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Ethnic Identity and Resilience in Korean Transracial Adoptees:

Ethnic Identity's Unique Contribution to Resilience in Korean Adoptees

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Abstract

Korean transracial adoptees (KTAs) participated in this quantitative research studying the roles of ethnic identity, self-esteem, acculturation, social support, and family cohesion in predicting resiliency for KTAs using self-report measures. KTAs also completed a demographics questionnaire in which they self-identified in terms of Korean, Korean-American, American, or other. The correlation between self-identification and level of acculturation and ethnic identity was also analyzed. Age and level of ethnic identity was assessed. Results showed that self-esteem is the only significant predictor of resilience. It was found that those who self-identified as Korean American had higher ethnic identity levels. No significant relationship was found between those who self-identified as American and their acculturation levels. Individuals who were older (ages 36-62) had a lower ethnic identity level than those who were younger (18-35). Limitations and implications are discussed.

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Chapter 1

Introduction

Korean adoption has a long history that dates back to Korea's liberation from Japanese colonization in 1945. During this period, Korea was occupied by both the U.S. and the U.S.S.R. with opposing ideologies and growing political tension. This resulted in the Korean War that began in 1950 and lasted until 1953. From this three-year war, 10 million families were separated, resulting in a half-million widows and tens of thousands of orphans (Kim, 2015). In addition, mixed raced children from Korean women and foreign soldiers, also called "G.I. babies" due to their attachment to the U.S. military, were often abandoned by their parents and viewed with disdain in Korean society (Kim, 2004). Concern for these children grew as news of this problem spread to the United States where articles were published in popular magazines, such as *National Geographic, Time, Life* and *Reader's Digest* (Kim, 2004).

According to Winslow (2012), it was during this time in 1954 that Harry and Bertha Holt went to Korean to adopt eight G.I. children. They eventually created the Holt Adoption Program (HAP) in Eugene, Oregon. Though HAP was originally created to save the mixed raced G.I. babies (Winslow, 2012), it eventually became one of the largest international adoption agencies (Kim, 1995) that grew quickly, and resulted in South Korea becoming one of the largest adoptee-exporting countries. In 1985, South Korea held the highest adoption rate recorded in history with 1.3 out of 100 children born being sent for international adoption (Voigt & Brown, 2013).

According to the U.S. Department of State (2012), there were a total of 19,232 adoptions from South Korea between 1999 and 2012.

There have been an estimated 120,000 Korean adoptions over the past 50 years in the U.S. (Song & Lee, 2009) and South Korean children have accounted for 25% of all international adoption (Tuan & Shiao, 2011). There is a significant need for research that addresses the unique cultural, developmental and social issues faced by these adoptees. Korean adoptees are a unique population compared to those adoptees from other Asian countries, such as China, because of their long history of international adoption. Many Korean adoptees grew up in a time when various resources for adoptees were non-existent, the promotion of ethnic and cultural exploration were not emphasized in adoptive families, and the White middle-class lifestyle was idealized (Tuan & Shiao, 2011). Though recent studies have highlighted the importance of cultural socialization (Anderson, Rueter & Lee, 2015; Anderson, Lee, Rueter & Kim, 2015), early Korean adoptees may not have had the knowledge or the access to these types of resources.

The significant need to understand the unique cultural, developmental and social issues faced by Korean adoptees has been met with a number of researchers studying the physical, psychological, and social outcomes of Korean Transracial Adoptees (KTA; Anderson, Lee, et al., 2015; Anderson, Rueter et al., 2015; Basow, Lilley, Bookwala, & McGillicuddy-DeLisi, 2008; Jacobs, Miller, & Tirella, 2010; Juffer, & van IJzendoorn, 2005; Juffer, & van IJzendoorn, 2007; Kim, Suyemoto, & Turner, 2010; McGinnis, Smith, Ryan, & Howard, 2009; Palacios, Román, & Camacho, 2011; Van IJzendoorn, & Juffer, 2006; Van IJzendoorn, Bakermans-Kranenburg, & Juffer, 2007; Whitten & Weaver, 2010; Yoon, 2001; Yoon, 2004). The present study aims to contribute to this field by understanding the specific factors that promote resilience in KTAs. Despite research that has shown the positive outcomes of KTAs, research has also shown that

transracial adoptees, including KTAs, face a variety of cultural, racial, and social challenges. Resilience research tells us that the presence of protective factors can promote resiliency in the face of adversity through reduced vulnerability to risk factors (Rutter, 2012). Garmezy (1985) proposed three protective factors: personality features, family cohesion, and the availability of an external support system. Personality features, such as self-esteem, have been shown in adoptees in previous studies (Juffer & Van Ijzendoorn, 2007; Whitten & Weaver, 2010), while family cohesion and strong support systems have been found in adoptive families (Whitten & Weaver, 2010). In addition, according to Yasuda and Duan (2002), ethnic identity and acculturation have both been shown to be predictors of psychological and emotional wellbeing.

Acculturation has been shown to impact health outcomes in ethnic minority groups (Gupta, Leong, Valentine, & Canada, 2013) and certain acculturation strategies have been shown to have a larger effect on overall wellbeing than social and demographic factors (Berry& Hou, 2016). On the other hand, Tajfel and Turner (1986) supported the claim that ethnic identity and self-esteem are linked. This may be due to the fact that a healthy sense of one's own ethnic identity relates to positive feelings about one's ethnic group and is also a source of personal strength (Phinney, 1989; Phinney & Kohatsu, 1997). These protective factors are comprised of the individual, family and social level that interact to create a multimodal dimension of resilience (Chen, Lau, Tapanya, & Cameron, 2012).

Chapter 2

Review of Literature

Construct of Resilience

Masten (2001) refers to resilience as "a phenomena characterized by good outcomes in spite of serious threats to adaptation or development" (p. 228), and states that both risk and positive outcomes must be present. Rutter (2012) however, asserts that superior functioning does not need to be present in order for an individual to be considered resilient. Rather, he adds that resilience should be measured as “relatively better functioning” (p. 336) compared to others experiencing similar stressors or adversity (Rutter, 2012). A review of the resilience literature describes resilience not as a single trait, but a process that can be acquired and developed (Hansen & Gottesman, 2012; Jindal-Snape & Miller, 2008; Rutter, 2012). One area of resilience research is the steeling effect, described by Rutter (2012). An individual may become more or less vulnerable after exposure to a stressor through either a steeling (less vulnerable) or a sensitization (more vulnerable) effect. A number of studies have been conducted that support the steeling effect hypothesis in both animals and humans (Elder, 1974; Lyons & Parker, 2007; Lyons, Parker, Katz, & Schatzberg, 2009). However, the question still remains as to what accounts for the steeling effect and what factors moderate it. More research is pointing to the significance of social context in resiliency development in children, as opposed to an internal personality trait (Greene et al., 2008). This supports the idea that resilience is a fluid process, rather than a fixed characteristic (Rutter, 2012). The interaction of genetic and environmental factors may play a role (Rutter, 2012). It is also possible that the presence of protective factors

may mediate the likelihood that a steeling effect will take place as opposed to a sensitization effect. Risk factors decreases the chance for optimal development while protective factors protect against the effects of risks (Juffer & Van Ijzendoorn, 2007). Protective factors are important because not only do they mitigate risks, but they also help develop psychological, social and emotional well-being (Lee, 2005).

Resilience in KTA's

Compared to non-adopted individuals, adoptees may be faced with certain risk factors such as coming from deprived backgrounds with birth families, separation in attachment with birth families (van Ijzendoorn & Juffer, 2006), and possible abuse and neglect. The possibility of malnutrition, physical abuse, neglect and early separation from caretakers may result in cognitive (Jacobs et al., 2010), emotional (Barone & Lionetti, 2012), and developmental delays (Van IJzendoorn et al., 2007). Transracial adoptees, including KTAs, are faced with the added complexity of navigating discrimination and racial stereotypes (Nelson, 2007) as a visible racial minority. They must also make sense of their racial and ethnic identity in a white family context in the absence of ethnically and racially similar models. However, despite previous thought that international and transracial adoptees have more mental disorders and adjustment problems than non-adopted or domestic adoptees, much of the current research supports the claim that most are in fact well-adjusted. A study conducted by Kim, Shin, and Carey (1999) looked at the psychosocial adjustment of a small number of Korean adoptees compared to their siblings who were the biological children of their adoptive parents. Results indicated no significant differences in psychosocial adjustment between the two groups. Another study looked at the self-esteem of transracial, international and domestic of both transracial and interracial adoptees and found no difference between the three groups (Juffer & Van Ijzendoorn, 2007). In a meta-analysis of more

than 270 studies, Van IJzendoorn and Juffer (2006) compared the physical, socio-emotional, and cognitive development of adopted and non-adopted children and concluded that adoption is a successful form of intervention. Green et al. (2008) have also stated that "no other intervention other than adoption has shown such large and lasting effects on IQ" (p. 79). When Whitten and Weaver (2010) studied adopted adolescents and their parent-child relationships, their results confirmed the catch-up model of adoption proposed by Van Ijzendoorn and Juffer (2006), which predicted that adoption allows children to catch up with their non-adopted peer, likely due to the exposure of protective factors in their adoptive families.

Although many transracial adoptees may be at greater risk due to separation from birth parents, as well as possible abuse histories, they are also introduced to new protective factors once they are placed in their adoptive families. Juffer and van IJzendoorn (2005) state that many adoptive families have the access to resources and the motivation to care for their adoptive child. In addition, transracial adoptees may be provided with more mental health and emotional support from adoptive families as well as schools because of their adoptive status. These protective factors may act to buffer the negative effects of their risk factors to promote well-being in these individuals.

Self-Esteem

Self-esteem is an integral part of an individual's self-concept (Srivastava & Singh, 2016), and plays a significant role in maintaining psychological health (Dang, 2014). Macdonald (1994) stated that the most basic task for mental, emotional, and social health is the development of positive self-esteem (as cited in Mann, Hosman, Schaalma, & de Vries, 2004). Similarly, Srivastava and Singh (2016) argued that self-esteem is the most basic need in humans. High self-esteem has been associated with better adjustment (Dumont & Provost, 1999), and lower

psychological distress (Dang, 2014), while low self-esteem has been associated with depression (Harter, 1999), risky behaviors (Veselska et al., 2009) delinquency (Donnellan, Trzesniewski, Robins, Moffitt, & Caspi, 2005), and a risk factor for psychopathology (Juffer & van IJzendoorn, 2007). According to the self-esteem theory (Mruk, 1999), there are two aspects of self-esteem: feelings that one is worthy of respect, and feelings of competence to face challenges and stressors. Being adopted may bring about feelings of rejection by birth parents which have been shown to increase reports of depression and low self-worth (Smith & Brodzinsky, 2002). Feelings of competency, also known as self-efficacy, are defined as the estimate of capabilities to utilize motivation, cognitions, and courses of action control life events (Bradley & Corwyn, 2004; Suldo & Huebner, 2006). A study conducted by Srivastava and Singh (2016) found that self-efficacy mediated the relationship between self-esteem and perceived stigma. This supports the argument that the self is a significant component in the structure of self-esteem and that our evaluation of ourselves, particularly in our efficacy, impacts self-esteem (Gecas & Schwalbe, 1983). Rosenberg (1965) described self-esteem as a self-evaluation, while Gecas (1982) described self-esteem as an evaluative and emotional dimension of self-concept. However, Leary (1999) also argued that there is also the role of others in positive self-esteem and stated that there is a need for approval and acceptance from others in order to maintain self-esteem. Hames and Joiner (2012) found that positive statements increased the level of self-esteem in individuals with positive self-concepts.

Dumont and Provost (1999) stated that self-esteem is a protective factor. A study conducted by Dang (2014) of homeless adolescents found that level of self-esteem is an important factor in resilience. Other studies have looked at self-esteem in different populations, such as African American adolescents (Tynes, Umaña-Taylor, Rose, Lin & Anderson, 2012),

elementary students (Veselska, Geckova, Orosova, Gajdosova, van Dijk, & Reijneveld, 2009) and couples (Marigold, Holms & Ross, 2010), and found similar results supporting the positive relationship between self-esteem and resilience. One of the ways in which self-esteem fosters resilience lies within the individual's perception of themselves and others. A study of adults in romantic relationships found that those with low self-esteem were more likely to perceive rejection when none existed (Marigold et al., 2010). Also, adolescents with high self-esteem were found to have more perceived control over their environment (Veselska et al., 2009). This belief that one is in control may explain the positive coping strategies utilized by those with high self-esteem (Dumont & Provost, 1999; Rector & Roger, 1997). These positive coping strategies are focused on actively solving the problem, as opposed to a passive problem solving approach associated with low self-esteem (Thoits, 1995).

Support System

Social support can be defined as “support accessible to an individual through social ties to other individuals, groups, and the larger community” (Lin, Simeone, Ensel, & Kuo, 1979, p. 109). Having a sense of community may be identified as a form of social support (Lin et al., 1979) and refers to feelings of belonging and relatedness, in addition to social support within a perceived community (Greenfield & Marks, 2010). Both social support and sense of community may be understood as having a distinct structural component comprised of the size of social community, the frequency of interactions, with emotional and instrumental functions (Southwick, Vythilingam, & Charney, 2005). However, Ozbay et al. (2007) argue that regardless, it is the quality of relationships and support rather than the quantity that predicts positive outcomes. Many researchers have suggested that social systems may serve as a coping function (Thoits, 1995) when faced with stressful situations and also decrease the likelihood of

risky behaviors (Berkman, Glass, Brissette & Seeman, 2000). A study examining resiliency following a residential fire confirmed that high levels of social support predicted lower levels of negative outcomes such as PTSD and lower levels of externalizing behaviors in children (Goel, Amatya, Jones, & Ollendick, 2014). The positive effects of social network have been shown to benefit a variety of populations including college students (Reid, Holt, Bowman, Espelage & Green, 2016), parents (Reynolds & Crea, 2016), as well as different cultural and ethnic groups including non-Hispanic Whites, Mexican Americans, Korean Americans, and African Americans (Shavitt et al., 2016).

There are two main theories that attempt to understand the protective role of social support. According to Reid et al. (2016), the stress buffering theory states that individuals with healthy support systems are better able to cope with various stressors due to increased resources available to them. The main effect theory on the other hand, proposes that high levels of social support will account for increased mental health regardless of the stress level (as cited in Cohen & Willis, 1985). This theory suggests that even perceived social support will have positive effects on psychological health and has been shown in children, adolescents and emerging adults (Chu, Saucier, & Hafner, 2010). Ozbay et al. (2007) proposed that different types of social support may be more beneficial depending on the developmental stage of the individual. He stated that parental support may be more beneficial for early adolescents, while instrumental support may be beneficial for young adults. According to Lin et al. (1979), there is a general consensus that increased social systems decreases the likelihood of both physical and mental illnesses. Studies have shown the positive effects of social network in decreasing the risk of heart disease (Barth, Schneider, & von Känel, 2010), decreasing functional impairments in depression

(Travis, Lyness, Shields, King, & Cox, 2004), and decreasing the likelihood of PTSD in combat veterans (Boscarino, 1995).

There is a significant lack of research looking at the perceived and importance of social support for KTAs. The review of literature on social support shows a strong argument for social support as not only as preventative measure (Garcia et al., 2016; Ritchie, Parsons, & Markman, 2016), but also as an intervention (Dang, 2014). The research suggests that actual and perceived social support foster resiliency by providing resources to cope and plays a significant role in psychological and physical health. The social environment of KTAs is an important factor in their overall wellbeing. Studies have shown that those who experience racism and discrimination can face negative physical and mental consequences (Priest et al., 2013). Transracial adoptees from Asia have also reported receiving inappropriate remarks, such as comments that they look different from their white adoptive family (Friedlander et al., 2000). Therefore, healthy social support can help KTAs navigate the challenges they face and appears to be a source of resiliency.

Family Cohesion

The complex dynamics of an adoptive family has been studied in adoption research (Samek & Rueter, 2011). However, this becomes more complicated with transracial adoptive families because of the added complexity affected by racial, ethnic, and cultural differences. Family relationships may be especially important for KTAs because of the visible difference in race between themselves and their white adoptive families. Many studies have shown the relationship between family characteristics and adolescent depression (cohesiveness, adaptability, democratic decision-making style; Cumsille & Epstein, 1994). Family cohesion in particular, has been shown to be inversely related to adolescent depression and suicidality

(Asarnow, Carlson & Guthrie, 1987). Thus, family cohesiveness may act as a buffer to negative experiences in children and adolescents by providing a sense of emotional security (Cummings & Schatz, 2012). Unfortunately for KTAs, their perception of belonging and cohesion with their adoptive families may be challenged by what Docan-Morgan (2010) refers to as "intrusive" questions from people who question adoptees' identity within the family. It is suggested that this is a very common experience for transracial adoptees and their adoptive families (Suter & Ballard, 2009). This has been reported to result in increased family stress and behavioral problems among transracially adopted Asian and Latin American children (Lee & the Minnesota International Adoption Project Team, 2010). Addressing these challenges and maintaining a sense of family cohesion requires communication within the family (Galvin, 2003). Unlike traditional families where the familial identity is obvious and unquestioned, there is a "visible adoption" (Galvin, 2006) in transracial adoptive families due to their racial differences. These families depend on continuous discourse to construct their identity. The ways in which parents, in particular, respond to outside comments and questions can significantly impact adoptees' perception of cohesion and identity within the family (Docan-Morgan, 2010). According to the Family Communication Patterns Theory (FCPT; Samek & Rueter, 2011), optimal family functioning requires families to create a family-shared social reality (FSSR). This can be understood as a shared understanding of one another through similar attitudes and beliefs about certain topics and the belief that other members of the family share those similar views. For genetically related, non-adopted family members, this process may come more naturally. This is based on behavioral genetics research which states that genetic inheritance may contribute to the perspectives and attitudes we have to a certain extent (Samek & Rueter, 2011). Therefore, it may be more difficult for adoptive families to create FSSR and may explain why Pollet's (2007)

study indicated stronger relationships among genetically similar siblings. Therefore, adoptive families may have to rely more heavily on communication to create FSSR which reiterates the importance of active and intentional strategies to maintain family cohesiveness.

Acculturation

Padilla and Perez (2003) refer to acculturation as a process of change that occurs when an individual comes in direct contact with a host culture. These changes include the complex interplay of values, practices, and identity between cultures (Schwartz, Unger, Zamboanga, & Szapocznik, 2010). According to Berry and Hou (2016), involvement in any cultural group, whether it is the host culture or culture of origin, will promote mental health. However, other studies have shown that being a part of multiple groups and identities may provide additional benefits such as increased mental wellbeing (Jetten et al., 2015) and the ability to recover from physical illnesses (Jones & Jetten, 2011). The most well-known model of acculturation was proposed by Berry (2005) who was the first to include various types of adaptation to a new culture and emphasized individual choice in acculturation strategies (Padilla & Perez, 2003). The strategies of acculturation introduced by Berry (2005) include: integration, assimilation, separation, and marginalization. A number of studies have shown the benefits of an integration acculturation style (sense of belonging in both the culture of origin and host culture) with results suggesting increased life satisfaction and mental well-being (Berry & Hou, 2016), and decrease in depression (Behrens, del Pozo, Großhennig, Sieberer, & Graef-Calliess, 2015). An assimilation style, in which an individual denies their root of origin, has been stated to be associated with depressive symptoms and lead to a conflictual identity crisis (Behrens et al., 2015), marginalization has been shown to be associated with poor overall wellbeing (Berry &

Huo, 2016). The various ways in which an individual chooses to accept or reject cultural changes can have a significant impact on their mental and physical health.

With the majority of research on acculturation focused on immigrants, there is limited knowledge and understanding of the unique acculturation processes for KTAs. However, acculturation is a two-dimensional process (Bergquist, 2004) including both maintenance of the cultural of origin and the new host culture. KTAs however, often do not have access to resources to learn about their culture of origin. With the majority of transracial adoptive parents being white, KTAs are raised with the cultural experiences of their adoptive parents. However, KTA's apparent physical differences may place expectations that they should live according to their culture of origin (Baden, Treweeke, & Ahluwalia, 2012). In addition, KTAs may not perceive themselves to be immigrants (Baden et al., 2012) and allow themselves to fully experience the natural process of cultural exploration. It has been studied that many white adoptive parents lack the knowledge and experience to adequately engage KTAs in cultural socialization (Anderson, Lee, et al., 2015).

Earlier models of acculturation have been criticized for their view of acculturation as a static and linear process. A contemporary model proposed by Padilla and Perez (2003) have attempted to provide a new perspective of understanding acculturation through the constructs of social cognition, cultural competence, social identity, and social stigma. This model asserts that acculturative processes affect various aspects of an individual requiring a deeper understanding of the cognitive, social and cultural background of the individual. Baden et al. (2012) coined the term "reculturation" to capture the process of cultural development for transracial international adoptees given their unique experience of immigration, family configuration, and relationship with their birth and adopted culture. Reculturation is defined as the process of "reclaiming" (p.

388) the lost birth culture of these adoptees (Baden et al., 2012). Despite the fact that many transracially adopted children, adolescents, and young adults identify as White (Baden et al., 2012), there is a shift that occurs in many transracial adoptees as adults. According to McGinnis et al. (2009), 78% of KTAs in their study felt compelled to shift their identity from white to Korean American. The motivation for reculturation starts during this shift in identity in which transracial adoptees become aware of the gap between their birth culture and lived culture (Baden et al., 2012).

Ethnic Identity

According to Yoon (2001), ethnic identity is comprised of different meanings one attributes to one's self, and is used as a reference of who one is in one's society. Ethnic identity is different from other identities (i.e., social identity) because it is not chosen by the individual (Schneider, 1996). Grotevant (1992) explains that chosen identity components form the framework in which the individual views the world. This framework is constantly modified and revised through the environment and social interactions. The assigned identity components (e.g., gender, ethnicity) provide the context for the chosen identity components. Therefore, a Korean adoptees must learn to negotiate the conflict between their ancestral origin and their identity developed within their social community.

According to McGoldrick, Pearce, and Giordano (1982), ethnicity refers to the values, customs and heritage evolved over generations, and has significant implications for the development of identity through our thoughts, behaviors and emotions. Ethnic identity on the other hand, can be defined as the attitude one has of their own ethnicity and their perceived membership, value and emotional significance to that ethnic group (Phinney, 1990; Phinney, 1992). While some studies use the terms race and ethnicity interchangeably, Markus (2008)

makes a clear distinction between the two by stating that race focuses on difference between groups in terms of power and privilege, while ethnicity focuses on differences in values, beliefs and ways of living. An understanding of ethnic identity can provide a way for researchers to examine the ways in which one assesses the "'fit' between self and the environment" (Spencer & Markstrom-Adams, 1990, p. 292). Developing a strong sense of ethnic identity is important for a variety of reasons. Korean adoptees may face a number of stressors, such as discrimination, not knowing their birth parents, and feelings of exclusion from the dominant group. Ethnic identity may provide a buffered protection against these experiences (Kiang, Gonzales-Backen, Yip, Witkow, & Fuligni, 2006). For non-adopted Korean Americans, a healthy sense of ethnic identity and ethnic identity pride were found to be significant protective factors against the negative effects of discrimination, and also have been found to affect self-esteem (Lee, 2005). Also, adolescents who held a positive regard for their ethnicity were found to be happier and have lower levels of anxiety over a 14-day period (Kiang et al., 2006). For KTAs specifically, ethnic identity may also play an important role in integrating the different aspects of their identity. KTAs and other transracial adoptees are faced with the challenge of making sense of the multiple identities they have. Grotevant (1992) stated that a sense of identity provides cohesion for the sense of self. A healthy development of ethnic identity may allow KTAs to make sense of who they are in relation to their lived culture and ethnic background.

While ethnicity is something that is assigned to an individual, ethnic identity must be developed (Tuan & Shiao, 2011). The beginning of ethnic identity development starts with ethnic exploration. This is important because it shifts an individual from having an identity defined by their surroundings to an identity defined by themselves (Tuan & Shiao, 2011). It is also important to note that ethnic awareness and racial awareness are not the same thing. Bernal,

Knight, Garza, & Ocampo (1990) suggested that racial awareness may develop faster than ethnic awareness because it does not require an understanding of the multiple components of ethnic identity, such as behaviors, customs, beliefs and values. Rather, it is simply an awareness of one's physical characteristics, such as skin or hair color. For minorities, ethnic identity is a valuable part of their identification within the majority culture. Phinney and Alipuria (1987) found that compared to White college students, minority students rated ethnic identity as having more importance to them and engaged in more ethnic identity search than their white peers. Tsai and Fuligni's (2012) study on ethnic minority adolescents identify three components of ethnic identity: ethnic labels, search, and belonging. Ethnic label is "one's affiliation with a particular ethnic group" (p. 57), ethnic search is "the degree to which adolescents explore the meaning of their ethnic group membership" (p. 57), and ethnic belonging is "the extent to which adolescents feel a positive connection with their ethnic groups" (p. 58). They found that those who were involved in more extracurricular activities, and those who attended four-year colleges as opposed to two-year colleges engaged in more ethnic exploration. This implies that ethnic identity development occurs within a social context. Ethnic identity cannot be studied without observing its relationship to the dominant group (Phinney, 1990). A diverse environment may provide richer opportunities for exploration and as a result, allow the individual to further develop their ethnic identity. Adoptees who grow up in more rural cities may not have the opportunities to explore their background compared to adoptees in urban cities. McGoldrick et al. (1982) states that "we need to find a balance that allows us to validate the differences between us, while appreciating the common forces that bind us together, because the sense of belonging is vital to our identity" (p. 6). For KTAs, a sense of belonging and exclusion from various racial and ethnic groups have been found to influence ethnic identity construction (Kim et al., 2010).

Ethnic Identity Development

Ethnic identity development has been the focus of a number of studies looking at identity in ethnic minorities. There are two prominent models of ethnic identity development in the literature that illustrate the stages of ethnic identity development mentioned by Frable (1997). The first is by Cross (1991), who illustrates the different stages (pre-encounter, encounter, immersion/emersion, internalization, internalization-commitment) in terms of how one confronts and internalizes their differences in relation to the dominant group. Second, Bernal et al. (1990) studied the emergence of ethnic identity (ethnic self-identification, ethnic constancy, ethnic role behaviors, ethnic knowledge, ethnic feelings and preferences) in Mexican American children in terms of the acquired knowledge of their ethnicity through their environment and eventually, their feelings towards this learned information. Both of these models highlight the complex internal process that occurs within the individual that starts out with an unawareness of their ethnic status and gradually moves towards self-awareness and understanding of the deeper implications of their ethnicity. In support of this, Kim et al. (2010) highlight that racial and ethnic identity formation is a continuously constructed process that involves negotiating, accepting and rejecting group membership and boundaries. In other words, the development of ethnic identity is an ongoing process in which the individual is continuously examining themselves in their social context.

However, developing a healthy sense of ethnic identity and ethnic identity pride can be difficult for many Korean adoptees because they often lack a clear group to which they belong. A study by Weisskirch (2005) on five different ethnic groups found that Asian Americans were one of two groups that were least likely to see themselves as "typical Americans." Korean adoptees may also find it hard to fit into what it means to be a "typical American" because some

ethnic minorities may attempt to deal with the stress of being a part of a minority group by trying to fit into the majority group (Basow et al., 2008). Citrin, Wong, and Duff (2001) found that Asian Americans tend to have higher levels of ethnic identity than Whites, Blacks or Hispanics regardless of where they were born. Looking at these two studies together, we can infer that Asian Americans may attempt to make up for not feeling like an American by developing a stronger sense of ethnic identity. Unfortunately, this is a challenge for Korean adoptees because they do not have the cultural or ethnic background, knowledge or community for this development.

The Present Study

The goal of the current study aims to analyze the impact of ethnic identity, self-esteem acculturation, social support, and family cohesion on the resilience of KTAs, as well as the relationship of self-identification and age to ethnic identity. I used a quantitative approach to gather self-report measures on these factors for KTA 18 to 62 years of age. Five hypotheses are presented:

Hypothesis 1: KTAs who are younger (ages 18-35) will have higher levels of ethnic identity than KTAs who are older (ages 36-62).

Hypothesis 2: Ethnic identity will be the strongest predictor of resilience.

Hypothesis 3: There will be a positive correlation between ethnic identity and acculturation.

Hypothesis 4: KTAs who identify as Korean will have higher ethnic identity levels.

Hypothesis 5: KTAs who identify as American will have higher acculturation levels.

Chapter 3

Methods

Participants

Eighty-seven participants started the survey. However, 19 participants only completed the demographic questions and 2 participants were under the age limit of 18 years. This resulted in 66 KTAs representing 7 different countries who participated and completed the study survey. The number of respondents from each country were as follows: United States: *n* = 54; Norway: *n* = 2; South Korea: *n* = 3; Sweden: *n* = 2; Luxembourg: *n* = 1; Canada: *n* = 2; Australia: *n* = 2. The average age of the participants was 35.81 years (range = 18 to 60 years). 86% were female, 13% were male, 29% had a graduate degree, 42% had a college degree, 23% completed some college, and 6% had a high school diploma or equivalent.

Procedures

Participants who had been transracially adopted from Korea and 18 years of age or older were eligible for this study. There were no other exclusionary criteria for this study. The study participation and completion occurred online, and survey links were sent out through www.surveymonkey.com. Participants were recruited through several methods. Direct contact and collaboration with the Director of Adoptee Services at Holt International allowed the researcher to advertise the study and survey link on the Holt International quarterly e-newsletter. The researcher also recruited through colleagues who have personal contacts with KTAs, who were then contacted and emailed a link to the survey directly from the researcher. The Korean American Adoptee Adoptive Family Network (KAAN) also agreed to allow the researcher to

post the study and survey on their Facebook page: http://www.facebook.com/kaanet/?ref=br_rs. When participants started the survey, they were first asked to read and agree to an informed consent (see Appendix A) which outlined the nature of the study, as well as contact information of the researcher and research advisor for additional questions or concerns. Participants were not allowed to start the survey without agreeing to the informed consent. The survey was open for one year from March 2015 to March 2016.

Instruments

Demographics. Participants completed a demographics questionnaire to report their age, gender, highest level of education, country of adoption, and self-reported identity (i.e.: Korean, American, Korean-American, or other).

Ethnic identity. Level of ethnic identity was measured using the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992). See Appendix B. The MEIM was developed to measure the components of ethnic identity that are common across various ethnic groups. It is a 14-item self-report questionnaire that uses a four-point Likert scale (1-4), which measures three components of ethnic identity: positive ethnic attitudes and sense of belonging, ethnic identity achievement (both exploration and resolution of identity issues), and ethnic behaviors or practices (Phinney, 1992). The MEIM has been tested in both high school and college student populations with an overall reliability of .81 for the high school sample and .90 for the college sample (Phinney, 1992).

Resilience. Participants completed the Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003). See Appendix C. The CD-RISC was developed to measure stress coping and has been tested in both the general and clinical population. Using a Likert scale from 0 (*not true*) to 4 (*true*), participants respond to 25 items, with higher scores indicating greater

resilience. This scale was initially developed to measure resilience in its relation to treatment outcomes for anxiety, depression, and stress. The contents of the scale incorporate hardiness (Kobasa, 1979), ability to overcome challenges (Rutter, 1985), as well as patience and stress endurance (Lyons, 1991). It has been administered to the following groups: community sample, primary care outpatient, general psychiatric outpatient, clinical trial of generalized anxiety disorder, and two clinical trials of PTSD. For the community sample, a strong internal consistency has been shown with a Cronbach's coefficient alpha of 0.89. Test-retest reliability was tested for the generalized anxiety disorder group and the clinical PTSD group with a correlation coefficient of 0.87. The CD-RISC has been shown to be negatively correlated with both the Sheehan Stress Vulnerability Scale (SVS; Spearman r = -0.32, $P < .0001$) and the Perceived Stress Scale (PSS-10; Pearson r = -0.76, $P < .001$), indicating that high levels of resilience is related to lower levels of perceived stress (Connor & Davidson, 2003).

Social support. The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) was used to measure participant's perception of the level of social support from family, friends and significant others. It includes 12 items on a 7-point Likert scale from 1 (*very strongly disagree*) to 7 (*very strongly agree*) with higher scores indicating greater perceived social support. Research showed strong reliability when administered to a sample of undergraduate psychology students with a Cronbach's coefficient alpha of .88 and a test-retest reliability of .85. It has also been shown to be negatively correlated to depression, r = -.25, $p < .01$, measured by the Depression subscale of the Hopkins Symptom Checklist (HSCL). Further studies have been conducted with samples of pregnant women, adolescents, and pediatric medical residents. Findings indicated Cronbach's coefficient alpha

within the range of .84 to .92 for all three sample groups (Zimet, Powell, Farley, Werkman, & Berkoff, 1990). See Appendix E.

Family cohesion. In order to measure family cohesion, the Family Environmental Scale was administered. This self-report measure includes nine items in which respondents answer 0 (*mostly true*) or 1 (*mostly false*) to measure the degree of perceived help, commitment and support family members provide for each other. Answers are summed with higher scores indicating greater family cohesion. Internal consistency has been measured to be .78 with a 2-month interval test-retest reliability of .86 (Moos & Moos, 2009). See Appendix D.

Self-esteem. Participants were administered the Rosenberg Self-Esteem Scale (Rosenberg, 1965). See Appendix F. This measure includes 10 items on a 4-point Likert scale from 1 (*strongly disagree*) to 4 (*strongly agree*) with higher scores indicating higher self-esteem. It has been administered to various populations with a Cronbach's alpha of .88 (Gray-Little, Williams, & Hancock, 1997) and internal consistency of .86 (Ciarrochi, Heaven, & Davies, 2007).

Acculturation. Level of acculturation was measured using the Asian American Multidimensional Acculturation Scale (AAMAS; Gim Chung, Kim, Abreu, 2004). See Appendix G. The measure includes 15 items and respondents are asked to respond to each item in accordance to three groups: their culture of origin (AAMAS-CO), other Asian Americans (AAMAS-AA), and European-Americans (AAMAS-EA). Responses are recorded using a 6-point Likert scale from *not very much* to *very much.* There are three domains which measures cultural behavior, cultural identity, and cultural knowledge. Three studies of the AAMAS showed strong reliability and validity. The first study with a sample of 342 Asian American undergraduate students resulted in a coefficient alpha of .87 for AAMAS-CO, .78 for AAMAS-

AA, and .81 for AAMAS-EA. The second study with a sample of 138 Asian American undergraduate students indicated a coefficient alpha of .89, .83, and .81 for AAMAS-CO, AAMAS-AA, and AAMAS-EA respectively. The third study involved a sample of 44 Korean Americans in California in which the samples were administered the AAMAS two times within a two-week interval. Results indicated a coefficient alpha of .89 and .91 for AAMAS-CO, .83 and .83 for AAMAS-AA, and .76 and .81 for AAMAS-EA. The test-retest reliability for the two administrations resulted in coefficients of .89 for AAMAS-CO, .75 for AAMAS-AA, and .78 for AAMAS-EA.

Chapter 4

Results

A one-way ANOVA was conducted to determine if scores on the ethnic identity scale (EIS) was different for participants of different ages. Participants were classified into two groups: younger (n = 31), older (n = 25). EIS scores were statistically significantly different between different age groups, F (1, 54) = 5.246, p = .026, η^2 = .09 (see Table 2). EIS scores for the younger age group was higher (M = 32.9032, SD = 8.10084) than the EIS scores for the older age group (M = 27.68, SD = 8.93831; see Table 1).

Table 1

Descriptive Statistics for Age Group and Ethnic Identity

	N	*M* (*SD*)	Std. Deviation	Std. Error
1.00	31	32.9032	8.10084	1.45495
2.00	25	27.6800	8.93831	1.78766
Total	55	30.5714	8.80466	1.17657

Notes. 1 = 18-35, 2 = 36-62

Table 2

ANOVA between age groups and ethnic identity

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	377.565	1	377.565	5.246	0.026
Within Groups	3886.150	54	71.966		
Total	4263.714	55			

A stepwise multiple regression was run to predict resilience from self-esteem, family cohesion, social support, acculturation, and ethnic identity. The most predictive regression model involved only the participant's self-esteem and excluded all other variables, F (1, 40) = 22.866, *p* = .00; adj. R^2 = .348. Self-esteem was a highly significant predictor of resilience scores (β = 1.312, *p* = .00). The regression equation was: predicted resilience = 53.599 + 1.312 x (participant's self-esteem score). See Tables 3 and 4.

Table 3

ANOVA Between Resiliency and Self-Esteem

	Sum of Squares	*df*	Mean Square	*F*	Sig.
Regression	3,143.328	1	3,143.328	22.866	.000[b]
Residual	5,498.791	40	137.470		
Total	8,642.119	41			

Table 4

Coefficients Between Resiliency and Self-Esteem

	B	Std. Error	Beta	t	Sig.
(Constant)	53.599	8.519		6.292	.000
TOTselfesteem	1.312	.274	.603	4.782	.000

A Pearson's product-moment correlation was run to assess the relationship between ethnic identity and acculturation. There was a moderate positive correlation between ethnic identity and acculturation, r (42) = .497, *p* = .001, with ethnic identity sharing 25% of the variance with acculturation. See Tables 5 and 6.

Table 5

Descriptive Statistics for Ethnic Identity and Acculturation

	Mean	Std. Deviation	*N*
Ethnic Identity	30.4048	8.71237	42
Acculturation	147.4286	26.40135	42

Table 6

Correlations between ethnic identity and acculturation

		Ethnic Identity	Acculturation
Ethnic Identity	Pearson Correlation	1	.479*
	Sig. (2-tailed)		.001
	N	42	42
Acculturation	Pearson Correlation	.497	1
	Sig. (2-tailed)	.001	
	N	42	42

Note. * $p < .01$, two tailed

A one-way ANOVA was conducted to determine if the scores on the ethnic identity scale (EIS) were different for different ways in which participants identified themselves (Korean, Korean American, other, and American). Specifically, it was determined if those who identify as Korean would have higher scores on the EIS. Participants were classified into four groups: Korean-American (n = 23), other (n = 16), American (n = 10) and Korean (n = 7). See Table 7 for the means and standard deviations for each of the four groups. However, the Leven's F test

revealed that the homogeneity of variance assumption was not met (p = .001; see Table 8). Therefore, the Welch's F test was used. An alpha level of .05 was used for all analyses. The one-way ANOVA of participants' identification and scores on the EIS revealed a statistically significant main effect, Welch's F (3, 20.748) = 6.212, p = .004 (see Tables 9 and 10), indicating that not all of the participants' identifications had the same average score on the EIS. Post hoc comparison, using the Games-Howell post hoc procedure, was conducted to determine which pairs of the four identifications differed significantly among the EIS scores. These results are given in Table 7 and indicate that those who identify as Korean American (M = 2.7790, SD = .55369) had a statistically higher average score on the EIS than those who identified as American (M = 1.9833, SD = .46448). The effect size for this significant effect was 1.56.

Table 7

Descriptive Statistics for Ethnic Identity and Self-Reported Identity

	N	*M*	Std. Deviation	Std. Error
1.00	23	33.3478	6.64426	1.38542
2.00	16	32.1875	11.68029	2.92007
3.00	10	23.80000	5.57375	1.76257
4.00	7	27.4286	6.05137	2.28720
Total	56	30.5714	8.80466	1.17657

Notes. 1 = Korean American, 2 = Other, 3 = American, 4 = Korean

Table 8

Homogeneity of Variance

Levene Statistic	df1	df2	Sig.
6.051	3	52	.001

Table 9

ANOVA between self-reported identity and ethnic identity

	Sum of Squares	*df*	Mean Square	*F*	Sig.
Between Groups	5.186	3	1.729	3.680	.18
Within Groups	24.423	52	.470		
Total	29.609	55			

Table 10

Robust Test of Equality of Means

	Statistic	df1	df2	Sig.
Welch	6.212	3	20.748	.004

A one-way ANOVA was conducted to determine if the scores on the acculturation scale were different for the different ways in which participants identified themselves (Korean, Korean American, Other, and American). Specifically, it was determined if those who identify as American would have higher scores on the acculturation scale. Participants were classified into four groups: Korean American (n = 19), other (n = 11), American (n = 8) and Korean (n = 4). Results show that those who identify as American did not have higher scores on the acculturation scale, F (3, 38) = .511, p = .677, η^2 = .04. See Tables 11-13.

Table 11

Descriptive Statistics for acculturation and self-reported identity

	N	*M*	Std. Deviation	Std. Error
1.00	19	149.1579	24.97835	5.73043
2.00	11	148.0909	28.04801	8.45679
3.00	8	150.2500	30.74201	10.86894
4.00	4	131.7500	24.19883	12.09941
Total	42	147.4286	26.40135	4.07382

Notes. For age, 1 = Korean American, 2 = Other, 3 = American, 4 = Korean

Table 12

Homogeneity of Variance

Levene Statistic	df1	df2	Sig.
.365	3	38	.779

Table 13

ANOVA Between Self-Reported Identity and Acculturation

	Sum of Squares	*df*	Mean Square	*F*	Sig.
Between Groups	1108.600	3	369.533	.511	.677
Within Groups	27469.685	38	722.886		
Total	28578.286	41			

Chapter 5

Discussion

The purpose of this study was to understand the role of ethnic identity in the development of resiliency in KTAs and to further understand the relationships between ethnic identity, age, acculturation, and self-identification in this population.

Predictor of Resilience

Results of this study did not support the hypothesis that ethnic identity would predict resilience. It was found that self-esteem is the only predictor of resilience compared to the other factors (ethnic identity, family cohesion, social support, acculturation) that were analyzed. This is consistent with a number of researchers who proposed that self-esteem is a key component in resiliency with specific studies confirming this among homeless youth (Dang, 2014) and children (Masten, Best, & Garmezy, 1990). Despite this, it is surprising that ethnic identity was not a significant factor for KTAs specifically as identity appears to be a major source of conflict for many KTAs. According to Cavazos-Rehg and DeLucia-Waack (2009), ethnic identity answers the critical question of "Who am I?" (p. 48) and provides meaning and sense of belonging. Phinney (1992) defined ethnic identity as an individual's attitude about their ethnicity and their membership to that ethnic group. It would be assumed that the development of a healthy ethnic identity would assist KTAs in overcoming difficulties given the challenges they face with regard to discrimination, identity formation, and stereotypes. However, results suggested that self-esteem, is what predicts resiliency in KTAs. There are several possible explanations for this.

Resiliency is a very broad concept referred to as relatively good outcomes in spite of significant stress or adversity (Rutter, 2012). It refers to a global trait or process that allows individuals to face challenges. Ethnic identity on the other hand, is more specific in terms of an individual's ethnic background. Soenens, Berzonsky, and Papini (2016) stated that identity styles relate to ways in which individuals cope with identity-relevant conflicts. The resiliency effects of ethnic identity may be limited to very specific challenges. Tynes et al. (2012) suggested that ethnic identity is an adaptive aspect of culture. His study highlighted the protective role of ethnic identity in the negative effects of online discrimination among African American adolescents. Research suggest that KTAs face various negative experiences and that ethnic identity may buffer the effects of these experiences. However, it is suggested that this buffer may not necessarily translate to other negative experiences.

A review of self-esteem literature reveals many factors that promote self-esteem, one of them being ethnic identity. Phinney and Alipuria (1990) found that ethnic identity commitment, or loyalty to one's ethnic group, was significant related to self-esteem. A study conducted by Phinney, Cantu, & Kurtz (1997) also found ethnic identity to be a significant predictor of self-esteem for minority high school students. Several studies have shown a correlation between self-esteem and bilingual education (Diaz, 1983; Pesner & Auld, 1980). Cavazos-Rehg and DeLucia-Waack (2009) argued that bilingual education results in high levels of ethnic identity, leading to increased self-esteem. This argument was based on Phinney (1989) who stated that people who engage in bilingual education are assumed to view their ethnic background in a positive light and maintain group solidarity. Similarly, Huang's (1995) study showed that biliterate Mexican American children reported increased self-confidence. A sense of belonging and inclusion to an ethnic group is a component of ethnic identity, and this may increase positive feelings of one's

attributes and qualities which Mann et al. (2004) referred to as the self-concept. The self-concept and self-esteem are intricately related because it is the overall evaluation towards the self-concept that defines self-esteem (Harter, 1999). It can also be argued that ethnic identity is also an important aspect of the self-concept (Tynes et al., 2012). Therefore, when healthy ethnic identity is achieved, it is likely that this will ultimately lead to increased self-esteem. In Phinney's (1992) development of the MEIM, self-esteem was related to ethnic identity, but this was significant only for ethnic minorities and not for whites suggesting that this relationship is unique for ethnic minorities. Perhaps because ethnic minority status is so visible for ethnic minorities. This also leads to the possibility that acculturation may also influence self-esteem.

The link between ethnic identity and acculturation has been shown in Yasuda and Duan's (2002) study of Asian American and Asian international students. Phinney, Horenczyk, Liebkind, and Vedder (2001) have also discussed ethnic identity as an aspect of acculturation. Acculturation is a process of adaptation and change that occurs when an individual comes in contact with a new culture (Berry, 2005). This process inevitably affects identity, particularly ethnic identity, because it forces an individual to redefine who they are in terms of their new culture and culture of origin. This relationship between ethnic identity and acculturation may be even more salient for KTAs. As many KTSs are culturalized in predominantly White communities as children, they often find themselves renegotiating their identities as they get older. Baden et al. (2012) stated that many transracial adoptees associate with being "White" by adolescence or early adulthood. However, in Nelson's (2007) conversation with KTAs, she found that many experience a late emergence in the development of a Korean or Asian ethnic identity as they recognize their lack of knowledge and experience rejection within their community. This "reclaiming" (Nelson, 2007, p. 388) of birth culture helps develop identity by

helping them become more comfortable with their culture and through exposure to people from their own ethnic groups (Baden et al., 2012).

Other studies of self-esteem suggest that it is not only ethnic-identity and acculturation that may be related to self-esteem. Family cohesion and social support, the two other factors analyzed in the present study, may also contribute to self-esteem. According to Grotberg (1997), resilient people can identify people in their lives whom they trust and love, and also see themselves as people worthy of love. This speaks to self-esteem not only as an internal trait but also an outcome of positive interpersonal relationships. Kidd and Shahar's (2008) study on homeless youth and self-esteem indicated that loneliness and neglectful caregiving significantly accounted for self-esteem. Feelings of loneliness resulting from lack of positive relationships may contribute to a negative self-concept and reinforce the belief that they are not deserving of care.

Ethnic Identity and Age

With the history of Korean adoption spanning over sixty years, there is no doubt that our understanding of transracial adoption from a political, psychological, and social perspective has developed in many ways. With the recent emergence of literature on KTAs, our understanding of the needs and challenges of KTAs have grown as well. Consistent with my hypothesis, this study shows that younger KTAs had a higher level of ethnic identity than older KTAs. Although there is no known research to my knowledge on the relationship between ethnic identity and age in the KTA population, this is consistent with the historical development of our understanding of KTAs. Ethnic identity development requires exposure and knowledge of the heritage culture. Many transracial adoptees however state that their white adoptive parents are not equipped to provide for their needs in terms of identity and experiences with racism (Docan-Morgan, 2010).

Transracial adoptees must learn about their heritage culture through overt intention of adoptive parents (Ferrari, Ranieri, Barni, & Rosnati, 2015). Therefore, not only the effort put forth by adoptive parents, but also their level of knowledge and access to resources plays an important role in transracial adoptees engagement in ethnic socialization. Fortunately, with the current interest in transracial adoption, as well as the societal importance placed on cultural and ethnic diversity, adoptive parents nowadays are provided with post adoption support groups, education and online resources (Vonk, Lee, & Crolley-Simic, 2010). In addition, even without the active efforts of adoptive parents, adoptees are also provided with the opportunity to travel to and tour Korea which many adoptive agencies offer. With the recent globalization of Korean entertainment and culture, KTAs are also able to learn about their heritage culture through the internet and other media outlets. Unfortunately for earlier generations of KTAs, the opportunities for these experiences did not exist. In addition, the white, middle class lifestyle was idealized as the American dream (Tuan & Shiao, 2011). According to Kim (2015), early on in the history of Korean adoption, the adoptive family screening process favored a homogeneous set of standards for couples such as ethnic, racial, religious and gender role similarities. It can be argued that it wasn't simply the lack of knowledge or resources, but also the intentional efforts of many adoptive families to assimilate KTAs into the American culture and minimize their heritage culture (Rojewski, 2005). Fitting the adopted child into the family was a policy established by the social work system (Kim, 2015). Parents were encouraged to adopt a "color blind" approach early in the history of transracial adoption. However, we now understand that adoptive parents play a pivotal role in helping children develop positive ethnic identity and navigate discrimination (Vonk et al., 2010). Although the intention of these policies and expectations

were based on humanitarian and religious efforts to save orphans, it may also have resulted in the unexpected consequence of limiting the permission for adoptees to explore their heritage culture.

Ethnic Identity and Acculturation

Part of the survey administered included a demographics questionnaire that asked participants about how they identify (i.e., Korean, American, Korean American, or other). It was predicted that those who identify as Korean would have a higher level of ethnic identity. Results were contrary to this hypothesis and indicated that those who identified as Korean American had higher levels of ethnic identity. It is possible that those who identified as Korean-American perceive a sense of closeness and belonging to both Korean and American culture. Phinney's (1989) model of ethnic identity development identified four stages: diffusion, foreclosure, moratorium, and achieved. Ethnic identity achievement is considered the most optimal outcome of ethnic identity formation (Phinney, 1992). An achieved ethnic identity is related to a secure sense of self as member of a particular ethnic group resulting from exploration of one's ethnic identity (Phinney, 1989). When KTAs identify as Korean American, as opposed to American or Korean, they may be exemplifying a healthier level of ethnic identity in which they integrate multiple identities into a cohesive self. As Phinney and Alipuria (1990) put it, like multiracial individuals, transracial adoptees may "forge hybrid identities that incorporate all of their background" (as cited in Ramsey & Mika, 2011, p. 614). With studies suggesting that KTAs often feel like outsiders in both their heritage and adoptive communities, having achieved a healthy ethnic identity that incorporates multiple identities may be adaptive and beneficial (Ramsey & Mika, 2011).

It was also predicted that participants who identified as American would have higher acculturation levels. The results did not support this hypothesis. This suggests that there is no

significant relationship between self-identification and acculturation in KTAs. To my knowledge, there is no research in the literature specifically on acculturation and transracial adoptees. Most of the research focused on immigrants and people of bicultural and biracial backgrounds. Therefore, it is unclear what, if any, factors contribute to the acculturation levels of KTAs. A possible explanation for this result may be that acculturation simply may not be a significant factor for transracial adoptees. Although KTAs are considered immigrants, their lived culture is usually the only culture they know and may not experience the adaption to culture that immigrants may face. Another explanation is that current measures of acculturation may not be suitable for this population based on the reasons stated above.

Limitations and Future Studies

There are several limitations to this study to be addressed. First, there was significant attrition in the completion of the survey which resulted in a lower number of overall participants. Due to the number of factors studied, the number of question items and the length of time it took to complete the survey was likely a contributing factor to the level of attrition. Therefore, it was a small sample study and results should be generalized with caution, particularly the results pertaining to the multiple regression. Also, there was a significantly more women who participated in the study than men. It is possible that there may be gender variances in resilience and identity development. Selection bias may have also been at play. There may have been systematic differences among those who participated in the survey compared to those who did not participate or complete the survey.

The main implication of the present study lies in the importance of self-esteem as a significant predictor of resilience for KTAs. This may shed light in educating adoptive families and adoptive agencies. Education should focus on activities and strategies to increase self-

esteem. A review of literature suggest that a healthy ethnic identity is significantly related to increased self-esteem. Providing ample opportunities for KTAs to explore their heritage culture, and encouraging dialogue with adoptive families about race, ethnicity, and culture may help KTAs develop their identity in relation to both their heritage culture and lived culture.

Future research may further study the relationship between KTAs and acculturation. It is unclear based on the current study whether acculturation is a relevant factor for KTAs and the best ways to measure it for this population. Due to the fact that most KTAs are adopted at a very young age, it is difficult to determine which culture would be considered their culture of origin and host culture. In addition, the current study suggest that self-identification is related to ethnic identity for KTAs. A qualitative study on the internal process that occurs within KTAs with regard to their self-identification may provide valuable information about the ways in which they form their identities.

Conclusion

In conclusion, results show the association between self-esteem and resiliency among KTAs. Self-esteem was the only factor that significantly predicted resiliency. Ethnic identity, social support, acculturation, and family cohesion did not predict resiliency in this study. However, it is suggested that ethnic identity, social support, acculturation, and family support are all factors that contribute to increased self-esteem. Therefore, it is argued that these factors are indirectly associated with resilience in KTAs through their contribution to self-esteem.

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Appendix A

Informed Consent

Title of Study: The Cultural Development of Transracial Korean Adoptees
Researcher: Sue Han
Department: George Fox University, Graduate Department of Clinical Psychology

In order to participate in this research study, it is necessary that you give your informed consent. By signing this statement, you are indicating that you understand the nature of the research study, your role in the research study and that you agree to participate in the research. Please consider the following points before signing:

- This study is being conducted for a dissertation project to fulfill a requirement for a doctoral degree in clinical psychology.
- The purpose of the study is to study the ways in which transracially adopted Korean adults navigate and negotiate their multiple identity markers and develop their sense of ethnic and identity.
- I understand that I will be asked to participate in a face-to-face videotaped interview with the researcher.
- I understand that my data and video taped interview will only be accessed and reviewed by the researcher and committee members of the dissertation committee (Winston Seegobin, PsyD; Mark McMinn, PhD; Carlos Taloyo, PhD).
- I understand that my identity will not be linked with my data, and that all information I provide will remain confidential. Holt International will not be given any data about the information that I provide.
- I understand that the results from this research study may be published in a journal article.
- I understand that I will be provided with name and email address of the researcher to contact if I have any questions about the research.
- I understand that participating in this research study may cause some emotional distress and discomfort. I understand that I will be given information about counseling center to contact if I feel the need to.
- I understand that there will be no direct benefits to myself for taking part in this research. However, my participation may provide useful information in understanding the way ethnic and cultural identity is developed in adults with multiple identity markers.

- I understand that my participation in this research study is voluntary and that I may withdraw from the study at any time.

I have read the informed consent and understand the nature of the study, how my information will be used and my role in the study.

Printed Name Signature

Date

Participant: _____

Researcher: _____

Appendix B

Multigroup Ethnic Identity Measure

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are Hispanic or Latino, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in: In terms of ethnic group, I consider myself to be _____

Use the numbers below to indicate how much you agree or disagree with each statement.

(4) Strongly agree (3) Agree (2) Disagree (1) Strongly disagree

1- I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.
2- I am active in organizations or social groups that include mostly members of my own ethnic group.
3- I have a clear sense of my ethnic background and what it means for me.
4- I think a lot about how my life will be affected by my ethnic group membership.
5- I am happy that I am a member of the group I belong to.
6- I have a strong sense of belonging to my own ethnic group.
7- I understand pretty well what my ethnic group membership means to me.
8- In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.
9- I have a lot of pride in my ethnic group.
10- I participate in cultural practices of my own group, such as special food, music, or customs.
11- I feel a strong attachment towards my own ethnic group.
12- I feel good about my cultural or ethnic background.

13- My ethnicity is
- (1) Asian or Asian American, including Chinese, Japanese, and others
- (2) Black or African American
- (3) Hispanic or Latino, including Mexican American, Central American, and others
- (4) White, Caucasian, Anglo, European American; not Hispanic
- (5) American Indian/Native American
- (6) Mixed; Parents are from two different groups
- (7) Other (write in): _____

14- My father's ethnicity is (use numbers above)
15- My mother's ethnicity is (use numbers above)

Appendix C

Resilience scale CD-RISC

For each statement give the response that best describes your experience: **not true at all** (0), **rarely true** (1), **sometimes true** (2), **often true** (3), **true nearly all of the time** (4)

	Not true				True
1 Able to adapt to change	0	1	2	3	4
2 Close and secure relationships	0	1	2	3	4
3 Sometimes fate or God can help	0	1	2	3	4
4 Can deal with whatever comes	0	1	2	3	4
5 Past success gives confidence for new challenge	0	1	2	3	4
6 See the humorous side of things	0	1	2	3	4
7 Coping with stress strengthens	0	1	2	3	4
8 Tend to bounce back after illness or hardship	0	1	2	3	4
9 Things happen for a reason	0	1	2	3	4
10 Best effort no matter what	0	1	2	3	4
11 You can achieve your goals	0	1	2	3	4
12 When things look hopeless, I don’t give up	0	1	2	3	4
13 Know where to turn for help	0	1	2	3	4
14 Under pressure, focus and think clearly	0	1	2	3	4
15 Prefer to take the lead in problem solving	0	1	2	3	4

16 Not easily discouraged by failure---------- 0 1 2 3 4

17 Think of self as a strong person---------- 0 1 2 3 4

18 Make unpopular or difficult decisions---------- 0 1 2 3 4

19 Can handle unpleasant feelings ---------- 0 1 2 3 4

20 Have to act on a hunch ---------- 0 1 2 3 4

21 Strong sense of purpose ---------- 0 1 2 3 4

22 In control of your life ---------- 0 1 2 3 4

23 I like challenges---------- 0 1 2 3 4

24 You work to attain your goals---------- 0 1 2 3 4

25 Pride in your achievements ---------- 0 1 2 3 4

Appendix D

Family Cohesion

Items: Responses categories: 0=Mostly True and 1= Mostly False

1. Family members really help and support one another.

2. We often seem to be killing time at home.

3. We put a lot of energy into what we do at home.

4. There is a feeling of togetherness in our family.

5. We rarely volunteer when something has to be done at home.

6. Family members really back each other up.

7. There is little group spirit in our family.

8. We really get along well with each other.

9. There is plenty of time and attention for everyone in our family.

Appendix E

Social Support Assessment

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1	2	3	4	5	6	7

1. There is a special person who is around when I am in need. 1 2 3 4 5 6 7

2. There is a special person with whom I can share my joys and sorrows. 1 2 3 4 5 6 7

3. My family really tries to help me. 1 2 3 4 5 6 7

4. I get the emotional help and support I need from my family. 1 2 3 4 5 6 7

5. I have a special person who is a real source of comfort to me. 1 2 3 4 5 6 7

6. My friends really try to help me. 1 2 3 4 5 6 7

7. I can count on my friends when things go wrong. 1 2 3 4 5 6 7

8. I can talk about my problems with my family. 1 2 3 4 5 6 7

9. I have friends with whom I can share my joys and sorrows. 1 2 3 4 5 6 7

10. There is a special person in my life who cares about my feelings. 1 2 3 4 5 6 7

11. My family is willing to help me make decisions. 1 2 3 4 5 6 7

12. I can talk about my problems with my friends. 1 2 3 4 5 6 7

Appendix F

Scale: Rosenberg Self-Esteem Scale

Instructions: Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.

Strongly Agree Agree Disagree Strongly Disagree

2. At times I think I am no good at all.

Strongly Agree Agree Disagree Strongly Disagree

3. I feel that I have a number of good qualities.

Strongly Agree Agree Disagree Strongly Disagree

4. I am able to do things as well as most other people.

Strongly Agree Agree Disagree Strongly Disagree

5. I feel I do not have much to be proud of.

Strongly Agree Agree Disagree Strongly Disagree

6. I certainly feel useless at times.

Strongly Agree Agree Disagree Strongly Disagree

7. I feel that I'm a person of worth, at least on an equal plane with others.

Strongly Agree Agree Disagree Strongly Disagree

8. I wish I could have more respect for myself.

Strongly Agree Agree Disagree Strongly Disagree

9. All in all, I am inclined to feel that I am a failure.

Strongly Agree Agree Disagree Strongly Disagree

10. I take a positive attitude toward myself.

Strongly Agree Agree Disagree Strongly Disagree

Appendix G

Asian American Multidimensional Acculturation Scale

Please indicate the number that best represents your view on each item from 1 (not very well) to 6 (very well).

1. How well do you speak the language of:
    a. Your own Asian culture or origin: _____
    b. Other Asian groups in America: _____
    c. English: _____

2. How well do you understand the language of:
    a. Your own Asian culture or origin: _____
    b. Other Asian groups in America: _____
    c. English: _____

3. How well do you read and write in the language of:
    a. Your own Asian culture or origin: _____
    b. Other Asian groups in America: _____
    c. English: _____

4. How often do you listen to music or look at movies/dramas and magazines from:
    a. Your own Asian culture or origin: _____
    b. Other Asian groups in America: _____
    c. English: _____

5. How much do you like the food of:
    a. Your own Asian culture or origin: _____
    b. Other Asian groups in America: _____
    c. English: _____

6. How much do you eat the food of:
    a. Your own Asian culture or origin: _____
    b. Other Asian groups in America: _____
    c. English: _____

7. How knowledgeable are you about the history of:
    a. Your own Asian culture or origin: _____
    b. Other Asian groups in America: _____
    c. English: _____

8. How knowledgeable are you about the culture of:
    a. Your own Asian culture or origin: _____
    b. Other Asian groups in America: _____
    c. English: _____

9. How much do you practice the traditions and keep the holidays of:
    a. Your own Asian culture or origin: _____
    b. Other Asian groups in America: _____
    c. English: _____

10. How much do you identify with:
    a. Your own Asian culture or origin: _____
    b. Other Asian groups in America: _____
    c. English: _____

11. How much do you feel you have in common with the people from:
    a. Your own Asian culture or origin: _____
    b. Other Asian groups in America: _____
    c. English: _____

12. How much do you interact and associate with people from:
    a. Your own Asian culture or origin: _____
    b. Other Asian groups in America: _____
    c. English: _____

13. How much would you like to interact and associate with people from:
    a. Your own Asian culture or origin: _____
    b. Other Asian groups in America: _____
    c. English: _____

14. How proud are you to be part of:
    a. Your own Asian culture or origin: _____
    b. Other Asian groups in America: _____
    c. English: _____

15. How negative do you feel about people from:
    a. Your own Asian culture or origin: _____
    b. Other Asian groups in America: _____
    c. English: _____

Appendix H

Curriculum Vitae

Sue Han
Email: shan12@georgefox.edu

Education

George Fox University 2014-present
APA Accredited Doctoral Program
Anticipated Graduation Date: July 2017
Newberg, Oregon
Psy.D. Degree in Clinical Psychology
Dissertation: The Unique Role of Ethnic Identity in the Resilience of Korean Transracial Adoptees

George Fox University 2014
Newberg, Oregon
M.A. Degree in Clinical Psychology

University of Victoria 2011
Victoria, BC, Canada
B.A. Degree in Psychology

Professional Affiliations

National Register of Health Service Psychology 2016

Credentialing Scholarship Recipient

American Psychological Association 2012-present

Student Member

Clinical and Work Experience

Pre-doctoral Internship July 2016-present

Wasatch Mental Health, Provo, Utah
APA Accredited Internship Site
Training Director and Supervisor: Randy Pennington, Psy.D.

Supervisor: Brian Arnesen, Ph.D.
Provide individual and family therapy in a multidisciplinary setting. Duties include intake evaluations, individual and family therapy, psychological and neuropsychological assessments, consultation, and training.

Pre-internship Practicum August 2015-June 2016

Morrison Child and Family Services, Gresham, OR
APA Accredited Internship Site
Supervisor: Beth French, Psy.D.
Provide individual, family and parent therapy for children (ages 6-18) and families in a multidisciplinary setting. Duties included intake, case management, consultation, case coordination, and training, advocating for clients mental heath needs in schools, communication with teachers and school system.

Advanced Practicum August 2014-June 2015

Behavioral Health Clinic, George Fox University, Newberg, OR
APA Accredited Internship Site
Supervisor: Joel Gregor, Psy.D.
As the assessment coordinator, duties included providing psychological and neuropsychological/cognitive assessments for children and adults (age 6-78) and managing all assessment referrals by assigning assessment cases to other therapists. Additional duties included providing individual, couples and group therapy for children and adults, administrative duties (scheduling, phone calls, paperwork, etc.), consultation, and training.

Medical Interpreter August 2014-May 2015

Sache International Language, Portland, OR
Provide Korean-English medical interpretation services for non-English speaking Korean medical patients. Provided services in optometry, internal medicine, gynecology and obstetrics, and oncology.

Practicum August 2013-May 2014

Cedar Hills Mental Health Hospital, Portland, OR
Supervisor: Jon Benson, Psy.D
Provide group therapy (ages 18-70) for patients in the stabilization, chemical dependency, dual diagnosis and women's units in an inpatient, multidisciplinary medical setting. Additional duties included treatment planning, crisis de-escalation as needed, risk assessment, discharge planning, case management, consultation and training.

Consultation

Crisis Intervention Training (CIT) November 2016

Provo Police Department, Provo, UT
Provided mental health consultation for law enforcement staff undergoing CIT training.

Professional Presentations

Seegobin, W., **Han, S**., Smith M.S., Hoose, E., Brewer, A., Rodriguez, D., Rabie, A., Egger, A. & Chang, K. (2016). *Comparative Study of Religion and Racial Prejudice Using the Implicit Association Test (IAT).* Poster presentation at the American Psychological Association Convention. Denver, CO.

Andrews, G., Neal, D., **Han, S**., Leonce, C. & Seiders, J. (2016). *Cognition, Memory and Behavior of Sibling Groups with FASD: Nature and Nurture.* Symposium presentation at the American Psychological Association Convention. Denver, CO.

McGhie-Richmond, D. & **Han, S**. (2010). *Assistive Technology Training for Teachers: A preliminary look at provincial policies and Canadian university requirements and offerings.* Presentation at the Bridges to Learning Conference. Ottawa, ON, Canada.

Teaching Experience

George Fox University

Graduate Department of Clinical Psychology
Graduate Teaching Assistant, August 2015-April 2016
Course: Clinical Foundations of Treatment I, II

Graduate School of Counseling
Adjunct Instructor, August 2015-December 2015
Course: Research Methods and Statistics

Graduate Department of Clinical Psychology
Graduate Teaching Assistant, January 2015-April 2015
Course: Research Methods