problems. Thus, Korean Americans who acquire the cultural characteristics of the United States, a country that values individualism, may be more willing to seek professional help for not only psychological problems but also suicidal ideation. Although there is limited research on Korean Americans' attitudes toward suicide, it would be expected that low acculturation (i.e., adherence to Korean culture) would be associated with negative attitudes about suicide (e.g., low acceptability and permissiveness, unpredictability of suicide) and high

acculturation (i.e., incorporating individualistic values into the context of Korean culture) would be associated with more positive attitudes about suicide (e.g., high preventability and predictability). Therefore, Korean Americans' generational status may be important in determining their attitudes about suicide and the likelihood of engaging in help-seeking behavior for suicidal ideation, with the levels of acculturation affecting the strength of this association.

Accordingly, it appears that the extent and degree to which individuals are acculturated affects the level of acculturative stress experienced (Sodowsky & Lai, 1997). Acculturative stress, or stress associated with cultural adaptation, can vary depending on several variables, such as age at time of immigration, years of residence in the United States, income levels, family extendedness, and perceptions of prejudice (Sodowsky & Lai, 1997). Korean Americans assimilate and integrate into American society at a rapid pace and are confronted with challenges, such as language barriers, loss of social networks and social class, family conflicts, social isolation, and loneliness (Dean & Wilson, 2009; Hofstetter et al., 2008; Tartakovsky, 2007). Moreover, immigration has been linked to significant life stressors, negative health outcomes, and depression (Ayers et al., 2009; Choi, Miller, & Wilbur, 2009; Shin, Han, & Kim, 2007). Additionally, Korean immigrants often experience stress from racial and ethnic discrimination, which can accumulate over time and lead to mood and/or anxiety disorders (Gee, Spencer, Chen, Yip & Takeuchi, 2007).

Acculturative stress also increases the likelihood of developing depressive symptoms independent of global stress (Hwang & Ting, 2008) and is associated with suicidal ideation among South Korean adolescent immigrants (Cho & Haslam, 2010). In

a study that examined the role of acculturation in suicidal ideation and distress among South Korean adolescent immigrants compared to their American counterparts, the former group reported higher levels of distress, psychological symptoms, suicidal ideation, and life stress due to lack of social support and distress associated with acculturation (Cho & Haslam, 2010). Indeed, those with low levels of acculturation and social integration have a higher risk of engaging in suicidal behaviors (Wadsworth & Kubrin, 2007). Given that Asian Americans report higher levels of acculturative stress than any other minority group in the United States (Gomez, Miranda, & Polanco, 2011), Korean Americans may be at a higher risk of developing psychopathology and suicidal ideation than other minority groups in the United States. These findings suggest the importance of acculturation in understanding South Korean immigrants' risk for developing mental health problems and suicidal ideation. Most importantly, Korean Americans' generational status may be associated with developing suicidal ideation but only at high levels of acculturative stress.

In addition to acculturation and acculturative stress, it would be worthwhile to consider factors related to an individual's perception of their social identity when examining the association between generational status and factors related to suicide. Self-esteem is a critical component of an individual's psychological well-being and functioning (Taylor & Brown, 1988). In research and theory, however, it has overemphasized the role of an individual's personal attributes and competencies in self-esteem and self-worth. Although the individualistic component might be an essential source of self-esteem for those living in a country where that is valued, the social or collective aspect may be more important to consider for those living in collectivistic

cultures. Indeed, research indicates that collective self-esteem (i.e., self-esteem derived from the emotional significance and value attributed to the social group; Luhtanen & Crocker, 1992) is a more relevant construct for those who were socialized in both Asian and Western cultures. Given that being a member of a devalued group has been associated with risk for emotional distress (Katz, Joiner, & Kwon, 2002), it would be important to measure Korean immigrants' collective self-esteem to assess its role in outcomes related to emotional distress, such as attitudes toward suicide, willingness to seek help, and lifetime suicidal ideation. Luhtanen and Crocker (1992) developed a measure of collective self-esteem (CSE) that includes four subscales: private CSE, public CSE, importance to identity, and membership CSE. Of note is membership CSE, how individuals perceive their functioning as members of their social groups, especially since this might be related to acculturation. Individuals may perceive themselves as lower or higher functioning depending on the social group they identify with more based on their acculturation levels, which could have an effect on outcomes related to mental health, such as attitudes toward suicide, willingness to seek help, and suicidal ideation.

Another meaningful factor to consider when examining Korean immigrants' risk factors for suicide is perceived burdensomeness, one's perception that they are a burden to family members, society, or friends (Joiner, 2005). Perceived burdensomeness has been theorized to be related to suicidal desire (i.e., wanting to die by suicide) and is a significant risk factor for Korean immigrants, especially since the perception of being a burden on one's social group would be distressing due to their strong sense of attachment to the group to which they belong. Indeed, in a study exploring suicide ideation among Asian American college students, perceived burdensomeness was a strong predictor of

suicide ideation (Wong, Koo, Tran, Chiu, & Mok, 2011). Given that collectivism, group harmony, and placing other's needs ahead of one's own are all valued in the Korean culture, it would be noteworthy to explore how perceived burdensomeness affects the association between generational status and factors related to suicide.

Prior findings indicate that there may be an association between generational status and suicidal behaviors due to the lack of social integration, low assimilation, and high stress that accompanies the immigrant experience (Stack, 1981; Kposawa et al., 2008). The level of acculturation may influence an individual's willingness to seek help (Heppner et al., 2006) and attitudes toward suicide (Plener et al., 2015), which might affect the likelihood of having suicidal ideation and engaging in behaviors. Indeed, it has been found that individuals who reside in the United States have more favorable perceptions of mental health services and are more likely to utilize the services, as the length of stay could be considered to be a proxy for overall acculturation to the mainstream culture (Jang, Kim, Hansen, & Chiriboga, 2007; Tata & Leong, 1994). Thus, it is hypothesized that in a sample of South Koreans living in the United States, generational status will be associated with attitudes toward suicide and seeking psychological help. Individuals with lower generational status (i.e., first or second generation) will be more likely to have a less favorable perception of suicide (i.e., suicide can never be justified), which would make them less willing to seek out and utilize mental health services, specifically for suicidal ideation, than individuals with third or higher generation. This relationship between generational status and attitudes about suicide and help-seeking is hypothesized to be moderated through acculturation, with

higher levels of acculturation mitigating the effects. It is also hypothesized that individuals with lower generational status will also be more likely to endorse a history of suicidal ideation than those with third or higher generation. It is hypothesized that the relationship between generational status and lifetime suicidal ideation will be moderated by acculturative stress, with higher levels of acculturative stress amplifying the effects. Lastly, membership self-esteem and perceived burdensomeness will be tested as moderators for all of the aforementioned models for exploratory analyses. The proposed models may be a general model of risk that could apply to any other ethnic minority in the United States; however, the present study will focus on individuals of South Korean descent in the United States in order to help understand their elevated suicide rate among Asian Americans.

CHAPTER II - METHODS

To ascertain the required sample size, a power analysis was conducted utilizing G-Power software. Although the proposed model has never been tested, a medium effect size was reported for the association between acculturative stress and suicidal ideation in a previous study (Cho & Haslam, 2010) and this metric was used to calculate the necessary sample size to detect a medium effect size with .95 e. The results indicated that a sample size of 107 would offer sufficient power. The present study conservatively recruited participants due to the low base rate of suicidal ideation and, as such, aimed to exceed the recommended sample size. Participants were 150 volunteers recruited via Amazon Mechanical Turk (MTurk), which is a crowdsourcing Internet marketplace where jobs are posted and certified workers complete jobs for pay. Due to its low cost, quick access to diverse samples, and the high quality of the data produced through recruitment of its workers, MTurk has been widely used in psychological studies (Buhrmester, Kwang, & Gosling, 2011). MTurk provides a more representative sample of the population in the United States than convenience samples, such as undergraduate subject pools (Arditte, Cek, Shaw, & Timpano, 2016). Most importantly, it has been shown that individuals participating in MTurk significantly endorse significantly more clinical symptoms than those in traditional, nonclinical samples (Arditte, Cek, Shaw, & Timpano, 2016), which suggests that using MTurk could provide meaningful, representative, and high-quality data. Participants who met the present study's requirements were able to access a brief description of the study. The study required participants to be South Korean, be at least 18 years of age, currently reside in the United States, and have a 95% approval rate for other MTurk surveys, with a minimum of 100

previously completed surveys. Qualtrics was used as the data collection software platform in which interested volunteers were directed to in order to complete informed consent form and provide demographic information (e.g., gender, generational status, education level) before they completed the online survey consisting of various self-report measures. Upon completion, the principal investigator of the present study reviewed each participant's responses to ensure that they completed the 4 validity questions correctly. The participants who passed the validity test were compensated \$1.50 for their time. A quota that was created on Qualtrics in order to ensure that half of the proposed sample of 150 participants will be of first generation did not function correctly during data collection. Thus, there was an uneven distribution of participants with varying generational status. This will be discussed further in the limitations section.

Measures

Self-Injurious Thoughts and Behaviors Interview (SITBI; Nock, Holmberg, Photos, & Michel, 2007)

The Self-Injurious Thoughts and Behaviors Interview (SITBI; Nock, Holmberg, Photos, & Michel, 2007) was administered to assess suicide risk level and obtain a comprehensive history of suicide attempts. The SITBI was originally a 169-item structured interview but the SITBI short-form will be used for the purposes of the present study. The SITBI short-form is a 72-item measure that assesses the presence, frequency, and characteristics of five types of suicidal thoughts and behaviors: (a) suicidal ideation (e.g., "Have you ever had thoughts of killing yourself?"), (b) suicide plans (e.g., "Have you ever actually made a plan to kill yourself?"), (c) suicide gestures (e.g., "Have you ever done something to lead someone to believe that you wanted to kill yourself when

you had no intention of doing so?”), (d) suicide attempts (e.g., “Have you ever made a suicide attempt to kill yourself in which you had at least some intent to die?”) and (e) non-suicidal self-injury (e.g., “Have you ever had thoughts of purposely hurting yourself without wanting to die?”). If the participant answered “yes” to the first question of each module, he/she continued with the rest of the questions in the module to provide more information on the intensity, frequency and nature of that specific aspect of suicidality. If the participant answered “no,” the survey moved onto the next module. The SITBI has strong interrater reliability (average $\alpha = .99$) as well as excellent test-retest reliability (average $\alpha = .70$, intraclass correlation coefficient = .44) over a six-month period (Nock, Holmberg, Photos, & Michel, 2007). Concurrent validity for the SITBI and suicidal ideation, attempt, and NSSI were high as well (.54, .65, .87, respectively; Nock, Holmberg, Photos, & Michel, 2007).

Vancouver Index of Acculturation (VIA; Ryder, Alden, & Paulhus, 2000)

The Vancouver Index of Acculturation (VIA; Ryder, Alden, & Paulhus, 2000) is a 20-item bidimensional measure of acculturation. Of the 20-items, ten items comprise the Mainstream subscale ($\alpha = .75$) to measure the extent to which participants identified with the American culture (e.g., “I believe in mainstream American values”). Ten items comprise the Heritage subscale ($\alpha = .79$) to assess the extent to which participants identified with the South Korean culture (e.g., “It is important for me to maintain or develop the practices of my heritage culture”). Both subscales assess three domains of acculturation: values, social relationships, and adherence to traditions. Each item is rated on a 9-point Likert Scale ranging from 1 (strongly disagree) to 9 (strongly agree). The

VIA has strong reliability, as well as concurrent and convergent validity. The VIA yields a total of two different subscores for mainstream and heritage culture for each participant, with higher scores on one of the two subscales suggestive of that individual identifying with that particular culture more than the other. The mainstream subscale total score (i.e., average of the ten items) were calculated for each participant in order to quantify the level of acculturation with the American culture, on which higher scores would be expected among those with higher generational status. The mainstream average score was used as a moderator in the analysis between generational status and attitudes about and help-seeking for suicidal ideation ($\alpha = .925$)

Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF; Fischer & Farina, 1995)

The Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF; Fischer & Farina, 1995) is a ten-item measure that assesses the individual's attitudes toward professional help (e.g., "I might want to have psychological counseling in the future"), each rated on a 4-point Likert-type scale ranging from 0 (disagree) to 3 (agree). The ATSPPH-SF has demonstrated good internal consistency ($\alpha = .84$) and test-retest reliability ($r = .80$) over a four-week interval. Furthermore, its criterion validity has been shown to predict usage of mental health services, in that higher scores relate to decreased stigma of mental health and increased intentions to seek treatment (Elhai & Simons, 2007; Constantine, 2002). Given that the ATSPPH-SF was designed to measure help-seeking behavior for mental health services in general, the items were modified in order to measure willingness to seek help for suicidal ideation (e.g., "If I was experiencing thoughts of suicide, I might want to seek psychological

counseling”). Participants rated the degree to which they disagreed or agreed with the items using a 4-point Likert-type scale ranging from 0 (disagree) to 3 (agree; $\alpha = .801$).

Attitudes Toward Suicide (ATTS; Renberg & Jacobsson, 2003)

The Attitudes Toward Suicide (ATTS; Renberg & Jacobsson, 2003) measure is a 37-item measure that assesses the individual’s attitudes about suicide (“Suicide can be prevented”), each rated on a five-point Likert scale ranging from 1 (“do not agree”) to 5 (“agree completely”). The items load onto one of 10 subscales: acceptability, permissiveness, preventability, tabooing, unpredictability, normal/common, aging, incomprehensibility, suicidal process, and non-communication. A total score was calculated for each participant, with higher scores representing positive attitudes about suicide ($\alpha = .857$).

Social, Attitudinal, Familial, and Environmental Acculturative Stress Scale- Short Form (SAFE; Mena et al., 1987)

The Social, Attitudinal, Familial, and Environmental Acculturative Stress Scale-Short Form (SAFE; Mena et al., 1987) is a 24-item self-report measuring acculturative stress (e.g., “Many people have stereotypes about my culture or ethnic group and treat me as if they are true”), each rated on a 5-point Likert scale ranging from 1 (“not stressful”) to 5 (“extremely stressful”). Reliability characteristics for SAFE have been shown in an Asian American population ($\alpha = .89$; Mena et al., 1987). Internal consistency for SAFE has ranged from .89 to .93 in various studies (Crockett et al., 2007; Kim & Omizo, 2005; Mena et al., 1987). The total score for SAFE were summed for each participant to yield a

score with possible ranges from 5 to 120, with higher scores indicative of higher acculturative stress ($\alpha = .874$).

Interpersonal Needs Questionnaire- 15 Items (INQ-15; Van Orden, Cukrowicz, Witte, & Joiner, 2012)

The Interpersonal Needs Questionnaire- 15 items (INQ-15; Van Orden, Cukrowicz, Witte, & Joiner, 2012) is a 15-item self-report measuring thwarted belongingness (e.g., “These days, I feel disconnected from other people”) and perceived burdensomeness (e.g., “These days, I think my death would be a relief to the people in my life”) each rated on a 7-point Likert scale ranging from 1 (“not at all true for me”) to 7 (“very true for me”). The INQ-15 has demonstrated good internal consistency coefficients for thwarted belongingness and perceived burdensomeness ($\alpha = .85$ and $\alpha = .89$, respectively; Van Orden, Witte, Gorden et al., 2008). The total score for the 7 perceived burdensomeness items were summed for each participant to yield a score with possible ranges from 7 to 49, with higher scores indicative of higher perceived burdensomeness.

Collective Self-Esteem Scale (Luhtanen & Crocker, 1992)

The Collective Self-Esteem Scale (CSE; Luhtanen & Crocker, 1992) is a 16-item self-report that assess aspects of an individual’s identity that is related to their membership in and value placed on social groups. The measure includes 4-item subscales: membership esteem (e.g., “I am a cooperative participant in the social groups I belong to”), private CSE (e.g., “I feel good about the social groups I belong to”), public CSE (e.g., “Overall, my social groups are considered good by others”), and importance to

identity (e.g., “The social groups I belong to are an important reflection of who I am”). These items are each rated on a 7-point Likert scale ranging from 1 (“strongly disagree”) to 7 (“strongly agree”). The CSE has demonstrated good internal consistency coefficients for all 4 subscales: membership esteem, private CSE, public CSE, and importance to identity ($\alpha = .63$, $\alpha = .79$, $\alpha = .86$, $\alpha = .81$, respectively). The total score for the 4 membership esteem items were summed for each participant to yield a score with possible ranges from 4 to 28, with higher scores indicative of higher membership esteem.

Risk management protocol

After completing the survey, all participants, regardless of the severity of their suicide risk, were provided with a list of emergency numbers and resources (i.e., 911, National Suicide Prevention Hotline, Trevor Project, MY3 and Virtual Hope Box phone app).

Data Analytic Plan

Before the data was analyzed, data screening procedures were conducted to account for missing and invalid values. To test the proposed moderation models, hierarchical linear regression analyses were conducted using the PROCESS macro for SPSS (Hayes, 2013). Generational status was the independent variable and acculturation, acculturative stress, perceived burdensomeness, and membership self-esteem served as the moderators. The outcome variables were attitudes toward suicide, willingness to seek help for suicidal ideation, and a lifetime history of ideation. Demographic covariates (e.g., sex, age, religion) were not significantly associated with the predictors and/or outcome variables; thus, none were included in the analyses. Simple slopes were used to examine the nature of significant interaction term

CHAPTER III - RESULTS

Preliminary Analyses

All 150 participants were included in data analytic procedures. Lifetime suicide ideation was normally distributed, with skewness of .000 and kurtosis of -2.027. Seventy-five of the participants (50%) reported a history of suicidal ideation. The majority of the sample was between the ages 25 and 34, heterosexual, male, and had obtained at least a Bachelor's degree (Table 1).

Table 1

Demographics (frequency and percentage) for full sample, 1st generation, 2nd generation, and 3rd generation

Variable	Full Sample	1 st Gen	2 nd Gen	3 rd Gen+
Age				
18-24	30 (20%)	4 (16%)	21 (24.4%)	5 (13.2%)
25-34	83 (55.3%)	15 (60%)	45 (52.3%)	22 (57.9%)
35-44	25 (16.7%)	5 (20%)	11 (12.8%)	9 (23.7%)
45-54	12 (8%)	1 (4%)	9 (10.5%)	2 (5.3%)
Gender				
Male	101 (67.3%)	15 (60%)	56 (65.1%)	29 (76.3%)
Female	49 (32.7%)	10 (40%)	30 (34.9%)	9 (23.7%)
Sexual Orientation				
Heterosexual	121 (80.7%)	24 (96%)	69 (80.2%)	27 (71.1%)
Gay/Lesbian	1 (0.7%)	N/A	1 (1.2%)	N/A
Bisexual	27 (18%)	1 (4%)	15 (17.4%)	11 (28.9%)
Prefer Not to Answer	1 (0.7%)	N/A	1 (1.2%)	N/A
Religious/Spiritual				
Not Religious/Spiritual	37 (24.7%)	8 (32%)	19 (22.1%)	9 (23.7%)
Atheist	15 (10%)	2 (8%)	10 (11.6%)	3 (7.9%)
Agnostic	24 (16%)	4 (16%)	16 (18.6%)	4 (10.5%)
Christian	51 (34%)	6 (24%)	30 (34.9%)	15 (39.5%)

Table 1 (continued).

Muslim	3 (2%)	N/A	1 (1.2%)	2 (5.3%)
Buddhist	7 (4.7%)	3 (12%)	3 (3.5%)	1 (2.6%)
Prefer Not to Answer	12 (8%)	2 (8%)	1 (1.2%)	4 (23.7%)
Other	1 (0.7%)			
Region of United States				
Northeast	26 (17.3%)	5 (20%)	13 (15.1%)	8 (21.1%)
Midwest	32 (21.3%)	6 (24%)	14 (16.3%)	12 (31.6%)
South	56 (37.3%)	9 (36%)	31 (36%)	15 (39.5%)
West	36 (24%)	5 (20%)	28 (32.6%)	3 (7.9%)
Highest Degree/School				
High School	24 (16%)	1 (4%)	18 (20.9%)	5 (13.2%)
Bachelor's	87 (58%)	15 (60%)	49 (57%)	22 (57.9%)
Master's	36 (24%)	8 (32%)	17 (19.8%)	11 (28.9%)
Doctorate	2 (1.3%)	1 (4%)	1 (1.2%)	-
Other	1 (0.7%)	N/A	1 (1.2%)	-
Lifetime Suicidal Ideation	75 (50%)	10 (40%)	52 (60.5%)	12 (31.6%)

Correlations between the variables in the models for the full sample are reported below in Table 2. Willingness to seek help for suicidal ideation and lifetime suicidal ideation were significantly correlated, $r=.271, p=.05$. Attitudes toward suicide was significantly correlated with acculturation, $r=.266, p=.001$. Acculturative stress was significantly correlated with generational status, $r=.233, p=.01$, and attitudes toward suicide, $r=-.367, p=.01$. Lastly, perceived burdensomeness was significantly correlated with lifetime suicidal ideation, $r=.280, p=.05$, willingness to seek help for suicidal ideation $r=-.229, p=.01$, attitudes toward suicide, $r=.371, p=.01$, and acculturative stress, $r=-.372, p=.01$.

Table 2 *Correlation and descriptive statistics*

	1	2	3	4	5	6	7	8
1 Generational Status	-							
2 Lifetime Suicidal Ideation	.08	-						
3 Acculturation	.15	.10	-					
4 Willingness to Seek Help for SI	-.03	*-.27	.08	-				
5 Attitudes Toward Suicide	.21	-.11	**-.27	-.06	-			
6 Acculturative Stress	**-.23	.10	.01	.06	**-.37	-		
7 Perceived Burdensomeness	-.09	*.28	-.11	**-.23	**-.37	**-.37	-	
8 Membership Self-Esteem	.01	.05	.02	.03	.07	.08	-.03	-
Mean	.83	25.44	28.50	16.82	118.67	41.42	18.74	19.22
Standard Deviation	.38	32.81	6.38	5.94	18.01	8.22	11.12	11.12
Minimum	0	0	6.80	3	77	23	6	4
Maximum	1	100	37.80	30	165	60	42	28

Note: Correlations for the full sample are below the diagonal and those for the subsample with suicide ideation are represented above the diagonal. ** Represents correlations that are significant at the 0.01 level (2-tailed) and * Represents correlations that are significant at the 0.05 level (2-tailed). SI = suicidal ideation

Primary Analyses

Association between Generational Status and Willingness to Seek Help for Suicidal

Ideation

Role of Acculturation.

Results indicated that the overall model was significant, $F(3, 136)=2.799, p=.042, R^2=.058$. Acculturation moderated the association between generational status and willingness to seek help for suicidal ideation, $F(1, 136)=4.466, p=.036, \Delta R^2=.031, F^2=.033$. Analyses of simple slopes indicated that the relationship between generational status and willingness to seek help for suicidal ideation increased in magnitude from low

($b = .077$, $SE = 1.480$, $p = .959$) to mean ($b = -2.3878$, $SE = 1.146$, $p = .039$) to high ($b = -3.991$, $SE = 1.484$, $p = .001$) levels of acculturation. Individuals who identified as third generation or higher were less willing to seek psychological help for suicidal ideation, and this difference became increasingly stronger at higher levels of acculturation into the United States culture. These results are detailed in Table 3.

Table 3 *Results from hierarchical linear regression examining the moderating role of acculturation in the relationship between generational status and willingness to seek help for suicidal ideation*

	R^2	ΔR^2	b	SE	t	p
Acculturation	-	-	0.182	0.094	1.996	0.048
Generational Status	-	-	7.795	4.747	1.642	0.103
Acculturation X Generational Status	0.058	0.031	-0.343	0.162	-2.113	0.036

Role of Perceived Burdensomeness.

Results indicated that the overall model was significant, $F(3, 139) = 5.305$, $p = .002$, $R^2 = .103$. Perceived burdensomeness moderated the association between generational status and willingness to seek help for suicidal ideation, $F(1, 139) = 4.457$, $p = .036$, $\Delta R^2 = .029$, $F^2 = .043$. Analyses of simple slopes indicated that the relationship between generational status and willingness to seek help for suicidal ideation decreased in magnitude from low ($b = -4.554$, $SE = 1.631$, $p = .006$) to mean ($b = -2.344$, $SE = 1.107$, $p = .036$) to high ($b = -0.669$, $SE = 1.673$, $p = .690$) levels of perceived burdensomeness. Individuals who identified as third generation or higher were less willing to seek

psychological help for suicidal ideation at lower and average levels of perceived burdensomeness. Moderation results are detailed in Table 4.

Table 4 *Results from hierarchical linear regression examining the moderating role of perceived burdensomeness in the relationship between generational status and willingness to seek help for suicidal ideation*

	R^2	ΔR^2	b	SE	t	p
Perceived Burdensomeness (PB)	-	-	-0.180	0.051	-3.527	0.001
Generational Status	-	-	-5.759	2.089	-2.756	0.007
PB X Generational Status	0.321	0.029	0.201	0.095	2.111	0.037

Role of Membership Self-Esteem.

Results indicated that the overall model was not significant, $F(3, 138)=1.501$, $p=.217$, $R^2=.032$. Membership self-esteem did not moderate the association between generational status and willingness to seek help for suicidal ideation, $F(1, 138)=1.331$, $p=.251$, $\Delta R^2 =.009$, $F^2=.009$. Independently, generational status ($b=-1.994$, $SE= 1.142$, $p=.083$) and membership self-esteem ($b=.030$, $SE= .075$, $p=.690$) did not have a significant main effect on willingness to seek help for suicidal ideation. Moderation results are detailed in Table 5.

Table 5 *Results from hierarchical linear regression examining the moderating role of membership self-esteem in the relationship between generational status and willingness to seek help for suicidal ideation*

Table 5 (continued).

	R^2	ΔR^2	b	SE	t	p
Membership Self-Esteem (MSE)	-	-	0.081	0.087	0.936	0.609
Generational Status	-	-	1.769	3.455	0.512	0.609
MSE X Generational Status	0.032	0.009	-0.195	0.169	-1.154	0.251

Association between Generational Status and Attitudes Toward Suicide

Role of Acculturation.

Results indicated that the overall model was significant, $F(3, 118)=3.512, p=.018, R^2=.082$. Acculturation did not moderate the association between generational status attitudes toward suicide, $F(1, 118)=.011, p=.915, \Delta R^2 =.000, F^2=.000$. Independently, generational status did not have a significant main effect on attitudes toward suicide, $b=-4.507, SE= 3.766, p=.234$. However, acculturation had a significant main effect on attitudes toward suicide, $b=.721, SE= .243, p=.004$, such that individuals who were more acculturated to the United States culture had more positive attitudes toward suicide. Moderation results are detailed in Table 6.

Table 6 *Results from hierarchical linear regression examining the moderating role of acculturation in the relationship between generational status and attitudes toward suicide*

	R^2	ΔR^2	b	SE	t	p
Acculturation	-	-	0.739	0.297	2.491	0.014
Generational Status	-	-	-2.936	15.193	-0.193	0.847
Acculturation X Generational Status	0.082	0.000	-0.056	0.521	-0.107	0.915

Role of Perceived Burdensomeness.

Results indicated that the overall model was significant, $F(3, 119)=8.029, p=.000, R^2=.168$. Perceived burdensomeness did not moderate the association between generational status attitudes toward suicide, $F(1, 119)=2.932, p=.089, \Delta R^2 =.021, F^2=.025$. Independently, generational status did not have a significant main effect on attitudes toward suicide, $b=-4.248, SE= 3.609, p=.241$. Perceived burdensomeness, however, had a significant main effect on attitudes toward suicide, $b=.611, SE= .141, p=.000$, such that individuals with higher levels of perceived burdensomeness reported more positive attitudes toward suicide. Moderation results are detailed in Table 7.

Table 7 Results from hierarchical linear regression examining the moderating role of perceived burdensomeness in the relationship between generational status and attitudes toward suicide

	R^2	ΔR^2	b	SE	t	p
Perceived Burdensomeness (PB)	-	-	0.474	0.161	2.940	0.004
Generational Status	-	-	-13.935	6.695	-2.082	0.040
PB X Generational Status	0.168	0.021	0.553	0.323	1.712	0.089

Role of Membership Self-Esteem.

Results indicated that the overall model was not significant, $F(3, 118)=.791, p=.501, R^2=.020$. Membership self-esteem did not moderate the association between generational status attitudes toward suicide, $F(1, 118)=.004, p=.951, \Delta R^2 =.000, F^2=.000$. Independently, generational status ($b=-5.182, SE= 3.880, p=.184$) and membership self-

esteem ($b=.191$, $SE=.243$, $p=.433$) did not have a significant main effect on attitudes toward suicide. Moderation results are detailed in Table 8.

Table 8 *Results from hierarchical linear regression examining the moderating role of membership self-esteem in the relationship between generational status and attitudes toward suicide*

	R^2	ΔR^2	b	SE	t	p
Membership Self-Esteem (MSE)	-	-	0.183	0.282	0.647	0.519
Generational Status	-	-	-5.854	11.500	-0.509	0.612
MSE X Generational Status	0.020	0.000	0.035	0.564	0.062	0.951

Association Between Generational Status and Lifetime Suicidal Ideation

Role of Acculturative Stress

Results indicated that the overall model was significant, $X^2=7.133$, $p=.028$, Nagelkerke $R^2=0.071$, and correctly identified 63.4% of cases. Acculturative stress did not moderate the association between generational status and lifetime suicidal ideation, $X^2=1.301$, $p=.254$. Independently, generational status ($B=-.801$, $SE=.432$, $OR=0.449$, 95% $CI=.193-1.047$) and acculturative stress status ($B=-.034$, $SE=.023$, $OR=.967$, 95% $CI=.925-1.010$) did not significantly contribute to the differentiation between those with and without lifetime suicidal ideation. These results are detailed in Table 9.

Table 9 Results from logistic regression examining the moderating role of acculturative stress in the relationship between generational status and lifetime suicidal ideation

	$X^2=7.133$ Nagelkerke $R^2=0.071$			
	<i>B</i>	SE	<i>p</i>	OR
Acculturative Stress	-0.034	0.023	0.133	0.967
Generational Status	-0.801	0.432	0.064	0.449
Acculturative Stress X Generational Status	0.065	0.057	0.254	-

Role of Perceived Burdensomeness

Results indicated that the overall model was significant, $X^2= 11.446, p=.003$, Nagelkerke $R^2=0.099$, and correctly identified 65.8% of cases. Perceived burdensomeness did not moderate the association between generational status and lifetime suicidal ideation, $X^2= 0.548, p=.459$. Independently, generational status ($B=-1.054, SE=.407, OR=0.348, 95\% CI=.157-.773$) and perceived burdensomeness ($B=.033, SE=.016, OR=1.034, 95\% CI=1.003-1.066$) significantly contributed to the differentiation between those with and without lifetime suicidal ideation. Individuals who identified as first or second generation were 65.2% less likely to report lifetime suicidal ideation than were those who identified as third generation or higher and, with each unit increase in perceived burdensomeness, individuals were 3.4% more likely to report a history of suicidal ideation. These results are detailed in Table 10.

Table 10 *Results from logistic regression examining the moderating role of perceived burdensomeness in the relationship between generational status and lifetime suicidal ideation*

	$X^2= 11.446$ Nagelkerke $R^2=0.099$			
	<i>B</i>	SE	<i>p</i>	OR
Perceived Burdensomeness (PB)	0.033	0.016	0.034	1.034
Generational Status	-1.054	0.407	0.009	0.348
PB X Generational Status	0.035	0.057	0.459	-

Role of Membership Self-Esteem.

Results indicated that the overall model was significant, $X^2=7.295$, $p=.026$, Nagelkerke $R^2=0.064$, and correctly identified 59.5% of cases. Membership self-esteem did not moderate the association between generational status and lifetime suicidal ideation, $X^2=0.665$, $p=.415$. Independently, generational status ($B=-1.023$, $SE=.399$, $OR=0.359$, 95% $CI=.164-.785$) significantly contributed to the differentiation between those with and without lifetime suicidal ideation; however, membership self-esteem did not, ($B=-.012$, $SE=.025$, $OR=.988$, 95% $CI=.940-1.039$) These results are detailed in Table 11.

Table 11 *Results from logistic regression examining the moderating role of membership self-esteem in the relationship between generational status and lifetime suicidal ideation*

	$X^2=7.295$ Nagelkerke $R^2=0.064$			
	<i>B</i>	SE	<i>p</i>	OR
Membership Self-Esteem (MSE)	-0.012	0.025	0.634	0.988
Generational Status	-1.023	0.399	0.010	0.359
MSE X Generational Status	0.050	0.062	0.415	-

CHAPTER IV – DISCUSSION

This study sought to examine whether acculturation, acculturative stress, perceived burdensomeness, and membership self-esteem would enhance the association between generational status and various factors related to suicide, such as attitudes toward suicide, willingness to seek help for suicidal ideation, and lifetime history of suicidal ideation.

Association Between Generational Status and Willingness to Seek Help for Suicidal Ideation

The results of the present study indicated that there was a significant moderation effect of acculturation on generational status and willingness to seek psychological help for suicidal ideation, but moderated in contrast to our expectations, such that individuals identifying as third or higher generation were less willing to seek help for suicidal ideation at higher levels of acculturation. The model posited that individuals identifying as third or higher generation would be more acculturated to the American culture, therefore embodying an individualistic culture and making them more willing to seek professional help for suicidal ideation. However, it is possible that despite being more acculturated to the American culture, Korean Americans still feel uncomfortable seeking help from external sources, especially from professional mental health workers. As a result, they might rely on self-control methods or social networks when they experience psychological distress despite high acculturation.

Korean Americans' perceived shame and stigma associated with having mental illness and using mental health services is well documented in the literature (Jang, Chiriboga, & Okazaki, 2009; Leong & Lau, 2001). Despite this pattern, the model

assumed that individuals who are more acculturated would incorporate individualistic values into the context of the Korean culture. Higher acculturation would then lead individuals to tolerate the stigma associated with seeking help and be more willing to seek help for psychological distress (Atkinson & Gim, 1989). However, there are other cultural factors that could pose potential barriers to Korean Americans from seeking help. Indeed, many Asian Americans do not feel comfortable speaking to a mental health professional who do not share the same ethnic background as them, mostly due to cultural and language differences (Lee et al., 2009). Furthermore, Asian Americans typically prefer a mental health professional who has similar values as them, but there are very few professionals who are bicultural (Gloria, Castellanos, Park, & Kim, 2008). In fact, Asian American psychologists only accounted for 4% of the active psychologists in the United States in 2018 (APA, 2019). With a lack of Asian American psychologists in the United States workforce, it is highly possible that Korean Americans feel uncomfortable seeking help from a psychologist despite their high acculturation to the American culture due to fears of not being understood by the provider. Correspondingly, relying on social networks might seem like the less daunting option for Korean Americans when they experience suicidal ideation.

Research comparing social support between first-generation Asian Americans (i.e., not born in the United States) and Asian Americans born in the United States showed that the latter perceived more social support (Abe & Zane, 1990). Individuals identifying as third or higher generation may perceive more social support given that their families have stayed in the country longer to build networks. With more meaningful relationships and social networks to rely on for emotional support, as well as discomfort

associated with seeking help from a professional, individuals of higher generational status might rely on these sources if and when they experience suicidal ideation. Indeed, in a study that examined help-seeking behavior among Asian Americans experiencing suicidality, those with a history of suicidal ideation and attempts preferred to seek help from nonprofessionals rather than professional mental health providers (Chu, Hsieh, & Tokars, 2011). As a result of collectivistic cultures' emphasis on family ties and close relationships, Korean Americans are more likely to seek help from individuals within the social networks, such as family members, friends, religious leaders, church groups, or other organizations (Chen & Danish, 2010; Yeh & Wang, 2000). Thus, Korean Americans may be engaging in help-seeking behaviors for psychological distress and suicidal ideation, but in a different form than researchers have traditionally examined it. Thus, in order to measure willingness and utilization of help for mental health difficulties in Korean immigrants in the United States in a more culturally competent manner, it might be important to include both professional and non-professional (i.e., social) sources of help. It is possible that for individuals who have resided in the United States for a longer duration, non-professional forms of help-seeking are more popular. Indeed, in a study examining help-seeking behaviors among Asian Americans, individuals who are more self-reliant were more likely to not seek professionals for psychological help (Tata & Leong, 1994). Thus, it is likely that as these individuals became more acculturated, they became more self-reliant and preferred to rely on self-control methods or social networks for psychological distress or suicidal ideation. More importantly, it would be important for psychologists and other mental health providers of Asian descent to do outreach in their local communities to increase their awareness of services.

The results of the present study indicated that there was a significant moderation effect of perceived burdensomeness on generational status and willingness to seek help, but moderated in contrast to our expectations. Individuals who identified as third or higher generation were less willing to seek help from a professional mental health provider for suicidal ideation than those with lower generational status, especially at lower and average levels of perceived burdensomeness. At high levels of perceived burdensomeness, all participants were equally willing to seek help, regardless of their generational status. Perceived burdensomeness is an indicator of suicidal symptoms, including suicidal ideation (Van Orden, Lynam, Hollar, & Joiner, 2006). Thus, it could be assumed that those who are experiencing suicidal ideation have higher levels of perceived burdensomeness. Upon examining the descriptive data for the 38 participants who identified as third or higher generation, only 12 individuals reported lifetime suicidal ideation, with all of them experiencing suicidal ideation at least one day in the past month ($M=1.17$, $SD=1.11$) and the other 26 individuals denied lifetime suicidal ideation. Therefore, the likelihood of this subsample feeling as though they are a burden on others or society is low, given that they collectively do not have a significant history of suicidality and have a good social network. Since individuals identifying as third or higher generation in this sample were already less willing to seek help for suicidal ideation and do not have a significant history of lifetime suicidal ideation, they might have scored lower on perceived burdensomeness, which amplified the effects of the results. It is also possible that perceived burdensomeness moderates the relationship between generational status and willingness to seek help for suicidal ideation, but for a sample with significant history of or recent suicidal ideation. Secondly, Koreans typically

believe that psychological problems are best resolved on their own, especially by moderating and controlling their emotions and behaviors (Kim, Atkinson, & Umemoto, 2001). Thus, it would be understandable that Korean immigrants, regardless of their generational status, would try to resolve thoughts of hurting or killing themselves on their own, rather than relying on others—especially mental health providers.

Lastly, membership self-esteem did not moderate the association between generational status and willingness to seek help for suicidal ideation. We posited that membership self-esteem, how an individual sees themselves in a group, would be an important factor to consider when examining their social identity. However, an individual's social identity is comprised not only of how one evaluates one's group, but also how one believes others evaluate the groups and how identified one is with the group (Crocker, Luhtanen, Blaine, & Broadnax, 1994). Given that many Asian cultures value evaluations of others and one's public image (Markus & Kitayama, 1991), it might have been valuable to administer the entire Collective Self-Esteem Scale to assess an individual's group identity. Given that the Collective Self-Esteem Scale is comprised of four subscales that, in addition to membership self-esteem, measure private collective self-esteem (e.g., "I feel good about the race/ethnicity I belong to"), importance to identity (e.g., "the racial/ethnic group I belong to is an important reflection of who I am), and public collective self-esteem (e.g., "my racial/ethnic group is considered good by others"), it would have been a better way to assess the values placed on being a member of the participants' ethnic group (Luhtanen & Crocker, 1992). Of note, it could be argued that if one's racial/ethnic group is not an important reflection of who he/she is, then their membership self-esteem (e.g., "I am a worthy member") would not have as much of an

effect on the association between generational status and factors related to suicide. Thus, administering the entire Collective Self-Esteem Scale in future studies could potentially account for the individuals whose group belongingness is not important for their self-perception.

Association Between Generational Status and Attitudes Toward Suicide

Contrary to our expectations, there was no significant association between generational status and attitudes about suicide and acculturation did not moderate this relationship. However, individuals with higher levels of acculturation (i.e., more acculturated to the United States' culture) had more positive attitudes about suicide. Based on these results, it is possible that generational status is not the best predictor of immigrants' attitudes and perceptions about suicide or mental health. The model hypothesized that higher generation status would be associated with a more open and positive attitude toward suicide, due to longer duration of residency in the United States and therefore, being more acculturated to the American culture. However, it appears that the level of acculturation is not entirely contingent on one's generational status, given that the acculturation process is affected by various factors such as enculturation - the process of retaining one's original cultural norms - and family structure (Kim, Atkinson, & Umemoto, 2001; Ho, 1987). Although generational status could be a good way to estimate an individual's perceptions of mental health and suicide, assessing for the individual's level of acculturation could be a better way to predict and attitudes toward suicide. Thus, it could be worthwhile for mental health providers to measure an individual's adherence to both the American culture and culture of origin at intake, in

order to determine how they could potentially influence their attitudes and perception about suicide and mental health.

It was also hypothesized that the relationship between generational status and attitudes toward suicide would be moderated by perceived burdensomeness, with higher levels of perceived burdensomeness mitigating the effects. Contrary to our expectations, however, there was no significant association between generational status and attitudes about suicide and acculturation did not moderate this relationship. However, individuals with higher perceived burdensomeness scores had more positive attitudes about suicide. Given that family reputation is heavily valued and the failure of any individual member reflects negatively on the family as a whole, Koreans might have more favorable attitudes toward suicide, especially if they felt as though they were a burden to their family and society (Kim, Atkinson, & Umemoto, 2001). Since generational status was not significantly associated with attitudes toward suicide, this cultural mindset could be present in Korean Americans despite their generational status. Accordingly, it would be clinically valuable to regularly assess and monitor Korean Americans' level of perceived burdensomeness in therapy for intervention.

Lastly, membership self-esteem did not moderate the association between generational status and attitudes toward suicide. We posited that membership self-esteem, how an individual sees themselves in a group, would be an important factor to consider when examining this association. However, there are countless factors that could affect an individual's attitude toward suicide. Thus, the degree to which an individual sees suicide as an acceptable option under some circumstances may be associated with other

factors, such as hopelessness and depression. Therefore, future studies could benefit from exploring other cultural elements that could affect an individual's attitude toward suicide.

Association Between Generational Status and Lifetime Suicidal Ideation

Our results suggested that acculturative stress did not significantly moderate the relationship between generational status and lifetime suicidal ideation. However, generational status and perceived burdensomeness were both significantly associated with lifetime suicidal ideation. The findings regarding the association between generational status and lifetime suicidal ideation are opposite to what was predicted, such that individuals identifying as first or second generation were 65.2% less likely to report lifetime suicidal ideation than those of third or higher generation. However, results showed that individuals were 3.4% more likely to report suicidal ideation with each unit increase in perceived burdensomeness, which supports our hypothesis. These findings suggest that perceived burdensomeness might be a better predictor of lifetime suicidal ideation for Korean immigrants than acculturative stress. Individuals of lower generational status reported less suicidal ideation, which was consistent with our predictions. Since Asian Americans tend to value emotional modesty and preventing loss of face, they typically do not disclose personal or negative emotions or situations to others (Kim et al., 2008). Nondisclosure for emotional distress is usually observed in those who adhere to more traditional, Asian values (Chen & Danish, 2010). It is likely that our sample of Korean immigrants who identified as first or second generational status still experience psychological distress, and possibly suicidal ideation; however, their discomfort with disclosing personal information related to emotional distress could have prevented them from endorsing it during the present study. Therefore, addressing

these barriers would be clinically important in order to increase access to mental health care and resources to Korean immigrants.

Finally, collective self-esteem has been associated with psychological well-being and functioning (Taylor & Brown, 1988) and the present study focused on membership self-esteem - one of the four subscales of collective self-esteem – to explore whether it could potentially have a role in this relationship. Membership self-esteem did not moderate the relationship between generational status and lifetime suicidal ideation. Given that none of the moderators in the present study significantly moderated this relationship, it might be worthwhile for future studies to examine other variables that could affect the strength of this association.

Limitations

The present study included several limitations. The quota that was created on Qualtrics in order to ensure that half of the proposed sample of 150 participants will be of first generation did not function correctly during data collection. Thus, there was an uneven distribution of participants with varying generational status. In our sample, there were 25 participants identifying as first generation, 86 participants identifying as second generation, and 38 identifying as third or higher generation. For the purposes of data analyses, participants of first and second generation were dummy coded into one group so that they could be compared to those of third or higher generational status on various outcome variables. Thus, the large discrepancy in the group sizes may have affected our ability to detect significant differences between the two groups. Secondly, Korean Americans' tendency for nondisclosure for emotional distress and discomfort with disclosing information could have prevented them from endorsing their attitudes about

suicide and history of lifetime suicidal ideation. The study only gathered data from individuals of Korean descent living in the United States. Thus, it is uncertain how or what aspects of the study's findings could be relevant or replicable to other immigrants or ethnic minority in the United States. It is also unclear whether the findings are only specific to individuals of Korean descent or whether similar results would emerge with individuals of different ethnicities who immigrated to the United States. Furthermore, the online nature of the present study could have made it difficult for them to be honest in their responses. Thus, future online studies that are recruiting individuals of Korean or Asian descent might benefit from emphasizing the anonymity of their responses to ensure participant comfort in disclosing personal information. Given that self-report methods have significant limitations, using a data collection method that do not rely on self-report and use more objective measures (e.g., behavioral processes, physiological reactions, or other observable phenomena) for assessing an individual's attitudes toward suicide or other relevant variables for Korean immigrants might be worth considering.

Conclusions

Overall, the study sought to examine the association between generational status and factors related to suicide (i.e., willingness to seek help for suicidal ideation, attitudes toward suicide, and lifetime suicidal ideation) and whether this relationship would be moderated by acculturation, acculturative stress, perceived burdensomeness, and membership self-esteem. The results supported the hypothesis that the relationship between generational status and willingness to seek help for suicidal ideation would be moderated through acculturation, but such that that individuals identifying as third or higher generation were less willing to seek help for suicidal ideation at higher levels of

acculturation. The proposed model did not consider the possibility of Korean Americans relying on social networks to receive support and help with mental health difficulties. As such, it is worth reconsidering the methods for measuring help-seeking behaviors and utilization of help for mental health difficulties in Asian Americans, given that traditional methods have focused on professional sources of help. Secondly, the model hypothesized that higher generation status would be associated with a more open and positive attitude toward suicide, due to longer duration of residency in the United States and therefore, being more acculturated to the American culture. However, it appears that the level of acculturation is not entirely contingent on one's generational status, given that the acculturation process is affected by various factors. Furthermore, the results showed that generational status is a good predictor for willingness to seek help for suicidal ideation and lifetime suicidal ideation but not for attitudes toward suicide. Thus, it would be valuable to take a personalized approach in mental health treatment when assessing Korean Americans' acculturation. Rather than assuming their level of acculturation and acculturative stress based on their generational status, and formulating conceptualization about its impact on their mental health, it would be important to assess their personal acculturation process and life experiences to examine the potential impact on their perception about suicide and mental health and risk factors for suicide. Most importantly, the present study demonstrated that there are still significant barriers to seeking professional psychological help and disclosing information related to mental health in a sample of Korean immigrants living in the United States. Given that Korean American immigrants may be at higher risk of developing psychopathology and suicidal ideation than other minority groups and prefer mental health providers who have similar values

and ethnic background as them, it would be important for Asian American psychologists to increase their visibility to the Korean American community and do outreach services to increase their awareness of psychological services.

APPENDIX A –IRB Approval Letter



INSTITUTIONAL REVIEW BOARD

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NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 18091106

PROJECT TITLE: Attitudes and Help-Seeking

PROJECT TYPE: Doctoral Dissertation

RESEARCHER(S): Hyejin Jin

COLLEGE/DIVISION: College of Education and Human Sciences

SCHOOL: Psychology

FUNDING AGENCY/SPONSOR: N/A

IRB COMMITTEE ACTION: Expedited Review Approval

PERIOD OF APPROVAL: 10/18/2018 to 10/18/2019

Edward L. Goshorn, Ph.D.
Institutional Review Board

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