EXAMINING THE TYPES OF SOCIAL SUPPORT AND THE ACTUAL SOURCES OF SUPPORT IN OLDER CHINESE AND KOREAN IMMIGRANTS*

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ABSTRACT

This study explored social support domains and actual sources of support for older Chinese and Korean immigrants and compared them to the traditional domains based on mainly White, middle class populations. Fifty-two older Cantonese and Korean speaking immigrants participated in one of eight focus groups. We identified four similar domains: tangible, information/advice, emotional support, and companionship. We also identified needing language support which is relevant for non-English speaking minority populations. Participants discussed not needing emotional support. These Chinese and Korean immigrants had a small number of actual sources of support, relying mainly on adult children for help with personal situations (e.g., carrying heavy groceries, communicating with physicians) and friends for general information/advice (e.g., learning how to speak English, applying for citizenship) and companionship. Immigrant Asians are caught between two different traditions; one that is strongly kinship oriented where needs and desires are subordinated to the interests of the family and one that values

independence and celebrates individuality. Despite their reticence in asking for help outside the family, elders are seeking help from other sources, such as ethnic churches and the government.

INTRODUCTION

As older minorities represent an increasing proportion of the U.S. population, understanding how concepts and measures of social support and the nature of social networks apply to diverse populations is becoming increasingly important. Some research has explored social networks and the meaning of social support among African Americans and Latinos. African Americans tend to have larger family networks than Whites but secondary friendship networks that are equal in size to Whites (Ball, Warheit, Vandiver, & Holzer, 1980; Glass, Mendes De Leon, Seeman, & Berkman, 1997; Palmore, 1981). The church is a key source of network ties for older African Americans (Krause, 2002; Taylor, 1986; Taylor & Chatters, 1986). Church members figure prominently in supportive networks, providing assistance for spiritual and material needs. Latino elders tend to rely on family members for social support (Angel, Angel, Lee, & Markides, 1999; Gelfand, 1989). Gelfand (1989) reports that Latino adult children play an especially important role in assisting their older parents in the sharing of traditions in the U.S., translating, and English tutoring, as well as providing financial assistance, housekeeping, and transportation.

Extending social support research to include Asian and Pacific Islander (API) groups is needed for two reasons. First, findings with other diverse groups indicate that support exchanges take place within the context of social network ties, which are long-standing and based on shared histories, and not as isolated incidents (Berkman & Glass, 2000). Second, APIs constitute the fastest growing ethnic group 65 years and older in the U.S. today (Kagawa-Singer, Hikoyeda, & Tanjasiri, 1997). By 2050, APIs aged 65 years and older are projected to account for 7% of the entire U.S. population aged 65 years and older, as well as 15%, or 5.4 million, of the U.S. API population (Census, 2000). Currently, the majority of APIs over the age of 65 are foreign born. Given that most APIs have immigrated as adults, when learning English is more difficult, it is likely that the majority of linguistic isolation occurs in those aged 65 years and older. Census (2000) data indicate that Chinese and Korean households in the United States have a high prevalence (35% and 41%, respectively) of linguistic isolation.

Kaugh (1999) reported that older Koreans rarely interact with non-Koreans and obtain many services through ethnic community agencies or churches rather than seeking them directly from formal service agencies. Likely reasons that Koreans do not seek help from English-speaking service agencies are that, like other older Asian immigrants, they face additional challenges related to adjusting to a different value system, language, customs, lifestyle, and the

Westernization of their children and grandchildren (Gelfand, 1989; Mackinnon, Gien, & Durst, 1996; Mutchler & Angel, 2000). A cause for concern with immigrant APIs is that their needs are not being met, since they may live in an environment where their main source of support (their adult children) does not live close-by, and their native cultural value system tells them not to express their negative emotions or needs for help. While there is some past research on API caregivers and social adjustment of older Chinese (Jones, Jaceldo, Lee, Zhang, & Meleis, 2001; Tran, 1991), little is known about the sources of older API support, what they consider appropriate social support, how their needs are communicated, and how their needs are met (Kagawa-Singer, Wellisch, & Durvasula, 1997; Wellisch et al., 199b).

The goals of this study were to: a) explore whether social support domains for older Chinese and Koreans are similar to the typical domains based on mainly White, middle class populations; and b) examine their actual sources of social support. These two Asian subgroups were chosen because they represent two of the largest Asian groups in the United States and because they both experience significant linguistic isolation. The specific objectives were to examine the following questions using qualitative methods: What types (functional domains) of social support do older Chinese and Koreans say they need, who and what do they consider a source of support, and in what types of situations do they ask for support? Exploring these issues is an important first step toward selecting or creating an appropriate measure of social support for these groups.

Background

The stress and coping perspective, which provides the theoretical framework for this study, proposes that support contributes to health by protecting individuals from the adverse effects of stress (Barrera, 1986; Cobb, 1976; Dunkel-Schetter, Folkman, & Lazarus, 1987; Gottlieb, 1981; Kaplan, Cassel, & Gore, 1977; Thoits, 1986).

There are abundant benefits of social support, particularly in positively influencing physical and mental health (Cohen, Gottlieb, & Underwood, 2000; House, Landis, & Umberson, 1988; Kaplan et al., 1977; Levitt, Antonucci, Clark, Rotton, & Finley, 1985; Thoits, 1985). Each relationship between an older person and another individual is a mechanism through which specific types of supports are likely to be obtained (Glass et al., 1997). The support of family, friends, and other social contacts is crucial in coping with physical and mental disability, illness, and adherence to programs that require lifestyle changes, such as smoking cessation, diabetes, or hypertension (Heitzmann & Kaplan, 1988; Wallston, Alagna, DeVellis, & DeVellis, 1983). Persons who are more socially isolated or do not perceive the availability of social support in the context of both formal and informal relationships are at increased risk of dying prematurely (Berkman & Syme, 1979; House, Robbins, & Metzner, 1982; Welin et al., 1985) and not

recovering from life threatening events, such as myocardial infarction (Vogt, Mullooly, Ernst, Pope, & Hollis, 1992; Williams et al., 1992) or stroke (Kawachi et al., 1996; Morris, Robinson, Andrzejewski, Samuels, & Price, 1993; Vogt et al., 1992).

Social support, typically defined in terms of functional domains, refers to any process through which social relationships might promote health and well-being (Cohen et al., 2000). Functional support refers to the degree to which inter-personal relationships serve particular functions (Sherbourne & Stewart, 1991). Types of support most often cited are: emotional, instrumental aid or tangible, information/advice, companionship, and validation. Emotional support refers to having a person express sympathy, caring, and acceptance of the individual. Tangible support refers to the provision of financial resources, household goods, transportation, and assistance with cooking, cleaning, and shopping to the individual. Someone who provides information about resources or gives advice is giving the individual informational support. Companionship support refers to having a partner with whom to share activities, such as going to movies, eating together, and shopping. A person who provides validation gives the individual feedback about him/herself.

The extent to which traditional concepts of social support are appropriate within different ethnic groups is unknown. Social support research has either included too few minorities to examine them separately or has not involved these diverse populations ((Berkman & Syme, 1979; Glass et al., 1997; Heitzmann & Kaplan, 1988; Liang, Krause, & Bennett, 2001).

METHODS

Participants

This is an exploratory study using focus groups. Based on our previous experience of recruiting potential older Asian study participants, we enlisted service providers at six community based organizations and two churches in San Francisco to help recruit study participants. Eligibility criteria included: 1) ability to speak either Cantonese or Korean, 2) 60 years of age and older, and 3) having immigrated to the United States. Both men and women were recruited. Service providers felt strongly that people would be more comfortable participating in frank discussions compared to being in a group of total strangers. Eight focus groups, four Chinese and four Korean were conducted. Fifty-two Chinese ($n = 29$) and Koreans ($n = 23$), ranging in age from 63 to 89 years, participated (see Table 1). Most were female (65%) and had resided in the United States, on average, from 16 (Korean) to 24 (Chinese) years. Most Koreans lived alone (70%), whereas most Chinese lived with a spouse or adult child (66%). Each organization was given $100 for recruitment and use of their facilities, and each participant was paid $5 for their participation. All procedures were approved by the university's Institutional Review Board.

Table 1. Demographics of Chinese and Korean Focus
Group Participants

	Chinese (n = 29)	Korean (n = 23)
Number of focus groups	4	4
Gender		
Male	15	5
Female	14	18
Age	65-85	63-89
Mean number of years in United States	24	16
Living arrangements (%)		
Living alone	31	70
Living with spouse	42	21
Living with adult children	3	0
Living with spouse and adult children	17	9
Missing	7	0

Note: All participants were monolingual in either Cantonese or Korean.

Procedures

Focus groups, lasting 90 to 120 minutes, were conducted with six to nine participants each. Standard procedures in conducting focus groups were followed (Krueger, 1994). Before the start of each group, participants completed a brief demographic questionnaire. Two research assistants were trained in focus group methods; both individuals were bilingual and bicultural in either Chinese-Cantonese or Korean. Research assistants facilitated either the Chinese or Korean focus groups, and one investigator (SW) was present for all Chinese focus groups; one investigator (GY) was present for all Korean focus groups. All groups were audiotaped, transcribed in Chinese or Korean, and translated to English. Any field notes taken by the investigators were also included in the transcripts. Chinese and Korean transcripts were compared to the English transcript for accuracy by an independent bilingual researcher.

Questions

Focus group questions were developed based on a literature review of cross-cultural social support studies, interviews of faculty in the Department of Asian American Studies at San Francisco State University, and the author's (GY) past

work with Asian immigrants (Yoo, 1996, 1997). These questions were pre-tested with four elders (2 Chinese, 2 Korean) in face-to-face interviews, and a final set of focus group questions and probes was designed (see Table 2).

Analysis

The investigators independently coded transcripts using Nvivo qualitative data analysis software. Following the procedures for grounded theory analysis (Strauss, 1987), the investigators developed and used codes to give structure and organization to the transcribed text. Transcripts were independently reviewed for commonalities and differences between the two ethnic groups and then independently coded for themes that appeared repeatedly in the text. Coding was iterative and refinements were made based on discussions until we reached consensus on a final definition of the code. Finally, text within a coding category was evaluated to determine whether they accurately fit the definition of the code. Verification of the accuracy of the coding scheme (conceptual categories, their definitions, and the observations coded within each category) occurred using both inductive and deductive methods (Strauss, 1987). Text units (TU) are defined as continuous coded text of one focus group participant. The number of TU is reported by ethnic group in order to identify which types of support were important to the participants. Coded text was analyzed to assess inter-coder

Table 2. Focus Group Questions for Exploring the Domains of
Social Support and the Sources of Support in Older Chinese and Koreans

Domains of Social Support and the Social Network
Do you need help with translation services? In what kinds of situations? Who would you rely on for help?
In what situations have you been in where you have asked for help from your [son, daughter, partner, son-in-law, daughter-in-law? [probe: can you tell me more about that?]
Why did you ask your [son, daughter] to help you in this situation?
In what situations have you been in where you have asked for help from [friends, neighbors, your church, Chinese/Korean senior association, the government]? Can you tell me more about that?
What do you do if you feel lonely or depressed or stressed out?
Would a person like you ask for help if you were lonely, depressed, or stressed out? Why? Why not?

Table 3. Number of Coded TU for Each Social Support Domain

	Chinese focus groups (*n* = 4)	Korean focus groups (*n* = 4)
Tangible		
Financial	36	11
Material aid	21	35
Information/Advice	34	15
Emotional	34	18
Language	10	46
Companionship	19	15

reliability for each of the three general areas addressed in the focus groups (i.e., types of support, sources of support, and types of situations). The kappa statistic between coders ranged from kappa = 0.85 for types of support to kappa = 0.92 for types of situations.

RESULTS

Analysis revealed five types of support reported in all focus groups: tangible, information/advice, emotional, language, and companionship. Table 3 displays the number of coded TU for each type of support by ethnic group.

Sources of actual support varied depending on need and whether the situation was personal. Neighbors were not a common source of any type of support because: "they do not speak my language," "the longer you live in big cities, the stranger you feel with your neighbors," and "we are not that close." One Chinese elder stated, "We don't want to bother others. I am afraid that they are jealous about me when I tell them my good luck. On the other hand, I am also afraid that they look down on me when I tell them my problem or bad news."

Tangible Support

Two sub-domains, financial aid and other material aid, were coded under the domain of tangible support. Sixty-three percent of focus group participants discussed receiving financial support. Thirty-six TU were coded as Tangible support-financial amongst the Chinese groups and 11 TU were similarly coded for the Korean groups. The most common source of financial support was the

government: "As long as you work until you are 65 years old, you will receive a Social Security Retirement benefit and you don't need to worry about living expenses anymore," and "I just live with the money that the government gives me." Another common source of financial support was adult children: "My children offered me pocket money without my asking," and "my sons and daughters-in-laws live in distant places and sometimes they give me money." Participants more often preferred to rely on a government source of income rather than their adult children.

Among these community dwelling Chinese and Koreans, 56% reported that they would ask for other material aid, such as help carrying heavy groceries or getting a ride. Twenty-one TU in the Chinese groups were coded as Tangible support-material aid, and 35 TU were similarly coded for the Korean groups.

The most commonly reported source of tangible support was adult children. Chinese participants also reported community centers as a source of tangible support: "If there is a senior center, I will call them to deliver meals to me." In terms of obtaining material aid, participants preferred to maintain their independence, trying not to ask people for help. If the situation was perceived as serious, participants would primarily ask their adult children: "I don't ask my children for help unless there is something serious that happened. For instance, I need to go to the hospital when I get sick," and "if I got sick, I can't do anything. So, I would ask my daughter to help me go to the hospital."

Information/Advice

Sixty-three percent of participants reported needing information and advice: "Which hospital is better for me? Which doctor is good at this disease," and "I will call them (seniors department) for social security benefit information." The number of TU coded as Information/Advice for the Chinese was 34 and 15 for the Koreans. The most common source of information was friends.

If the situation was common or impersonal (e.g., learning how to speak English, finding out how to become an American citizen, applying for Medicaid) participants had no hesitations asking others for information. For situations perceived as family oriented or personal (e.g., getting advice for a family conflict) participants agreed these issues should not be discussed with others or that they should be taken care of within the family. A common feeling among the groups was that "no one can help you solve the family problem."

Emotional Support

When asked the question, "Would a person like you ask for help if you were lonely, depressed, or stressed out," 44% of participants made remarks. The number of TU coded as emotional support was 34 and 18 for Chinese and Koreans, respectively. Participants reported keeping their feelings to themselves: "I will be tough and face it. If I can stand it, I would rather not tell my adult children

my sadness because it won't help"; and "when I feel lonely, I have to solve it by myself." Participants believed that nobody could help them cope with negative feelings: "Even though I tell them (adult children or friends) my sadness, they can't help me. They hang out with me, play mahjong and go out for tea with me. But, all these things can't help." Keeping busy helped their minds stay occupied so they would not think about these feelings: "If my spouse passed away, I will pay attention to other business so as not to think about his death. To sum it up, go out and find happiness for yourself."

Those who belonged to a church mentioned dealing with feelings of loneliness, depression, or stress by praying to God or talking to other people in the congregation: "I always pray if I am unhappy, if it doesn't work, I will come to church and talk to other Christians." They reported singing Christian songs to "feel released" from negative emotions.

In addition to keeping negative feelings inside, participants reported how they felt emotionally supported. They discussed feeling a sense of love and belonging when there was no conflict between them and their friends or family: "I don't think we should express our love through words. Getting along well with others, we feel love . . . that's the expression of love."

Companionship

Although participants did not specifically use the word companionship, 58% of participants discussed how they "try not to think about negative emotions" by meeting friends or talking with adult children. For the Chinese, 19 TU were coded as companionship, and 15 were similarly coded for the Koreans. Social interaction, such as meeting for tea, was a common theme. Friends provided the majority of companionship, while adult children played a smaller role, such as by calling their parents regularly. Community agencies, which provided various resources (e.g., information on applying for citizenship, English classes, meals) were also seen as a meeting place for friends and others in similar situations. Participants discussed how participating in various activities increased their happiness: "When I was unhappy, I played with my grandson and then I cheered up," and "because I am lonely, sometimes, I come and play Korean chess."

Language Support

Fifty-six percent of participants discussed the need for language support. There were a total of 10 TU coded as needing language support for the Chinese compared to 46 coded for the Koreans. It is likely that Chinese participants felt less need given the high percentage of Chinese-speaking people living in San Francisco: "It's good for us to live in San Francisco . . . because there are a lot of people who do know Cantonese." The importance of language support was discussed in detail and at length in all the Korean focus groups: "I went to [the] hospital myself, but they put the bones together in [the] wrong position. The doctor didn't

treat me well because I was alone. I couldn't think of any people to bring with me to the hospital so I wouldn't get treated like that," and "I really get embarrassed when I don't understand what they say and when they don't understand what I'm saying."

The most common source of language support was adult English-speaking children: "I would ask my daughter for help most of the time, because she knows English very well. She can help me with English questions." If adult children were not available, participants reported using community centers where a translator would be present. Participants also used these centers to learn English: "We have [the] English Institute, I come here everyday to learn English."

DISCUSSION

Types of Support

These older Chinese and Koreans identified four out of five typically cited functional social support domains: tangible, information/advice, emotional, and companionship (House & Landis, 1988; Krause & Markides, 1990; Sherbourne & Stewart, 1991). Validation was not identified by the participants. They also identified language support which may be a relevant domain for non-English speaking minority populations. Participants appeared to have small numbers of actual sources of support, relying mainly on adult children for help with personal situations (e.g., carrying heavy groceries, having the doctor talk to their children regarding medical care) and friends for general information/advice (e.g., learning how to apply for citizenship) and companionship.

The domains of tangible, information/advice, and companionship are somewhat similar to social support measures developed in predominantly White, middle-class populations. However, there are a few subtle differences in these ethnic group definitions compared to Whites. One difference in tangible support was the categorization of two sub-domains, financial and material aid, suggesting that both types may be important to distinguish in a social support measure. Companionship appeared to be more than just the availability of having other people with whom to share activities. It also seemed to provide encouragement and indirectly, emotional support. Participants tried not to feel lonely or depressed by meeting friends or going to a common place but did not necessarily talk about negative emotions. There were no obvious differences in reporting different types of help by ethnic group.

The need for language support is a domain that is needed in research in any population of persons with limited English proficiency. While the idea that limited English proficiency is a barrier to accessing and obtaining services, such as health care, is not new, participants emphasized what may be a growing need for people who do not speak English well. Koreans talked most about the need for language support compared to all other types of support, suggesting the possible inadequacy

in available services in Korean. Chinese participants talked least about the need for language support compared to the other types of support. This could be due to the fact that there is a wide availability of Chinese services in San Francisco, as well as a critical mass of Chinese living in this city.

The need for language support is not surprising since all participants immigrated to the United States as adults when the ability to learn another language is difficult. The need for language support, primarily from adult children, is common to other older immigrants whose native language is not English. In a study of El Salvadorian immigrants, Gelfand (1989) found that translation and teaching English were two of the most common services provided by adult children. Language support and language ability are key to decreasing estrangement and isolation in the dominant society as well as improving health outcomes (Rogler & Cooney, 1991; Weeks & Cuellar, 1983). With the growing number of elders in the United States for whom English is their second language, there is, perhaps, a need to include language support as a domain in future assessments of social support.

The domain of emotional support was clear in the data, but participants dismissed needing others to display empathy or love through words. However, their definition of emotional support, "to get along well with each other," has not been defined as such in the literature. Their supposed lack of needing emotional support is congruent with the fact that both Chinese and Korean immigrants place a high emphasis on self-control, family cohesiveness, and conformity (Kaugh, 1999; Wellisch et al., 1999a). Controlling one's behaviors and emotions is considered a virtue reflecting personal strength, obedience, conformity with the group, respect, and character (Uba, 1994). The desire to avoid behaviors that bring shame to the family, saving face, provides a powerful means of self-regulation. The public expression of self-reflection including the display of negative emotion is discouraged, and selflessness and self-sacrifice are encouraged; the expectation of changing a distressful situation (e.g., depression or loneliness) may not exist (Kagawa-Singer, Wellisch, et al., 1997). Further, meeting adversity or conflict without complaint may be seen as a sign of dignity, while the converse is seen as weakness (Ho, 1976). Preferred modes of emotional communication are through nonverbal indirect behaviors (Morris, 1990; Uba, 1994).

Actual Sources of Support

Older Chinese and Koreans described their actual sources of support in terms of the types of support that each relationship was able to offer. The results of this study are consistent with past findings in that the number of actual sources is smaller compared to other ethnic groups and that there is a tendency to turn to their adult children first (Lubben & Becerra, 1987). The Koreans, more so than the Chinese, were dependent on their adult children. This is likely due to more established Chinese services and community.

Due to time and financial constraints, adult children are no longer able to fulfill the role of primary caregivers and older Chinese and Koreans are more often turning to ethnic churches, community agencies, and the U.S. government. They are living their lives with two overarching value systems: 1) the Chinese or Korean tradition which is strongly kinship oriented and in which the individual's needs and desires are subordinated to the interests of the family as a whole (Kaugh, 1997), and 2) the U.S. tradition which values independence and celebrates individuality (Angel, Dilworth-Anderson, Liu, & Schinke, 1995).

If a situation was more personal (e.g., conflict with in-law) or serious (e.g., talking to their physician about a treatment plan), participants seem to be adhering to strong Chinese and Korean traditions of filial piety (loyalty, respect, and devotion to parents) and saving face (bringing honor to the family name). Filial piety, particularly, for older Chinese and Koreans remains a widely held ideal for those living in the United States (Angel et al., 1995; Kaugh, 1997; Sung, 2000).

However, the concept of filial piety is changing with increased industrialization and urbanization (Yoon, Eun, & Park, 2000). Urban migration makes filial piety through coresidence more difficult, and parents expect to rely on their children less (Bengston & Putney, 2000). Our findings showed that when situations were more impersonal, participants preferred to maintain independence and rely more on community agencies and the government to provide a source of income. In the United States, their help is not necessarily needed around the home, and their life experiences and knowledge (valued and respected in China or Korea) is not necessarily considered relevant, such that participants feared becoming a burden to their family. Immigrant elders who are able to reciprocate the care (e.g., providing child care) provided to them by their adult children may find the adjustment of living in the United States less challenging (Gelfand, 1989).

The extent to which neighbors play a significant role as an actual source of support in White samples is not clear from past literature. A review of social network literature shows that little work has included neighbors (Baxter, Eby, Mason, Cortese, & Hamman, 1998; Ell, 1996; Glass et al., 1997; Lubben & Becerra, 1987; Peek & Lin, 1999). For these participants, neighbors played virtually no role in providing any type of help. This finding could be due to language barriers or cultural values, such as saving face.

The findings of this study are limited because the strategy of sampling through a community organization or a church did not allow us to reach those who were more isolated. Further, participants in each focus group knew at least two or three other people participating in the group and may have been reluctant to disclose information. Future studies should attempt more rigorous sampling approaches. However, it is not clear that focus groups where participants do not know each other would be better since both Chinese and Koreans are likely to adhere to the concepts of face and self-sacrifice and not express

vulnerabilities. These focus groups were conducted in San Francisco, a city known for its multilingual aging service providers and community organizations. However, these findings do highlight that even these participants, who live in a city that probably has many more services than other areas in the United States, perceive the need for additional help.

IMPLICATIONS

Careful examination of the domain definitions of social support instruments is needed before administering them to samples other than those on which the instrument was developed and tested. Additionally, inclusion of relevant domains, such as language support, when measuring social support in immigrant groups is needed in order to provide more comprehensive information. Given the reticence of older Chinese and Koreans to express negative emotions, there is a need to further examine how these groups are coping with negative feelings, such as depression, loneliness, and stress. More awareness of how emotion is or is not expressed in these groups needs to be documented and disseminated to service providers and program planners since depression and stress can negatively affect quality of life and health. Future research could explore if they feel their needs are being met and if they are satisfied with their levels of support. More work in examining how cultural values can shape and influence the number and sources of support, as well as how social support needs are expressed is required.

ACKNOWLEDGMENTS

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