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Korean Housewives Living through Depression: A Grounded Theory Study

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Purpose: This study was conducted to generate theoretical constructs on depression from the study data by examining and interpreting Korean housewives' experience with depression to elicit its meaning, understand it better, and develop empirical knowledge on it. **Methods:** The data were collected in a community public mental health center between April 1, 2012 and September 30, 2012 using in-depth interviews and theoretical sampling. The participants were 12 women aged 40-64 years who scored 7 or higher in the Korean version of the 21-item Hamilton Rating Scale for Depression (Kim, 1980). Collected data were analyzed by grounded theory methodology using open, axial, selective coding process. **Results:** It was found that the basic socio-psychological process of Korean housewives' living through depression could be summarized into the following four phases: (1) the vanishing of the self into thin air, (2) becoming an empty shell, and (3) searching for the meaning of life, (4) fulfilling of an empty shell. **Conclusion:** This study may enhance the culturally elusive understanding of Korean housewives' experience with depression. As they are living through a hollow empty shell which looks normal on the outside, so can't get support from their families. It's important to educate their families about depressive phases.

Key Words: Depression, Life, Qualitative research

INTRODUCTION

Depression is considered a major global public health problem common to many societies, and the fourth leading cause of disability worldwide[1]. The incidence of depression among women is reportedly generally twice as high as among men[2], and the risk of depression among women is consistent across diverse cultures. In the United States, a study reported that 12.5% of women had an episode of major depression at some time in their lives[3]. This rate increased in a later study[4], in which more than 25% of the women had experienced depression.

The increase in the prevalence of depression among women is alarming despite the advancement of anti-depressants and psychotherapies in recent years. Tseng[5] theorized that women may experience more emotional difficulties than men do because of child-bearing, gender discrimination, and social restrictions in many cultures. Tseng's claim may have some merits particularly with respect to Korean women, because several studies in Korea have repeatedly reported a high prevalence of depression among Korean women. An epidemiological study[6] reported that women in Korea disproportionately experience elevated levels of depression, and found that 63.4% of the study samples of 3,312 adult women suffered from moderate to severe depression. This finding indicated that the prevalence of depression among Korean women doubled since the previous study[7], which reported that 33.1% of Korean middle-aged women suffered from moderate to severe depression. Other studies also reported a higher prevalence of depression among Korean women than among Korean men: 12.1% vs. 8.1 %[8], 11.4%, and 9.5%[9], respectively. Studies of depressed Korean women in relation to age reported that de-

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pressive symptoms were highly present, especially among Korean women whose ages ranged from 40 to 60 years [10] and who were 60 and older[11,12]. These studies also showed that there were significantly more Korean women suffering from depression than Korean men.

Culture profoundly influences the way an individual conceptualizes and manifests depressive symptoms[13]. The experience and expression of depression are considered culture-specific[14]. Bae[15] reported that Asians who suffered from depression often expressed their symptoms somatically, and thus masked their real depression, which sometimes resulted in an inaccurate diagnosis by a clinician. The manifestation of somatic symptoms by Koreans suffering from depression was supported by the study of Bernstein et al.,[13] on Korean-American immigrant women. The researchers elaborated that depressive symptoms were complex, intertwined, and embedded in all domains of the person's existence through emotional and physical suffering, and that emotions were not generally expressed verbally but instead, somatically, bodily, and metaphorically. Oh[16] reported that depressed Koreans expressed their manifestations as mysterious symptoms accompanied by suffering, which only the person who suffered could understand, and further emphasized the intensity and severity of such manifestations, which they claimed were beyond the imagination of anyone but them.

Cha[17] claimed that Korea's rapid industrialization and urbanization in recent decades have westernized Korean families by changing our multi-generational communal family system to a nuclear family with a spouse-centered structure. However, a patriarchal ideology still persists in Korean families, especially in older couples, which has created conflicts between the family's structural change and its traditional ideology because the wives want to adopt modern flexible gender roles, whereas the husbands may resist change and find it difficult to accept a new role later in life[18]. Jang et al.,[12] stated that in the context of the persistence of traditional norms in older generations and the concurrent dramatic social changes in younger generations, older Korean women who had performed care-giving duties often found the effects of these rapid social changes undesirable. As a result, these women might experience high levels of stress and depressive symptoms in later life due to family structural changes, marital conflict, and the cumulative impact of gender role expectations[12], which may contribute further to the increased susceptibility of Korean women than men to depressive symptoms. These stress factors can negatively contribute not only to the women's mental health but also to their entire family's well-being. However, few studies have been conducted to understand middle-aged Korean women's depression by examining and interpreting the meanings of their experience of depression and to develop theory-based empirical knowledge and understanding of it.

This study explores the process involved in Korean housewives' experience with depression. The grounded theory methodology developed by Strauss and Corbin [19] was used. Morse[20] stated that the grounded theory methodology focuses on an individual's responses and interpretations of his or her own experience with others rather than on his or her thoughts about the experience. Therefore, the grounded theory methodology was used to generate theoretical constructs from the study data by examining and interpreting Korean housewives' experience with depression to elicit the meaning, gain understanding, and develop empirical knowledge of depression. In particular, this study:(1) explores the progression of depression according to how depressed Korean housewives have experienced it,(2) explores the meaning of Korean housewives' manifestations of symptoms of depression, and (3) develops a theory based on the findings on the progression of depression and the meanings of the depressive symptoms manifested by the depressed Korean housewives .

METHODS

1. Setting and Samples

This study was conducted at a community public mental health center in Korea. A purposive sampling was used to recruit Korean women suffering from depression. The sample is made up of housewives who come to the health center to get counseling on their depression. The inclusion criteria were: (1) 40- to 64-year-old Korean women, (2) a 7 or higher score in the Korean version of the 21-item Hamilton Rating Scale for Depression[21], and (3) the ability to communicate freely and the willingness to travel to the designated interview place. Twelve women who met the sample criteria were recruited.

2. Procedure

The participants were recruited at the outpatient clinic in the public mental health care center. Flyers that described the study recruitment were posted on the bulletin board and displayed on the tables in the waiting area. The researchers explained the purpose and the

procedure of the study to the individuals who volunteered to participate in the study, and obtained their consent to participate in the study and to the audio taping of their interviews. The participants were informed that participating in this study was voluntary; they could refuse to answer any of the questions that made them uncomfortable, and could withdraw anytime they wanted to, without a penalty. The confidentiality of their identity and responses was reinforced by informing them that all the information obtained from the study would be kept in a locked cabinet in the Principal Investigator's office and that only the researchers involved in this study could access it. The interviews were conducted in a public health center's consultation office for the privacy and comfort of the participants.

3. Data Collection

The data were collected between April 1 and September 30, 2012 mainly from in-depth interviews of the individual participants using semi-structured questions to guide the direction of the interviews. The questions were as follows: (1) When do you feel most depressed in your everyday life?; (2) How do you feel when you are depressed?; (3) What do you think of depression?; (4) What do you do when you are depressed?; and (5) How does depression affect your life? Additionally, open-ended questions and spontaneous questions were used during the interviews, as deemed appropriate.

Each participant was informed that the interview would last for an hour, but more time was given to participants who needed more time to finish their stories. During each interview, the researcher took notes on the content of each session, the responses of the individual participants, and the investigator's reflections on the interview. All the interviews were digital voice recording and transcribed verbatim to computer-based files by the researchers. The participants' demographic data--their age, education, income, employment, marital status, and religion--were also collected. The data collection was continued while the data analysis was in progress, such as theoretical sampling for comparing. Each participant was interviewed three to four times to complete the data collection. Once the researchers determined that the concepts were saturated and additional information was redundant, the data collection was terminated.

4. Data Analysis

Using the grounded theory methodology[19], the data analysis began with a review of the verbatim transcripts by all researchers separately to ensure accuracy. The data analysis consisted of: (1) open coding, to generate the codes by examining the data sets word by word and line by line, and then comparing the generated codes to develop categories; (2) axial coding, which connected the developed categories from the open coding using a coding scheme that involved conditions, contexts, action/interaction strategies, and consequences; and (3) selective coding, in which a theoretical model was constructed from the categories by identifying a basic social psychological process that represented a central phenomenon around which all the other categories were anchored.

The transcribed data from each case were first analyzed by the individual researchers, and then comparatively analyzed with the data generated by the two other researchers. To ensure a parsimonious model, the three researchers and another researcher revisited the schematic six months after its initial creation to verify that all core categories, subcategories, and their connections were appropriately and accurately placed in their simplest form.

5. Rigor of this Study

The rigor of a qualitative study must demonstrate the scientific trustworthiness of the study. According to Lincoln and Guba[22], to prove scientific trustworthiness, criteria must be established, including credibility, dependability, confirmability, and transferability. In this study, credibility was established by immersion and "member checking," as suggested by Lincoln and Guba [22]. Three of the researches who worked on this research have published doctoral dissertation on grounded theory Methodology and another researcher have published her paper on Ethnography in international journal, and another researcher has worked on qualitative of research in her Ph.D program. The researcher designated to perform the first step of the analysis was immersed in the theoretical sampling data by repeatedly listening to the audio recordings, and all the researchers performed the "member checking" with the participants at the end of each interview to ensure the credibility of the data. The second researcher, an expert in grounded theory research, verified the coding from each transcript and theory development throughout the comparative analysis. Moreover, the Korean language was used during the analysis to ensure accuracy, as the study was conducted in Korean. Then the final results of the study were translated into English during the writing process by the corresponding

author, who is bilingual (English and Korean), and who brought out the meanings of the words rather than translating them literally. Dependability is how the research process is made open and accountable with the use of record-keeping[22]. In this study, dependability was supported by the cumulative records of (1) the written analysis, (2) the minutes of the research meetings, and (3) the e-mail correspondence of the researchers. Confirmability is the ability of a researcher to remain objective and neutral., and to disclose preconceived ideas or perspectives a priori[22]. To support confirmability, the researchers were self-reflective and cognizant of their relationships among themselves and with the participants, and understood that their actions and reactions during the interviews might affect the participants' responses. The field notes and the observation of the participants during the interviews were additional resources for the enhancement of the confirmability of the study. Finally, transferability is the ability of the researchers to provide a detailed and in-depth picture of specific circumstances of the study so that others can use the findings in a different context[22]. To ensure transferability in this study, the data collection was continued until the data were saturated and the theoretical model surfaced. Additionally, a literature review was conducted to theoretical sensitivity into Korean women with depression and their symptom manifestations and expressions. The two key informants confirmed the result.

RESULTS

1. Sample Characteristics

Twelve participants aged 40~64 (mean age, 56.5) participated in and completed this study. Majority of them (83%) indicated that their monthly income was less than 1,000 US dollars, and that 33% of them were Protestant, 17% Catholic, and 17% Buddhist, and that 33% had no religion. Also, majority (10) of the participants received mental health care services, and two participants who did not receive any treatment acknowledged while participating in the study that they would need and benefit from mental health care services.

2. Paradigm of Korean Women's Life with Depression

The researchers conceptualized the central phenomenon of the Korean house wives' life with depression as a symbolic image of "living in an empty shell," which represents the basic socio-psychological process composed of the four phases of experience with depression. The data suggested that the three phases were:(1) feeling like one is vanishing into thin air,(2) becoming an empty shell, and (3) searching for the meaning of life and phase.(4) fulfilling of an empty shell(Figure 1).

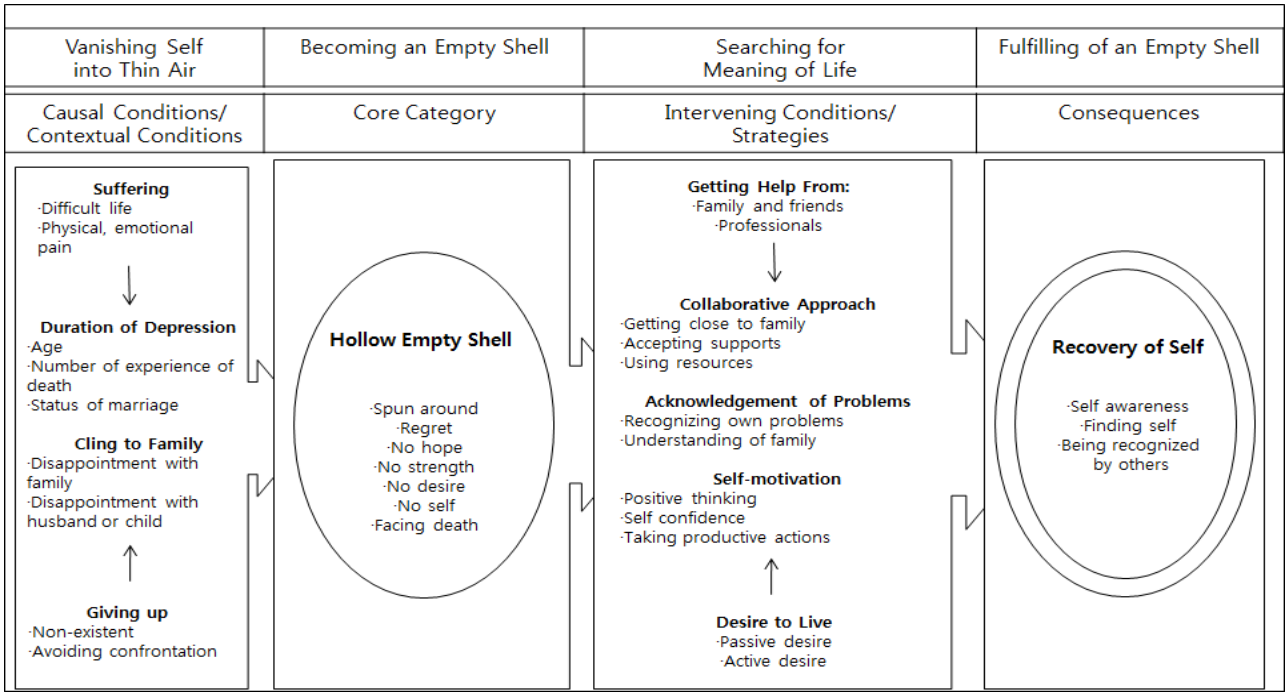

Figure 1. Depressed Korean housewives living through a hollow empty shell.

3. Phase 1: Feeling like One is Vanishing into Thin Air

In this first phase, the participants experienced depression as suffering through difficult life, physical and emotional pain and they ended up giving everything up through seeing themselves as non-existent, and avoiding confrontation. During this period, the participants described different their experience of depression according to duration of depression through age, number of family's death experience and status of marriage, also cling to family such as disappointment with family, husband or child. Disappointment mostly with their family members was very serious. Because they felt that no one truly understood their suffering due to the non-visibility of their illness. Eventually, as seemingly vanishing into thin air. These experiences were tangibly expressed in the following statements.

"I have this unbearable sensation in my stomach of something repulsive coming back up, suffocating me, as if heaven and earth are closing down on m e…." "My husband does not understand what I am going through. Each time I try to say something, he yells at me and says all I do or say are nonsense, and that I cry for nothing. Then I feel overwhelmed by sadness. He has no idea, no understanding, not even a hint of sympathy for me."

"I do not care to go out when people call and ask me to go out to eat, or have a cup of tea, because I don't feel like talking, washing my face, or caring for my appearance. I do not say a word all day. I end up with a foul smell in my mouth, but I don't care to brush my teeth or wash myself. I just stay in bed like a corpse. When someone comes near me, I don't even open my eyes. I have stopped seeing people, including my family, even if they are next to me, and others who come and go…. none of them matters, as if I no longer exist…. I seem to have vanished into thin air like a faint cloud."

4. Phase 2: Becoming an Empty Shell

The participants described their perception of their lives in this second stage, which progresses from the first stage, as being spun around by overwhelming force with a sense of powerlessness and entream frustration, and their perception of themselves as an empty hollow shell. They described themselves as being swept away by depression, with no sense of meaning of life, no hope, no strength, and no self, and as eventually facing death. The following statements described those experiences.

"I have changed. I am left only with this outer shell, which looks fine to others; but there is nothing inside. I am dead, totally drained, empty. I used to love giving things to my child; but now, there is nothing for me to give away, and I have no interest in others. This is not me, and it's scary (to be like this)." "I had no desire; and if ever I had one, it was death, as I had no hope (in life). I met a psychiatrist and a therapist several times, but I had nothing to say. All I could think of was, 'What's the point of living, living for what, how?' So I signed the paper agreeing to get mental health treatment and got discharged. After I finalized the plan for my death, I felt no worries, no pain, and instead, felt peace and comfort."

5. Phase 3: Searching for Meaning of Life

In third phase, the participants redefined their lives with depression and their relationship with their surroundings, and gradually started to move from nothingness to seeing a light from their inner darkness as an empty shell, and to experiencing moments of hope and power of life. This was a turning point from their inner hollowness to regaining their lives. So the participants started to have some passive desire and others more active desire to live. The intervening conditions in this stage started with the participants' acceptance of help from others, including from their family, friends, and professionals, through the use of the collaborative approach between the participants and others and the encouragement of their help-seeking using available support and resources. Followed by acknowledge of problems through recognizing own problems, understanding of families. Once they showed desire to live, they were able to motivate themselves through positive thinking, confidence building, and productive action.

"I feel a void in my chest. I feel so empty as if a cold wind is gushing through that big hole in my heart. I have not done anything for myself in my life because I was preoccupied with looking after my siblings' children and cleaning up the house. I became listless and found no meaning in my life until one day when I found within myself a tiny ember that still struggles not to get put out. Since then, I have been attempting to live life for myself, filling my life with meanings. I have been meeting friends that I have

not been able to for a long time and seeking help to keep my tiny amber from getting put out."

"I have sacrificed myself for others. I was too self-conscious about what others think of me and lived my life not for myself but to look good to others. I feel so sorry for my family who had to go through a tough time because of me. I plan on doing something that I can do, like readings and workout. I have been complaining only. I treated my life as it I forgot that there are many things that I am thankful for and grateful for. I am getting better through the mental health program."

6. Phase 4: Fulfilling of an Empty Shell

Once they started to motivate themselves to have a better life, the consequences were recovery of self through self-awareness, finding themselves and discovering their purpose in life, and being recognized by others. The participants described this phase of their experience as searching for meaning in life. The following statements illustrate these shifts.

"I wanted to live; could I? I sobbed and shed tears for over a year; I was treated for my depression and received counseling and medication. My main goal was to find meaning in my life and answers to questions such as 'Who am I?,' 'What is the purpose of my existence?,' 'Why are we sinners?,' and 'How should I live?' Then I gradually stopped thinking about death."

"I found hope and became aware of my purpose in life through my God, Jesus Christ. Every single day, I listened to his words, believed in him, and lived peacefully through his guidance. I wanted to help others who suffered like me by encouraging them and sharing my life with them."

"I started to sleep better, to want to take care of my household, and to show interest in my kids. At times, I became irritable when I felt that they interfered too much in my business, but I realized that they only meant to help me. I cooked a whole chicken today. When I felt better, I stopped crying and appreciated others more, and through the counseling, I realized that I could be an important person to myself and others."

DISCUSSION

Qualitative research allows researchers to examine the inner experience of individuals and determine how meanings are formed through and in culture[19]. . This study, using the grounded theory methodology, illustrated the process of depressed Korean housewives' response to and expression of their experiences with depression and their recovery from it within their own culture. This study presented the basic socio- psychological process of Korean wives' living through depression through the four phases of (1) feeling like they are vanishing into thin air,(2) feeling like becoming an empty shell, and (3) searching for meaning of life, and (4) fulfilling of an empty shell as they began to recover from depression.

In the first phase of feeling like they are vanishing into thin air, the Korean housewives could not see themselves, and blamed others and their environments as the causes of all their problems. They were bottled up all their negative emotions, and cocooned themselves from the outside world. Their interpretations of these symptoms were metaphorically and linguistically presented as: feeling suffocated like "heaven and earth are closing down on me," overwhelmed by an uncontrollable force, "feelings of being swept away," and losing themselves, and "my existence has vanished into thin air." These descriptions were similar to those in Schreiber's[23] study of a mix of Euro- and Afro-North American women with depression, who expressed their depressed mood using vivid images and metaphors such as "being in a cloud" and "being lost at sea." In this study, the Korean housewives could not see themselves as suffering from depression, but instead externalized their experience by blaming others and their circumstances as the causes of all their problems, and eventually cocooning themselves from the outside world. Consistent with this study, Schreiber's[23] study reported that the depressed women shared a vague sense that something was wrong but could not identify it. However, the responses to depression of Schreiber's study subjects were different from those of the Korean women in this study who externalized their emotions by being angry and resentful toward others. Schreiber's study reported that the depressed women conscientiously cared for others at their own expense and depleted their own limited personal resources.

Within the context of the Korean women's responses and experiences of depression, a psychiatric clinician can easily determine the objective symptoms of depression based on the Diagnostic Statistical Manual IV-TR (DSM-IV-TR)[14]. According to DSM-IV-TR, depressive symptoms include depressed, irritable, and/or sad moods,

loss of interest and/or pleasure, sleep and appetite disturbance, psychomotor agitation or retardation, fatigue, poor concentration, worthlessness, hopelessness, fatigue, guilt, and suicidal feelings. Psychiatric clinicians and researchers commonly diagnose depression based on their objective findings using psychiatric terminologies, and provide treatments or recommendations according to a prescribed and predetermined plan without fully understanding the client's cultural perspectives, including his or her personal response and expression of his or her experience of depression. A study of post-partum depression (PPD) reported that the health care providers' assessment practices emerged as primary factors of the failure to promptly recognize the PPD symptoms, because depressed mothers often minimize, normalize, or hide their symptoms not only from themselves but also from others, including from health care providers[24].

The second phase of feeling like becoming an empty shell represented a symbolic central phenomenon among Korean housewives suffering from depression. The image of an empty shell was represented as a state of deep depression, which was so intolerable that many of the women found peace and comfort in death. Metaphoric expressions of depression as an "empty shell" were used in another study among Korean-American immigrant women who described their depression as emotional entrapment and who responded to depression with emotional restraint[13], another metaphoric expression of "slipping into a deep, dark hole" in Schreiber's study [25]. Different cultures have different idioms and metaphors for depression. During this phase, preoccupations with death and suicide attempts were common phenomena among the Korean women in this study. Instead of seeing suicidal thoughts as abnormal[25], the Korean women thought of suicide as a way to escape from their emotional turmoil. Suicide has been a major public health issue in Korea in recent years because many public figures, including politicians, athletes, and business leaders, have committed suicide, and more than 30 South Koreans kill themselves everyday[26]. This study may contribute to better understanding of how Korean women consider suicide a way to find comfort, rather than "part of depressive symptoms," according to DSM-IV-TR[14], or of abnormal thinking[25].

In the third phase of searching for meaning of liife, the intervening conditions for the Korean women started with a desire to live by getting help, and then the motivation to take productive action, followed by the consequences of finding self-importance and meaning in life. This process was similar to that in the study on the intractable conflict process, which reported how to gain mindfulness over mindlessness through growing self-awareness via self-realization[27]. In this study, the Korean women survived by getting help from others, including their family members and professionals. Since Koreans generally do not seek help for mental illness because of negative attitudes toward mental illness such as stigma and shame[13], the importance of helping an individual suffering from mental illness, including depression, as a form of treatment can be suggested. However, not seeking help for mental illness is not limited to Koreans. Researchers have reported that the stigma and shame attached to mental illness[28] and negative attitudes toward mental health and illness[29] are common barriers to getting help through mental health services in Asian cultures.

The responses of desire to live and searching for meaning of life among the Korean women in this study were consistent with the results of a study among schizophrenic patients in which they experienced self-awareness by accepting their illness and its treatment using cognitive strategies directed toward hope and meaning [30]. In this phase, some of the Korean women found support and guidance from religion, which led them to come to terms with and find meaning of their lives. Korean churches have become one of the most important resources for not only spiritual but also social support in Korean communities. However, further studies are needed to examine the effect of support from a church on the mental health of Korean women. People tend to get better when offered religious treatment and psychotherapy raises the needs to develop local mental health programs that are associated with religious institutions.

Finally, in the fourth phase, We found fulfilling of an empty shell by recovering of self through self-awareness, finding self, being recognized by others was consequently appeared.

Among the participants in the research, the old participants, relative to the young participants, are not financially stable and not well educated. Most of the old participants lived alone either because they got divorced or their spouse died early. Therefore, they had to raise their children alone. Despite their initial expectation that their children would take care of them, the older participants are found to be not well taken care of by their children. Such unexpected treatment by their children lead them to severe depression that the old people who live alone tend to be more depressed. A new finding in this study is that the more they experience the death of their spou-

ses, children, and relatives, the more severly they become depressed. In addition, the lack of understanding and support of their families further spiral them into deeper level of depression. In accordance with the study that the number of social events one attends to is correlated to one's depression, elderly suicide can be prevented if the elders attend social meetings where they can talk to others who are in similar situations as they are. Especially, the housewives who look normal on the outside, yet depressed on the inside, can't get their families to support them, thereby deepening their level of depression. Therefore, it is important for communities to send in experts to households and educate the family about depression.

Conclusion

Understanding the basic socio-psychological process of Korean housewives' expression of and response to depression may help health care providers and researchers more fully appreciate the experiences of these women living through depression. However, future studies should expand on women not represented in this study: younger women, older women, and women with different socio-economic backgrounds. In addition, women who have lived through other mental illnesses such as schizophrenia, anxiety disorder, stress disorder, and bipolar disorder might be able to provide fuller insights into our understanding of individuals living through mental illness and could find ways to help them use mental health services.

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