Korean migrant women’s experiences of depression in New Zealand: Cultural understanding and change through a narrative therapy lens

Minkyeong J. Kwon

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Abstract

This thesis explores how the roles of women in Korean culture impact on Korean migrant women's experiences of depression, and how narrative therapy conversations can help Korean women who struggle with depression to overcome it. This project uses a case study approach for data collection, and the sample consists of three participants who have struggled with depression that is linked with Korean gendered/cultural ideas. They all live in New Zealand, have completed counselling sessions with the researcher, and have experienced positive outcomes regarding overcoming depression through narrative therapy work.

Data were gathered from narrative therapy counselling sessions over time. Narrative analysis was used to interpret and evaluate the data, because it is known to fit well with case-centred analysis, which focuses on individual stories told by participants. Findings indicate the manifestation of shared discourses across cases, evidenced by similar beliefs and behaviour patterns. In each case, a narrative approach helped Korean migrant women who struggled with depression regain hope in their lives and enhance their sense of self-worth by externalising their problem stories in a wider cultural context, allowing them to discover their own ideas and hopes which were silenced due to culturally dominant ideas. Viewing persons in relationship with others was also effective, as it fits with Korean collectivism.
Acknowledgment

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Thesis organisation

This thesis is composed of the following chapters:

**Chapter one** documents the background of this research and the location of myself in the research process.

**Chapter two** is a review of current literature on immigration, depression, Korean migrant women’s depression and its cultural background, dominant approaches to dealing with depression, narrative therapy and its contribution to dealing with Korean migrant women’s depression, and researching narrative practice with a narrative method.

**Chapter three** discusses the research methodology and presents the framework that underpins the implementation of this research, including the sampling process, the data collection tools, and the methods of data analysis.

**Chapter four** of this study presents the findings of the research, and includes discussion of the findings and recommendations for future research.
CHAPTER ONE – BACKGROUND

1.1 The background and motivation for this study

Korean people constitute one of the fastest growing ethnic groups in New Zealand; Koreans numbered 30,171 in 2013 (Statistics New Zealand, 2013a). The Migration Research Group from the University of Waikato showed that, on the whole, Asians are not receiving adequate professional support for their mental health (Ho, Au, Bedford, & Cooper, 2003). In some USA research, Korean migrants are observed to have higher levels of depressive symptoms than other Asian ethnic groups, and often Korean women experience depression without enough social support (Bernstein, Lee, Park, & Jyoung, 2008). As I have worked as a counsellor with Korean women for six years, I have increasingly recognised that depression is one of the most common experiences of Korean migrant women. Furthermore, there is a lack of research in this area. For these reasons, it seems vital to undertake research to better understand the needs of this group in relation to depression and to explore culturally appropriate approaches to support them. This thesis investigates the specific ways in which narrative therapy—a counselling approach that helps clients through encouraging them to develop more useful stories about themselves—can contribute positively to the treatment of depression among Korean migrant women by assisting them to regain hope in their lives, and enhancing their sense of self-worth, in part through critical awareness of Korean cultural norms.

As a Korean migrant counsellor, I share a cultural identity with this group which has afforded me an ‘insider’s’ insight into Korean migrant women’s experiences of depression. Through therapeutic conversations with my clients, I have identified that the role of women in Korean culture could be one of the underlying or major sources of their depression. Therefore, I anticipated that this particular area of investigation would yield fruitful insights, and it is a key part of my study.

There is a growing interest in multicultural competency for mental health practitioners internationally (Jaladin, n.d.). It is hoped this research will contribute to non-Korean counsellors/therapists, particularly narrative therapists, developing more cultural sensitivity in working with Korean clients. I also expect that this research will encourage
other Korean migrant women who experience depression to seek counselling services, which may help them to be able to experience more fulfilled lives and overcome depression more effectively. Another desired impact of this research is increased awareness of gendered power relations in the Korean community, and associated negative impacts on women’s mental health. Such awareness may contribute to a change in women’s lives, including creating a climate of societal changes supporting greater freedom for Korean women to take on a variety of social and emotional roles beyond ‘traditional’ role expectations for them.

1.2 The objective of the study and the research questions
The objective of the study is to examine how the roles of women in Korean culture impact on Korean migrant women’s experiences of depression in the context of narrative therapy conversations. This study also investigates how narrative therapy can help Korean women who struggle with depression to overcome it, enhancing self-worth and regaining hope in their lives.

This research project will seek to answer the following research questions:
• When a link between depression and Korean cultural norms of gender is established, how is it manifested in women’s lives?
• In what ways can narrative therapy contribute to Korean migrant women who struggle with depression regaining hope in their lives and enhancing their sense of self-worth?

1.3 The nature of the information sought:
This study involved an interpretive analysis of qualitative data. I used a case study method for data collection to draw out the effects of cultural factors shaping Korean immigrant women’s depression, and to explore the effectiveness of narrative therapy for supporting them to overcome depression. The data were gathered from counselling sessions with several clients over time. My sample included women who expressed a link between depression and Korean gender norms, and had also experienced ways of overcoming depression in their work with me. My focus was on how these issues were manifested and
how they were expressed. In the therapy sessions, clients took the role of experts in their world, and I used key narrative practices like externalizing the problem, and assisting them to engage with preferred versions of their lives, which had often been silenced by traditional cultural beliefs and norms. Through these processes and also in the literature review, I explored how narrative therapy could be used to good effect to support Korean women to deal with this condition.

1.4 The location of myself in the research process
Lago (2006) states that counsellors’ awareness of their own background is essential for successful therapy, because their backgrounds and experiences inevitably affect their practice. In the same way, according to Breurer, Mruck, & Roth (2002), the process and results of research are also influenced by the researcher’s subjectivity, which can have an impact on the choice of topic for research and also on methodologies, hypotheses, and interpretations of data (Ratner, 2002). For this reason, researchers are encouraged to reflect on their own values and subjectivity and their possible effects on the research (Ratner; Breurer et al., 2002). Breurer et al. state that accounting for the researcher’s subjectivity is most important for qualitative research, because it does not follow the standardized procedures of quantitative research. These authors also argue that researchers need to deal with this concern “proactively rather than defensively” (para. 4).

This research project used an interpretative qualitative research methodology that views reality as socially constructed and fluid (Cohen & Crabtree, 2006, as cited in Mackenzie & Knipe, 2006). I am aware that my identity and professional practice significantly shaped the data for this research project because I was studying the effects of my own counselling practice and I share the same cultural background of the participants in this project.

The effects of Korean culture in my life and identity
The subject of identity has been widely studied in the social science field, including Cerulo (1997) who also discusses how identities are constructed. From a constructionist perspective, Clarke (2008) states that identity is a complex combination of “a social construction” and “of a psychodynamic process” (p.510). According to Webber (2006), “…there is no single or exact measure of what constitutes identity, but it is dynamic and continuously evolving” (p.7). Therefore, any identity story can shift, and contain multiple possibilities.
Culture is one of the significant factors that shape who we are, as we develop our values and beliefs within the culture in which we belong. According to the Oxford dictionary, culture is defined as “the ideas, customs, and social behaviour of a particular people or society” (“Culture,” 2014). For this reason, exploring my cultural background is essential for readers to understand who I am as a researcher in this study.

I grew up in Korea, and lived there for 29 years until I moved to New Zealand. My Korean cultural background has especially influenced my gender identity and my understanding of women’s roles. Confucianism has been the most fundamental philosophical and ethical standard in Korea (Kim & Hoppe-Graff, 2001), and it has influenced Korean society positively and negatively. According to Kim and Hoppe-Graff, because Confucianism places value on clear discipline and hard work, it brought “the prosperity and socioeconomic growth of the Korean economy” (p.86). Confucianism also values the hierarchical ordering of different roles between elder and younger people and between men and women (Kim & Hoppe-Graff). The different roles between men and women influence the shaping of gender inequality in Korean society. Maynes (2011) discusses the negative impact of gender roles in women’s lives and states that “Throughout Korean history, a women’s self-worth and honor were measured by her chastity and adherence to men. Females have consistently been expected to be obedient, fertile, impalpable, and above all, sexually abstinent” (p.1).

For this reason, when Christianity entered into Korean society in the late 1880s, it was considered ‘radical’ in its understanding of gender roles because it contradicted Korean cultural expectations for women (Clark, 2006; Jeong & Dreyer, 2003). Christianity provided educational opportunities for women by building schools for them, which was very unfamiliar in Korean society.

Despite the change of women’s roles in Korean society due to influences from the western world and the adoption of Christianity since the end of the Korean war (Palley, 1990; Clark, 2006), traditional ideas of Confucianism still shape beliefs about the superiority of men over women (Jeong & Dreyer, 2003; Maynes, 2011; Rudolf & Kang, 2011). This situation of gender inequality caused a preference for having male babies (Jeong & Dreyer, 2003), and this led to a 1987 law in Korea which made it illegal for obstetricians to reveal the sex of the
foetus to a pregnant woman and her husband. This law was designed to prevent illegal abortions being performed if the baby is known to be a female, and it was maintained until 2008; it has since been revised due to a growing concern about the rights of the parents and obstetricians (Wolman, 2010).

These cultural ideas of valuing males more highly than females, and having clear concepts about different gender roles, have had an impact on my family. My mother had a desire to study abroad when she graduated from university in Korea. However, she told me that she had to give up this plan because my grandparents could not understand or support it, due to the idea that women should marry at that age rather than studying or achieving personal goals. I heard this story from my mother and sensed her sadness, which shaped my understanding about women’s roles. I heard another story that my father was very disappointed that I was born as a girl. I felt sad, and unaccepted, but I thought my father’s response was understandable because this was common in most families at that time.

These experiences resulted in my developing a poor self-image as a female, and in my considering that a woman’s role requires her to sacrifice her own needs for the sake of family and others. For example, when some of my needs were unmet, I rarely expressed my feelings about this, and used to think that this was the way a good a female’s life was meant to be. This suppressing of my needs and feelings often caused me to feel exhausted physically and emotionally, but I tried to cope with this situation by developing more ‘patience’. ‘Patience’ is a common theme for Korean women especially in their experiences of depression, and it will be discussed later in my study. I experienced this pattern in my life until I took on new ideas about who I am as a female.

The effects of Christianity and the migration experience on my life and identity
Webber (2006), a senior lecturer and researcher at the University of Auckland, writes that an identity involves “a complex set of interwoven concepts and understandings” (p.7). For me, Christianity was a significant factor for developing different ideas for understanding myself and the world around me. Christian discourse can be seen to embrace gender equality, when seen in the light of gender inequality within Confucianism (Choi, 2009).
I became a Christian when I was twenty. Ebstyn King (2003) states that religion influences the formation of personal identity. On my spiritual journey, I found many significant readings that have led me to embrace myself as a person and a female. Even though I felt unaccepted and sad because my dad was disappointed when I was born a female, engaging with biblical ideas influenced me to think of myself as a valuable person, and to believe that males and females are equal in value because both carry the image of God. As I note in my literature review, the vast majority of Koreans living in New Zealand are Christian— including all the participants in this study—but not all Korean Christians would engage with the particular ideas/discourses of Christianity I have described here.

My immigration experience also contributed to my development of new ideas about women’s roles. My move to New Zealand, which unlike Korea (at that time) is a multicultural society, provided me with opportunities to see other ways of life for women. I met women from different nationalities and cultural backgrounds like me, who shared the housework and child-rearing responsibilities with their husbands unlike Korean women. Their husbands did not feel shame in taking this role, but seemed to enjoy it. I also observed other women from a western cultural background who had a concept of ‘self care’ which was unfamiliar to me as a Korean. Korean culture emphasizes group identity rather than individual identity and it is particularly women’s responsibility to uphold this group identity. Therefore, Korean women tend to give priority to family or community needs rather than their own personal needs.

For me, a biblical perspective and observing the ways of life of other women from my immigration experience helped me to see the effects of Korean cultural ideas on my identity and life as a woman. This led me to develop new ideas of who I am and to embrace myself more fully as a female. I moved from a dominant Korean cultural idea of women’s roles, ‘sacrificing myself for family/others,’ to a new idea of ‘maintaining balance between caring for others and for myself’. As I engaged with this new idea about women’s roles, I was able to allow myself space to hear my own voice about my needs, while not neglecting my family/others, for example, following my own desire to be a counsellor. As Clarke (2008) states, identity is dynamic, allowing for multiple possibilities, and can shift along with a person’s changing experiences and the different values with which he/she engages (see also Burke, 2006).
The effects of my experiences on my professional development and research

While I have been working as a counsellor for the last six years, I have identified that the cultural idea of women’s roles impacts not only my life but also the lives other Korean women. I have worked with many women who came to counselling to deal with feeling exhausted and depressed, and they often told me that following the culturally accepted way of life for Korean women prevented them from being who they really are. Some of them had suicidal thoughts because they had lost hope in their lives.

As a practitioner, on the one hand I try to separate my personal experiences from those of clients to avoid making untrue assumptions about my clients’ worlds, because each person has their individual personality and their experiences may be different from mine. Strong, Pyle, Johnston, and Foskett (2008) suggest that counsellors need to be careful about making assumptions and remain curious about their clients’ worlds. On the other hand, I felt compassion for their suffering as Korean women, because most of them were aware that their experience of depression was related to their struggle to live as Korean women. Some of them told me that the reason they sought a Korean counsellor is because cultural understanding is important for them.

Once I became aware of this pattern in my work from 2010, I began to have discussions about this concern with my supervisor and other practitioners to find effective ways of supporting these clients. This journey as a practitioner has led me to see the benefits of applying narrative therapy to deal with Korean migrant women’s depression; because narrative therapy sees a problem not only as individual suffering but also within social contexts (Payne, 2006). Moreover, narrative therapy views persons’ lives as consisting of multiple stories (White, 2007); this understanding has led me to inquire about any untold stories in clients’ lives which match their desires and hopes. I often found that clients who have experienced depression were empowered as they discovered new storylines which enabled them to combat depression, to live their lives with hope and also to effect positive changes in their relationships.

My double insider positioning, both as the counsellor co-creating data for this study and as a Korean migrant woman, could be seen as helpful for drawing out Korean migrant women’s
experiences of depression. Dover (2008) cites Coghlan’s discussion about the contribution of ‘insider’ research, noting the following benefits:

- The opportunity to acquire “understanding in use” rather than “reconstituted understanding”
- Knowledge of an organization or community’s everyday life—its rules and norms
- Use of appropriate “internal jargon” and an ability to draw on one’s own experience in asking questions and interviewing (Coghlan, 2003, as cited in Dover, 2008, para.2)

In terms of these contributions outlined by Coghlan, my research, which was informed by an insider’s insight, was designed to assist others (in the counselling field and the Korean community) to better understand the link between Korean migrant women’s depression and Korean cultural gender norms.
CHAPTER TWO – LITERATURE REVIEW

Introduction

Humans derive meaning and their beliefs/worldview from the culture in which they belong (Delaney & Kaspin, 2011). According to Berry (1997), “individuals generally act in ways that correspond to cultural influences and expectations” (p.6). Therefore, culture and context have been studied by many scholars from a range of disciplines, including education, medicine, psychology, counselling, and anthropology (Jaladin, n.d.).

Understanding culture is especially essential in a multi-cultural society in order to be able to provide appropriate support for people belonging to various cultural groups. Therefore, there is a growing interest among scholars and practitioners in the mental health field about “how to better address diversity and multicultural issues in service delivery and how to better educate and train mental health professionals to become multi-culturally competent” (Jaladin, n.d., p.2).

The literature review of this thesis concentrates on understanding Korean clients’ worlds: especially cultural factors that can influence Korean migrant women’s depression, and how narrative therapy interventions can be used as effective strategies for supporting them with this issue during the counselling process. The first part of the literature review briefly discusses immigration and its challenges for the mental health field in multi-cultural societies like New Zealand. Following this section, the review covers Korean migrants in New Zealand, particularly Korean women’s experiences of depression. The next part discusses depression and cultural norms surrounding women’s roles in Korea, followed by a section about additional cultural factors that shape women’s roles in Korea and the impact of these factors on women’s lives. After this the literature review outlines the current dominant approaches to dealing with depression and their limitations, and the following segment is about narrative therapy and its possible contribution to addressing Korean migrant women’s depression issues. The final part is about researching narrative practice using a narrative method, the chosen method for this project.

2.1 Immigration and its challenges for the mental health field in multi-cultural societies like New Zealand
Immigrants’ transition issues that can cause stress

Immigration is a global phenomenon (Kumar, Tae, Fernando, & Wong, 2006). People move from their country of origin to other countries to settle for various reasons, such as political, economic, educational or environmental reasons (Bhugra, 2004). In the last few decades, immigrant populations have grown rapidly around the world (International Organization for Migration, 2010). Based on the International Organization for Migration’s World report 2010, the number of migrants globally was estimated to be 214 million in 2010 and it is anticipated that this figure could rise to 405 million by 2050 (International Organization for Migration).

Immigrants can experience positive and negative effects of immigration in their lives. The positive aspects that are sometimes experienced are: having better opportunities for personal and professional growth, an increased standard of living, and contributing to the economic welfare of the host country (Bobei, 2011; Doqra, 2011). Immigrants also can experience difficult transition issues. Bhugra (2004) states that migration is a process that “involves not only leaving social networks behind (which may or may not be well established) but also… experiencing at first a sense of loss, dislocation, alienation and isolation” (para. 2), and then a complex process of acculturation to the new country. Dixon, Tse, Rossen, & Sobrun-Maharai (2010) quote Berry’s (2005) description of acculturation as:

...the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members. At a group level, it involves changes in social structures and institutions and in cultural practices. At the individual level, it involves changes in a person’s behavioural repertoire. (p.6)

Kirmayer et al. (2011) view the migration trajectory as having three phases: premigration, migration and postmigration resettlement, and each phase has its “specific risks and exposures” (p.959). Therefore, immigrants can experience stress in all these phases, as they lose their familiar life patterns and have to adjust to new and very different environments (Kumar et al., 2006; Dixon et al., 2010). The degree of stress varies depending on age, depth of attachment to the original society, the capacity to tolerate separation, degree of choice in leaving, and differences between the prior and new place (Akhtar, 2011).
Common transition issues for immigrants while they adapt to new contexts are: language difficulties, employment problems, disruption of family and social support networks, acculturation attitudes, and traumatic experiences prior to migration (Ho et al., 2003). Other research examines discrimination, cultural conflict and low socioeconomic status as additional factors that create stress. All these changes and challenges can cause mental health problems (Kuo & Tsai, 1986, as cited in Bernstein et al., 2008; Kirmayer et al., 2011).

Bhugra (2004) discusses migrants’ experiences of changes in cultural identity: “On settling down in the new culture, their cultural identity is likely to change and that encourages a degree of belonging; they also attempt to settle down by either assimilation or biculturalism” (para.1). Assimilation refers to the process of minority groups gradually adapting to the dominant society (“Assimilation,” 2013), and biculturalism refers to the co-existence of distinct cultures (“Biculturalism,” 2013). In the New Zealand context, biculturalism is understood and defined differently than in other countries due to its unique cultural make up. Biculturalism is a significant factor in shaping New Zealand national identity, and is incorporated into social service and immigration policies. This topic will be discussed in the next section.

**Immigration and its challenges in a multi-cultural society like New Zealand**

Immigration trends have resulted in an increasing number of multi-cultural societies where various ethnic and cultural groups of people who have diverse histories, beliefs and languages live together. When different cultures interact, both the dominant and minority cultures experience ‘acculturation’ (Berry, 2005). This circumstance inevitably challenges a multicultural society to adjust to these changes and to develop multicultural competencies such as learning other languages, customs, beliefs and cultures.

As noted above, biculturalism shapes New Zealand significantly. This biculturalism is based on the Treaty of Waitangi, which was signed between Māori [the original inhabitants of New Zealand] and the British Crown in 1840 and is a founding document for New Zealand. Writing about biculturalism more generally, Schwartz & Unger (2010) state that it requires participation by both cultures (the original inhabitants and later immigrants), and respect for cultural diversity (see also Sullivan, 1994). According to Derby (2014), biculturalism in New Zealand means “the Māori and Pākehā [European New Zealanders or non- Māori New
New Zealand] cultures could exist on equal terms” (para. 3). This commitment to biculturalism is reflected in political and social policies in New Zealand, in which ‘partnership’ is an important value, “in particular, [for] the health sector and iwi [tribal] social services” (Barrett & Connolly-Stone, 1998, para.2).

Not only bicultural competency but also multicultural competency is important in New Zealand, because there are many people who have multi-cultural backgrounds (Wepa, 2005). Terruhn (2012) quotes Liu (2007) on this point: “New Zealand is demographically multicultural, formally bicultural, and with few exceptions, institutionally monocultural” (p.2), and he elaborates this:

…most Pakeha only support a soft form of biculturalism—such as the incorporation of traditional Maori cultural markers into the ‘mainstream’—while largely opposing measures designed to redistribute power and resources. At the same time that the meaning of biculturalism is still contested, a shift in immigration policies has been leading to a larger multi-ethnic presence in New Zealand especially in its largest city Auckland. (p.1)

Multi-cultural competency for mental health professionals in New Zealand
Because New Zealand has a bi-cultural foundation with a growing multi-cultural population, it is important for practitioners in the mental health field to develop cultural respect and competency (Crocket, Agee, & Cornforth, 2011). Leavitt (2002) describes professional ‘cultural competency’ as “a set of behaviors, attitudes, and policies that come together in a continuum to enable a health care system, agency, or individual practitioner to function effectively in transcultural interactions” (p.1). Therefore, one of the ethical principles of counselling for the New Zealand Association of Counsellors (2012) is to “Act with care and respect for individual and cultural differences and the diversity of human experience” (s.4.1). When counsellors do not make an effort to understand a client’s culture, barriers to building respectful relationships and achieving sensitive communication can result (Lago, 2006).

In order to prevent these barriers to effective counselling processes, Lago (2006) states that counsellors need to understand their own “inner complexities, and specifically their cultural barriers to communication” (Lago, 2006, p.51). Jaladin (n.d.) points out three characteristics
of multicultural competency for counselling: counsellors’ awareness of their own assumptions/biases and values, understanding the worldview of the culturally different client, and developing appropriate intervention strategies and techniques (p.2).

2.2 Korean immigrants in New Zealand and Korean women’s experience of depression

Understanding Korean immigrants in New Zealand

The Migration Trends Key Indicators Report shows that there were 40,000-50,000 new immigrants in New Zealand every year before 2011 (Ward, Masgoret, & Vauclair, 2011), and this rate of increase continued until 2013 (Ministry of Business, 2013). These immigrants have diverse cultural, religious, linguistic, and socio-economic backgrounds. The number of Asian immigrants is rapidly increasing (Kumar et al., 2006). According to the 2013 census, the proportion of Asian migrants has almost doubled in size since 2001 from 6.6 (2001) to 11.8 (2013) percent of the population (Statistics New Zealand, 2013a).

There are over 30 Asian ethnic groups in New Zealand, and in the past 20 years, Koreans have been one of the fastest growing of these groups. In the census in 2013, Koreans numbered 30,171 (Statistics New Zealand, 2013b). Korea is divided into two separate countries, the communist north and the democratic south; most immigrants come from South Korea. Nearly 70 percent of Korean immigrants live in Auckland, the majority of whom live on the North Shore (Tan, 2010a; Yoon & Yoon, 2012a).

Korean people highly value education (Causley, 2005), and while this is a key factor to economic success in Korea, it results in a highly competitive atmosphere which leads many Koreans to leave to seek a less competitive life style (Yoon & Yoon, 2012b). According to Chang, Morris, & Vokes (2006), the reason for Korean migrants’ coming to New Zealand is:

…the outcome of a number of push and pull factors-the stress of life in Korea in terms of the education system, work regimes and gendered family roles, and the promise of a more relaxed life in a Western country, with the additional benefits that accrue to those with an English education. (p.11)

Koreans’ religious beliefs and practices tend to have a large influence on their new lives here. Buddhism is the largest religion in South Korea, followed by Christianity. Interestingly about
90 percent of Koreans in New Zealand are regular churchgoers, and 70 percent identify themselves as Christians (Chang et al., 2006; Tan, 2010a). Tan (2010a) reports that Koreans attend church not only for religious reasons but also to connect with other Koreans and get information which may help them to adjust to New Zealand society. He also states that as churches become a central place for new Korean migrants’ social lives, they provide English classes, personal development classes, and information about New Zealand life, all of which can enhance Koreans’ wellbeing and adjustment in New Zealand.

**Challenges Korean immigrants face in New Zealand which may lead to depression**

Bhugra & Becker (2005) point out that in the context of immigration, the degree of difference between the previous and the new place influences the degree of stress in the context of immigration. In terms of this understanding, Korean migrants are under a high level of stress due to their unique cultural background. In the U.S., according to Choi, Miller & Wilbur, “Korean immigrants had higher depression scores than Chinese, Japanese, and Filipino Americans” (Kuo, 1984, as cited in Choi, Miller, & Wilbur, 2009, p.1).

Koreans used their own language with their national writing system called Hangeul before coming to New Zealand. For this reason, learning English is one of the biggest difficulties for them in New Zealand (Causley, 2005; Chang et al., 2006). In 2001, 26.3 percent of Koreans who responded to the census said that they have difficulty speaking English (Chang et al., 2006). Chang et al. (2006) found that Korean migrants’ language difficulties impacted on other areas of their lives in New Zealand: for example “…partly as a result of the language barrier-although there are other key factors as well- the new Korean community has experienced very high levels of both unemployment and under-employment in their new home” (p.7). As a result of experiencing these transition issues and language difficulties, even though Korean migrant families come to New Zealand with a great sense of hope and expectation, a large number of them report that they experience frustration, discrimination and social exclusion (Chang et al., 2006).

Moreover, through the majority of 5,000 years of history, Koreans have been proud of maintaining ethnic oneness (Shin, 2006). This means they face unique challenges living in New Zealand, a diverse and multi-cultural society. This situation can cause an ‘identity

Because Korean immigrants are adapting to new psychological, socio-cultural, and economic contexts in their lives, one of the common mental health issues they experience is depression, which is also common to other Asian migrants (Ho et al., 2003). Depression is a particularly common mental health problem of migrant women (Bernstein et al., 2008; Mui, 2000). While there is lack of research on the topic of Korean migrant women’s depression in New Zealand, USA research shows that elderly Korean men tend to adjust better than elderly Korean women in the United States, and women’s rate of depression is significantly higher than that of men (Mui, 2000). Furthermore, many Asian women and older migrants in New Zealand including Korean migrant women have difficulty accessing mental health and other social services due to limited language ability (Ho, et al., 2003).

One example of a cause of Korean migrant women’s depression is the concept of ‘goose mother’. Penman (2011) identifies ‘goose mother’ as “the term given to Korean women who leave their husbands and their homeland in search of opportunities abroad for their children” (para.1). Penman states that there are many ‘goose mothers’ in New Zealand and they experience some struggles with settlement issues, which often result in depression and isolation. There was a tragic story of a Korean migrant family in Christchurch where a mother and her two daughters were found dead in 2010. The husband—who came to New Zealand from Korea full of shock and bitterness after hearing about this incident—also was found dead in his car before their funerals. According to Tan (2010b), this incident is related to depression, loneliness and language barriers which prevented them from reaching out for help. However, there might be other factors to consider as well such as the woman’s situation of being separated from her husband who lives in Korea (“Dead Christchurch mother and daughters names,” 2010).

2.3 Depression and gendered cultural norms in Korea

Depression

Depression is more prevalent than other mental health issues globally (World Health Organization, 2007). According to the World Health Organization (WHO), about 350 million people are affected by depression worldwide with the number growing (World Health
WHO anticipates depression will be the second cause of all health conditions by 2020, and the first by 2030 (World Health Organization, 2007; “Depression looms as global crisis,” 2009). Smith, Saisan, & Segal (2014) state that feelings of ‘ups’ and ‘downs’ is a normal human experience in reaction to life struggles, but if these feelings do not fade over time but rather take hold in our lives with intensity, they could lead to depression. Depression affects not only the affected person but also their family members. Even though it is known that effective treatment is available, the majority of people do not seek appropriate treatment, and sometimes they do not even know they are experiencing depression (Marcus, Yasamy, van Ommeren, Chisholm, & Saxena, 2012).

Depression undermines the health and wellbeing of people by affecting their emotions, thoughts and physical bodies. Common symptoms are: sleeping difficulties, eating problems, weight loss, lack of energy and concentration, anxiety, sadness, guilt, suicidal thoughts or plans, and reduced self-esteem (Hart, 1993; Souter, 2014). Depression is often related to experiences of loss, lack of social support, and financial stress (Williams, 2005; “Depression,” 2013).

Hart (1987) and Real (1997) demonstrate that women have a two to four times higher rate of depression than men. Simonds (2006) identifies the factors influencing women’s depression as “biological, life stress, sex role socialisation, [and] social and developmental factors” (p.5).

**Defining depression**

Different types of depression have been identified, such as: major depressive disorder, endogenous depression, and exogenous depression. Major depression is also known as clinical depression, which includes physical and mental symptoms such as loss of energy in daily activities and a depressed mood for at least 2 weeks (“Six different types of depression: Deepen your knowledge of ‘what is depression?’,” n.d). The same website states that endogenous depression is related to internal causes such as stress and worry. However, many other writers argue that a chemical imbalance in the brain is often the main cause of endogenous depression (Souter, 2014). Exogenous depression is also known as reactive depression, and it is triggered by external events such as trauma, injury, loss of a loved one or a sudden change of environmental conditions (Souter). However, according to other experts,
definitions of depression vary because of the complexity of depression and different ways of defining and assessing it (Evans & Mottram, 2000; Souter, 2014; Wirtz & Harari, 2000).

The nature and scope of this project in relation to depression

My study will address one aspect of depression: meaning-making that is linked to Korean norms of gender. According to Kim & Hoppe-Graff (2001), due to the influence of Confucianism, the role of the husband in Korean families is “the head of the family and [he] thus has the authority to decide most of the family issues. His wife is subordinate to him in nearly all affairs” (p.85), and while fathers take on a position of authority by disciplining and demanding obedience from their children, mothers are expected to be “mediator[s] within the family” (p.86). A woman’s primary role is to be a good daughter/wife/mother which means women need to sacrifice themselves for their families with the aim of “maintaining harmony in the household and avoiding conflict” (“Traditional role of women,” n.d., para.1; See also Lee, Um, & Kim, 2004). This cultural expectation about women’s roles often causes women to suppress their feelings which can have negative influences on their mental health.

In this project, as in my counselling work, depression is not formally diagnosed or assessed. In my counselling work, clients and I agreed that depression was a suitable description of significant client experiences (note that severe cases of depression are excluded from this study to minimise harm because of participants’ safety issues). At the end of my counselling work with participants, I knew whether the depression was much improved or gone by listening to how clients expressed any changed moods; improvement was presumed when I noted with clients positive impacts of such changes, such as positive attitudes, an improved quality of relationships with others and improvements in how clients saw themselves. This project is situated within a post-structuralist paradigm, which holds that people’s lives are socially constituted and negotiated (Collinson, 2006). I could not make any broader, generalisable claims in this thesis about the nature of depression or effective treatment.

The focus of this study is on meaning-making that is co-constructed between client and counsellor during narrative therapy conversations in which female clients express a link between depression and Korean gender norms. According to Launer (2004) and Brown & Augusta-Scott (2006), understanding and exploring meaning-making, and helping clients create new meanings, can have effects on other dimensions of the problem at hand (e.g. on
anxiety, isolation, the fact of immigration/living in 'two cultures', etc.). Penwarden (2006) also reports that the meaning-making process involved in narrative strategies enabled her clients to re-position “themselves with regard to depression” (p.67).

Different idioms of depression in Korean culture
Kim (2002, as cited in Bernstein et al., 2008) argues that there are different idioms of depression depending on cultures. Bernstein et al. state that Korean immigrants’ depression is more closely tied to ‘gender-related emotional difficulties’ (Bernstein et al., p.393) than is depression amongst other Asian ethnic groups. It is related to cultural ways of expressing suffering and its accompanying physical symptoms. Bernstein et al. (2008) also found that Korean migrant women’s depression is often perceived as “emotional entrapment, shame and failure as women, disappointment at not being able to live a normal life and emotional restraint” (p.393). Bhugra (2004) argues that migrants’ cultural beliefs influence how they express their distress and their help-seeking behaviours. Lack of English proficiency is a barrier for Korean women accessing social services (Ho et al., 2003), as is the stigma and shame around talking about depression (Kim & Rew, 1994; Pang, 1998 as cited in Bernstein et al., 2008).

Cultural norms surrounding women’s roles in Korea
As many Korean researchers argue, knowing the cultural context is very important for understanding Korean women’s depression, especially the cultural factor of women’s oppression and social expectations about their roles (Bernstein et al., 2008; Kramer, Kwong, Lee, & Chung, 2002). Korean people often use the proverb “If a hen cries, the family will perish”. A hen is a metaphor for women in the family, so this means women should remain quiet about what they think and feel. Traditionally women in Korea have always been considered to be ‘followers’ or ‘supporters’, and they have not been encouraged to express their opinions and emotions (Jeong & Dreyer, 2003; Maynes, 2011). Lee et al. (2004) state that:

The wife’s role is to provide emotional nurturance to her husband and children and to assume full responsibility for the household tasks. She is expected to be passive and submissive to her husband and his family. When family members fail to perform the role behaviours demanded by tradition, disharmony and shame may be brought
to the family, and women may be reprimanded by actual or threatened abandonment by the family. (p.469)

This social expectation has limited women’s participation and contributions in many areas of Korean society. Even though this is an old tradition, this philosophy still exists in Korean society today and shapes relationships. Men take most leadership roles in Korean society and in families, and opportunities for women’s employment are very limited (Glaister, 2012; Li, 2011). Therefore, the BBC described the current female president in Korea “Park, Geun-hye” as “the female leader of a country that has the highest level of gender inequality in the developed world” (“Profile: South Korean President Park Geun-hye,” 2013).

2.4 Cultural factors that shape women’s roles in Korea and their impact on women’s lives

Gender inequality

Traditionally Korean culture has been influenced by Confucianism in many ways since the 14th century (Kim & Hoppe-Graff, 2001). Park & Cho (1995) state that “Although Buddhism has had major impacts in East Asia along with Taoist traditions and certain aspects of Shamanism, Confucianism has been most influential in shaping the behaviour pattern and structure of the family and the community” (p.117). Confucianism emphasizes the superiority of men, so women and children are expected to obey men’s authority and their decisions (Lim, 1997; Wright, 1994).

In the past, until the last dynasty of Korean history (1392-1910 AD), if women didn’t accomplish the goal of having babies (especially boys), they felt guilty. Also, if they were disobedient to their parents or committed adultery or were jealous or too talkative, they could be divorced (Maynes, 2011). According to Maynes:

Once wedded, a woman was not only expected to be faithful, loving, and subservient to her husband, but she had to be fertile and bear male heirs. They were not valued for who they were, but for their ability to give birth and maintain a household. (p.4)

When babies were born, people used to hang up a straw rope with charcoal and pine branches called ‘Gum-Jool’ at the front door (Yang, Kim, & Kim, 1966). ‘Gum-Jool’ was thought to
protect a baby and the house from any harm, and let others know the sex of the baby. If the babies were boys, this was celebrated more than for girls, and it was indicated by adding a red chilli to the ‘Gum-Jool’.

These traditional norms of women’s roles and gender inequality are changing as Korean society is influenced by western culture and Christianity (Palley, 1990; Clark, 2006). However, as stated earlier, Confucianism still significantly influences the shaping of cultural norms for Korean women’s roles, and nowadays, most of the housework is still considered as just the women’s responsibility. Forster-Carter (2013) reports in The Telegraph that “The last woman to rule Korea was Queen Jinseong, in the 9th century. Then came Confucianism, which for women meant virtual purdah… South Korean women today, smart and highly educated, still face obstacles to having full careers” (Para 2-3). Many women nowadays try to escape these traditional roles of women. Chang et al. (2006) state that:

Korea has historically and traditionally been patrilocal, but increasingly daughters-in-law do not want to live with their husband’s parents… Many educated women desire to move away from a tradition of “women at home with mother-in-law”, to instead be “modern mothers”, autonomous, and potentially, in paid employment themselves. (p.12)

**Collective culture and valuing family cohesion rather than individual autonomy**

Even though South Korea now tends to develop individualistic cultural values, traditional Korean culture is collectivist, emphasizing group identity rather than individual identity (Cho, Mallinckrodt, & Yune, 2010). Therefore, Korean people tend to give priority to family or community needs rather than personal needs, and they are less likely to say a clear “No” to an unwanted request than westerners (Kim, 2010). Korean culture also has developed the concept of ‘we’ rather than ‘I’, and their language reflects this (e.g. ‘our house’, ‘our mother’ rather than ‘my house’, ‘my mother’).

This emphasizing of group identity is related to Confucianism, which also emphasizes family cohesion rather than individual autonomy (Mui, 2000; Pang, 1995). Collective culture and hierarchy in Korea views individual people in terms of their relationships with others. Cho et al. (2010) state that “Strong emotional bonds and relatedness through networks of
extended family relationships increase in-group identification” (p.83). Therefore, the Korean people do not just call each other by name, but add position-designating titles before names such as ‘sister’, ‘brother’, ‘teacher’, ‘elder’, ‘uncle’, etc (Causley, 2005). Calling someone older than you by their first name is acceptable in friendship, but otherwise it is considered rude.

This collective culture creates ‘Jeong’, a culturally-specific emotion in Korea. It is a collective emotion of love, sentiment and sympathy, and creates attachment or bonding in human relationships. Chung and Cho (n.d.) discuss the positive and negative sides of ‘Jeong’: It can contribute to relationships by creating caring, nurturing and connection, but it can also cause a group of people to have discriminating attitudes towards those ‘other’ to them. ‘Jeong’ also results in people highly valuing interdependency rather than autonomy (Chung & Cho). Gender inequality, a collectivist culture which values family cohesion, and ‘Jeong’ are the cultural factors that encourage Korean women to avoid speaking directly and to sacrifice their own needs, behaviours which are seen to constitute good manners.

**Understanding Han & Hwa-Byung**

‘Han’ is a culturally-specific Korean emotion which exists nationwide. It is not easy to translate this term into English. Huer (2009) writes: “Sometimes called ‘won-han’ (a deeper han), it is lodged in the deepest recesses of the Korean psyche that shapes, justifies, and explains all that is considered the ‘Korean mind’” (para.2). Min (2008) states that “The mood described by ‘haan’ is complex and may have some negative components, a mixed feeling of missing someone, sorrow, regret, sadness and depression, along with some feelings of hatred and revenge” (p.130).

‘Han’ developed in Korea within the historical context of Koreans having to endure invasion by its neighbouring countries, China and Japan (Min, 2008). The most significant time and impact occurred during the Japanese-Governed Period from 1910-1945, which entailed the destruction of the social system, oppression, enslaving of men, and raping of women. After that, Korea underwent the Korean War (1950- 1953), between the South and North. This resulted in the country being divided into two separate parts, the Republic of Korea (South Korea) and the Democratic People’s Republic of Korea (North Korea) through an agreement between the United States and the Soviet Union.
This division of Korea caused many families to be divided and they still have been unable to meet after many decades, so family members do not know whether their loved ones are still alive. This political situation has created huge grief and ‘Han’ (Lee, 1992). Hermanns (2003) states that:

The division of the Korean peninsula is one of the last remaining relics of the Cold War. Since the end of the Korean War in 1953, there has been virtually no contact between the citizens of the two countries, including the many families who were divided during the turmoil that engulfed Korea after liberation from Japanese rule and during the three-year Korean War. The problems posed by these divided families is a pressing humanitarian issue that has been used for political ends by the governments on both sides of the 38th parallel over the last five decades. (p.161)

When political tensions are low, the South Korean and North Korean governments occasionally allow separated families to meet at a mid-point between the South and the North, but this is allowed only for a very small number of people. Figure 1 shows a sister from South Korea and her brother from North Korea crying as they meet after being separated for 60 years.

Figure 1. A family reunion (Salmon, 2010).
In this historical context, the Korean people have developed ‘Han’ which is an intense but also passive emotion which includes anger, sadness and patience (Min, 2008). The social order which is shaped by Confucianism and Buddhism’s view of the ‘meaninglessness’ of life’s disasters has also contributed to the creation of ‘Han’ in Korea (Stueck, 2004).

This cultural background and the expectations regarding women’s roles lead women to suppress their feelings (Min, 2008). Women tend to avoid facing relationship problems or communicating in a healthy way, instead tending to hold feelings of hurt and anger inside. This causes ‘Hwa-Byung’ (HB), a Korean ‘culture-bound syndrome’ (Kim, 1983) related to anger which is developed in an oppressive environment and situations of unfair social power (Min, 2009; Suh, 2013). Hwa-Byung is well-recognized among Korean and mental health professionals in Korea (Song & Moon, 1998), has been studied by researchers of oriental medicine and nursing scientists (Min, 2008), and was introduced to non-Korean researchers in 1983 through an article by the American psychiatrist Lin (Choi & Yeom, 2011; Min, 2008).

Referring to Min, Namkoong, & Lee’s (1990) study, Min, Suh, & Song (2009) write “HB is reportedly found in 4.1% of the general population of Korea and is more frequent in middle-aged or older housewives of the lower social class” (p.7). Suh (2013) states that “more than 80 % of women fighting various types of cancer are also diagnosed with hwa-byung” (p.81). HB is included in the Diagnostic and Statistical Manual of Mental Disorders, fourth and fifth editions (American Psychiatric Association, 2010, 2013) and it is accepted as a psychiatric term amongst older Korean immigrant women (Choi & Yeom, 2011). Min (2008) acknowledges the relationship between Hwa-Byung and depression, because approximately half of the people who experience Hwa-Byung also struggle with depression (see also Suh, 2013).

Migrants enter into a new society with this cultural background, adding to cultural factors in women’s roles that can cause Korean migrant women’s depression.

2.5 Current dominant approaches to treating depression and their limitations

Biomedical view

Approaches to depression vary depending on how depression is viewed and defined. One of the dominant ways of understanding depression is the ‘biomedical view’ which is usually taken by psychiatrists and sees depression as a medical illness (Bebbington, 1996; Fuller
& Sajatovic, 2000, as cited in Brown & Augusta-Scott, 2006). The biomedical view understands depression primarily as a biochemical problem within the brain. Therefore, psychiatric consultations about depression tend to focus on biochemical treatment with psychotropic drugs (Brown & Augusta-Scott, 2006). Psychiatrists prescribe such medication if this is deemed necessary.

This approach is effective in dealing with depression that is related to chemical imbalances, and it helps people to normalise depression as an illness that needs to be treated rather than a ‘personal weakness’ (Kangas, 2001 as cited in Ridge, 2008). However, Oakes (1999) reports that only 9 to 18% of depression is related to an underlying medical condition (as cited in Wirtz & Harari, 2000).

Moreover, the biomedical view explains women’s depression in the same way as men’s even though women have a higher rate of depression. Lafrance & Stoppard (2007) argue that the biomedical view taken in isolation ignores not only gender, but also “the social contexts of people’s lives” (p.24). A diagnosis of depression from a psychiatric evaluation also can shape the power relationship between psychiatrists and their clients, because psychiatrists are situated to determine “whether someone has a biological or a psychologically based depression” (Smith, 2002, p.36). This kind of “categorizing” of people, and psychiatrists’ knowledge and information in this area render psychiatrists as experts, often causing people to feel fear about or to resist psychiatric treatment (Smith, 2002).

Cognitive Behaviour Therapy (CBT)
Cognitive Behaviour Therapy (CBT) is another dominant approach which sees the cause of depression as ‘faulty thinking’. CBT is based on the view that we mainly feel according to the way we think and interpret our experiences rather than according to the facts themselves (Trower, Casey, & Dryden, 1988). Therefore, within CBT, health is related to the ability to be aware of our negative thoughts and to change unhealthy thought patterns to healthy ones (Corey, 2005).

CBT has been used increasingly in the mental health field to treat a wide range conditions (Cherry, n.d.), but as many professionals argue, CBT has a tendency to undervalue therapeutic relationships and the importance of clients’ backgrounds (Corey, 2005; Hill, n.d.;
Holmes, 2002). Because CBT focuses on time-limited educational treatment, it does not see warm personal relationships as essential (Corey, 2005), therefore most CBT therapists consider that therapeutic techniques and skills are the primary tools of therapeutic change (Mearns & Cooper, 2005). Therefore, CBT may also have limitations when dealing with depression. Even though there may be a benefit from CBT work in dealing with depression, i.e. decreasing faulty thinking related to depression, cognition may not always be a dominant factor in clients’ experiences and expressions of the problem.

According to Wilson & Giddings (2010), women clients who experienced depression in New Zealand talked about their experience of depression “in a holistic, contextualised way” (p.33). Sometimes depression is related to the experience of violence and abuse (Wilson & Giddings), or “multiple roles and responsibilities as mothers, daughters, and wives” (Lafrance & Stoppard, 2007, p.29). This is the reason why feminist counsellors emphasize the therapist’s role in dealing with social inequalities to help effect changes in women’s lives (Lafrance & Stoppard). According to Wilson & Giddings (2010), spiritual well-being also is often significant for understanding and dealing with depression. Therefore, as Gilbert (2000) states, focusing on working with thinking could limit the range of realities that are addressed in counselling. To the extent that Korean immigrant women’s depression requires cultural understanding, CBT as a ‘stand alone’ approach, like the biomedical view, is limited in its scope.

The need for cultural understanding in working with Korean migrant women’s depression

According to Monk, Winslade, Crocket, & Epston (1997), “we make sense of our lives in the context of our social histories about the groups we belong to and about how we came to be who, how, and where we are” (p.34). Therefore, understanding a client’s cultural context and creating space to deal with cultural ideas in counselling conversations can contribute to effective counselling. McAuliffe (2008) states that “Culture tells clients what to be ashamed of, unaware of, proud of, and what to aspire to... Both counsellors and clients might benefit from knowing their cultural assumptions and manners” (p.3).

Kramer et al. (2002) emphasise the value of looking at the effect of cultural influences when working with the mental health issues of Asian Americans, and Wirtz & Harari (2000)
discuss the benefit of exploring “the influence of cultural beliefs” (p.44) for assisting clients to overcome depression (see also Brown & Augusta-Scott, 2006). Awareness of different idioms of depression in Korean culture, and of women’s roles in Korean society, are important for therapists to bring into their practice when seeking culturally appropriate approaches to support Korean migrant women who experience depression.

2.6 Narrative therapy and its possible contribution to addressing Korean migrant women’s depression

Narrative therapy and its background

This project examines how narrative therapy conversations can have beneficial effects for Korean migrant women who struggle with depression. Narrative therapy is relatively new and is still developing its own research and literature base, thus it is not well acknowledged in many health and practice settings. Even though narrative therapy is not a ‘dominant’ approach for dealing with depression, it is gaining in popularity as a counselling model (Matthew & Matthews, 2005) and it is known to be effective (Launer, 2004; Penwarden, 2006; Vromans, 2008; Vromans & Schweitzer, 2011).

Narrative therapy was developed by Michael White and David Epston, who were influenced by Gregory Bateson, an anthropologist and psychologist who developed the concept of “the subjective nature of reality and the nature of learning” (Monk et al., 1997, p.7). White’s therapeutic philosophy particularly was also influenced by Michael Foucault who was a French philosopher and social theorist and who emphasized the politics of power (Brown & Augusta-Scott, 2006; Madigan, 2011). Because of Foucault’s influence, narrative therapy views language as an instrument of power, and humans as interpreting beings who tend to make meaning of situations within the context of broad cultural ideas (Corey, 2005). Payne (2006) states that language is the product of our culture and embodies its assumptions, hence it in turn influences “our interpretations of what happens to us by providing ‘ready made thinking’” (p.22).

Narrative therapy is one of the effective counselling strategies which can support migrant people in a multi-cultural society like New Zealand, by viewing a problem within its social context. Winslade (2005) states that “a narrative perspective suggests that a person’s problems and struggles in life, and their resources for dealing with those problems, are largely cultural in character” (p.356).
Contribution of narrative therapy in dealing with Korean migrant women’s depression

Narrative therapy can be effective in dealing with Korean migrant women’s depression. It can provide a rich context for this work for the following reasons: first, it uses stories as central ways of working, believing that clients can overcome problem stories through “the construction of new narratives of life” (Matos, Santos, Goncalves, & Martins, 2009, p. 68). Payne (2006) states that clients come to counselling with existing problem stories, and want to create new preferred stories, so they engage with the meaning of these stories through having conversations. Ridge (2008) also discusses recovery from depression using a narrative approach, arguing that people tend to find more useful stories about themselves to be important recovery tools. Therefore, one of the roles of therapists in a narrative approach is to assist clients to develop their preferred stories which are outside of the problem story line (White, 1989; as cited in Carey, Walther, & Russell, 2009). In this way of working, therapists contribute to clients developing their preferred stories in their role as conversational partners. Anderson (2003) holds that transformation thus emerges in dialogue.

Constructing narratives in a dialogical context provides space for clients to explore their concerns and to be heard, and this atmosphere of allowing clients to explore their stories freely is effective in supporting Korean migrant women who experience depression. This is because their depression tends to relate to ‘emotional restraint’ from the effect of culture on women’s roles (Bernstein et al., 2008), as well as a lack of human connection or ‘social isolation’ as migrants (Ho et al., 2003).

Also, as one of the therapies influenced by postmodernism, narrative therapy considers clients’ knowledge as prominent in collaborative work (Anderson & Gehart, 2006). This understanding encourages therapists to view clients as ‘experts’ in their lives, and therapists take the position of learners as well as facilitators, adopting an open and curious stance about clients’ worlds (Anderson & Gehart; Brown & Augusta-Scott, 2007). Monk et al. (1997) discusses the importance of counsellors’ ‘curiosity’ for inviting clients to be ‘experts’ in their lives. He writes:
Curiosity about the client’s experience brings forth numerous private thoughts about the clients’ perspectives, realizations, and orientation to the issues at hand. Genuine curiosity opens space for the clients and the counsellor to observe what is taking place in greater breadth and depth. (p.26)

This approach of viewing clients as experts helps create ‘respect’ in therapeutic relationships, and this can empower Korean migrant women who tend to suppress their voices due to the influence of traditional male dominated culture (Bernstein et al., 2008; Traditional role of women; n.d.). Viewing clients as experts also increases clients’ engagement in understanding the “complex nature of depression” (Wilson & Giddings, 2010, p.25) for themselves rather than seeing their own experiences through therapists’ assumptions. Recovery is understood as a unique journey for each person (Robson, 1993 as cited in Ridge, 2008). By allowing clients to explore their own experiences in relation to depression, both clients and therapists can better understand whether a given case of depression is related to physical, mental, social or spiritual factors.

In addition, narrative therapy contributes to the development of self-worth, which is a significant need for people who struggle with depression (Hart, 1993). Narrative therapists hold that “The person is not the problem, the problem is the problem” (Monk et al., 1997, p.26). Therapists assist clients to be separated from their problems through the process of ‘externalising the problem’, which encourages clients to name the problem, explore the impact of the problem, take a position on it and justify their position. Boston (2000) emphasizes the effect of externalizing the problem story on identities: “Once the problem is named by the client to his or her satisfaction, then it is externalised. The linguistic structure of a therapist's questions implies that the problem is something other than the client's core identity” (p.453).

When clients take a position on the problem, therapists can support them to consolidate that position by exploring 'unique outcomes' (Payne, 2006) experiences from their previous experience; these are experiences that contradict their problem storylines. As an externalising process and developing ‘unique outcomes’ stories are unfolding, clients move from thin descriptions (negative identity conclusions) to thick/rich descriptions (positive identity conclusions) of themselves and their lives (Payne).
Narrative therapists assist any given client to engage/develop their preferred identity as a way of producing “a sense of agency in the client” (Lee, 2004, p.225, see also Winslade, 2005). This development of self-worth, through separating the person from the problem and discovering experiences which fit with clients’ preferred identities, is valuable for Korean women, because their depression is related to “shame and failure as women” ( Bernstein et al., 2008, p.393).

Finally, narrative therapy creates space for clients to attend to their problem ideas/discourses and their neglected ideas/discourses (the latter are often overshadowed by dominant cultural ideas). The term ‘discourse’ is rooted in the Latin word ‘discurrere’, meaning ‘to run around’ (Hare-Mustin, 1994). A discourse refers to ideas that shape people with “coherent statements about the way the world should be” (Monk et al., 1997, p.35). The dominant ideas/discourses which arise in certain periods or cultural contexts can have a privileged influence “on language, thought, and action” (Hare-Mustin, 1994, p.20). Hare-Mustin states that: “We do not develop meaning out of a void, but out of a pre-existing, shared language, and through discursive practices that reflect and re-enact the traditions, power relations, and institutions of the society” (p.23).

White developed ‘externalizing problem discourses’ in counselling after being influenced by Michel Foucault’s postmodern philosophical idea of ‘discourse’. For this reason, to understand ‘externalizing problem discourse’, it is essential to understand Foucault’s ideas (Madigan, 1992). Madigan explains Foucault’s postmodern view that there are privileged ideas/discourses regarding human life. Madigan states that “Once an individual becomes part of society’s discourses certain cultural ‘truths’ are then integrated and privileged, thereby restraining the construction of alternatives” (p.6). He comments that these ideas influence people to shape their lives according to universally accepted standards of ‘normalization’, and cause their own alternative ideas/knowledge to be silenced (see also Hare-Hustin, 1994). Madigan (1992) provides the example of how ideas about good and bad body shapes in western society lead women to diet to match themselves to “privileged body specifications” (p.7).

Foucault does not accept any normalising discourse as inherently true (Brown & Augusta-Scott, 2006; Madigan, 1992), and this belief influenced White to value ‘externalizing
problem discourses’ in counselling, which creates possibilities for clients to identify and develop their preferred discourses that have been silenced. Narrative therapists invite clients to reflect on where problem ideas come from by seeing personal ideas as influenced by ‘shared meanings of culture’ (Florio-Ruane, 1997, as cited in Kropf & Tandy, 1998). This enables clients to become aware of their “culturally restrained internalized problem dialogue” (Madigan, 1992 p.7), and this process creates space for clients to engage the silenced voices which are important for them.

This deconstructing of problem discourses and re-constructing of alternative discourses can be effective in work with Korean woman clients, because their depression tends to be interconnected with dominant ideas about the roles of ‘good women’ in their culture. Discovering these clients’ silenced but important voices can encourage them to live their lives in ways they prefer by allowing them to take on a variety of roles beyond ‘traditional’ role expectations for them, and this process could contribute to their journey of overcoming depression. There is a body of literature on narrative work relating to gender discourse with minority and/or oppressed cultural groups (Allen, 2012; Avis, 1996; Yuen & White, 2007), but there appears to be little to no existing research on such work with Korean migrant clients.

In summary, cultural factors especially women’s roles in Korean culture are very important to understand when addressing Korean migrant women’s depression. Without this understanding, the effectiveness of therapists’ work can be limited. No single approach can be perfect in dealing with certain mental health issues because recovery is a complex process (Ridge, 2008). If narrative therapy is used in isolation from other approaches, such as engaging biochemical and/or cognitive processes when appropriate, it also will be limited. Note that a narrative approach can make use of practices from other approaches while staying within a post-structuralist paradigm (Dickerson, 2010).

Corey (2005) states that narrative therapy has limitations: if therapists focus too much on a ‘not-knowing stance’, this can mean that clients do not benefit from their expert knowledge and experiences at points where these are crucially important (i.e. when a client’s safety is at stake). On the other hand, narrative therapy can contribute to supporting clients to overcome depression by using stories as the central way of working in a dialogical context, viewing clients as experts in their own worlds and understanding clients’ own individual experiences.
of depression. Through enhancing self-worth by externalising the problem, and by assisting them to engage their preferred narratives, narrative therapy can empower clients and help relieve their depression.

2.7 Researching narrative practice using a narrative methodology

A brief discussion of literature surrounding my chosen methodology is in order here. This study analyses clients’ experiences of my own narrative counselling practice using a narrative method of analysis, interactional narrative analysis (Riessman, 2005), which will be discussed in the next chapter.

Several scholars have noted debates about the validity and reliability of narrative based research and/or narrative analysis, due to its highly interactive creation of data (Frank, 2002; Polkinghorne, 2007; Riessman, 2005; Winter, 2002). My project could be seen to be particularly vulnerable to such a critique, given my double insider positioning in relation to my participants, as both the counsellor co-creating data and as a Korean migrant woman. On the other hand, according to Denzin, Lincoln, & Giardina (2006), there is a need for multiple types of research design to produce various kinds of knowledge in complex contexts with emerging “new ‘gold standards’ for reliability and validity” (p.770).

According to Polkinghorne (2007), narrative research which uses personal life stories/experiences can lead to knowledge creation “about neglected, but significant areas, of the human realm” (p.471). Pellico & Chinn (2007) state in their article “Narrative criticism: a systematic approach to the analysis of story” that “Storytelling and story writing are pedagogical tools used frequently in practice professions. It is reasonable to see these writings as a rich source for research. They are vehicles for understanding human experience and aesthetic knowing” (p.58). Etherington (2009) also argues that narratives/life stories are “particularly relevant means of knowledge creation appropriate for counsellors and psychotherapists” (p.2).

According to Winter (2002), ‘authenticity’ can be an important part of research. The term ‘authenticity’ is rooted in the Greek word ‘eigen’ which means ‘real’ and ‘one’s own’. Winter (2002) argues that ‘authenticity’ originated in subjectivity and states that:
…a research report has ‘authenticity’ (epistemological validity and cultural authority) insofar as it gives direct expression to the ‘genuine voice’, which ‘really belongs to’ those whose life-worlds are being described. In a society where the voices of dominant social groups systematically drown out, encapsulate or silence the voices of groups lacking cultural privilege, one might claim that ‘research’ has an ‘emancipatory’ role to play in recalling to audibility the voices of the silenced. (p.146)

My project engages authentically with the silenced stories in the lives of Korean migrant women and helps bring forward their preferred narratives, which can lead them to more satisfactory ways of life that better suit their desires and hopes.

Riessman (2005) states that various methods have their own benefits and limitations, and each method can be suited to different projects. Because insider researchers have cultural familiarity with participants and know well how to approach them, insider-research has advantages: “(a) having a greater understanding of the culture being studied; (b) not altering the flow of social interaction unnaturally; (c) having an established intimacy which promotes both the telling and the judging of truth” (Bonner and Tolhurst, 2002, as cited in Unlnuer, 2012, p.1).

A number of existing studies investigate narrative therapy conversations using forms of analysis that are very similar to the approach I am taking. For instance, in his article “Utilising discursive positioning in counselling”, Winslade (2005) uses several examples of narrative counselling conversations to demonstrate the concept of discursive positioning. Penwarden (2006) provides examples of deconstructive narrative processes from her own practice when working with young people experiencing depression. McMenamin (2014) also uses his narrative therapy conversations as the data in his doctoral thesis to show the effect of prevailing discourses on young people’s experiences of suspension or exclusion from school, and the effectiveness of re-authoring narrative practices in working with them.

It is well acknowledged that researcher bias is present and in many ways enriching of narrative research. However it can be a limitation if there is a sole reliance on the researcher’s interpretation (de Castell, 2008; Riessman, 2005). As discussed in the next chapter, I have included a number of ‘validity checks’ as part of my analysis.
CHAPTER THREE-METHODOLOGY

This project employs an interpretive/constructivist paradigm that views reality as socially/experientially constructed and fluid/negotiated (Cohen & Crabtree, 2006; Mertens, 2005, as cited in Mackenzie & Knipe, 2006). In terms of this understanding, human action is considered “meaningful and historically contingent” (Bevir & Kedar, 2008, as cited in University of Utah, 2009, para. 4). An interpretive/constructivist paradigm suits my study, because it fits with the notion of identity being shaped by social constructs in fluid ways. Because this paradigm accesses reality through participants’ views of their experiences and situations (Creswell, 2003, as cited in Mackenzie & Knipe, 2006), I explore Korean migrant women’s stories, and cite their thoughts and experiences in the context of counselling conversations.

This project also includes elements of a transformative paradigm that addresses inequality in society and can provide “a basis for social change” (Mertens, 2007, p. 212). This project addresses depression in relation to the cultural factors of Korean women’s oppression and social expectations about their roles in Korean culture; increased awareness of these links could potentially contribute more generally to a change in the lives of Korean women.

1. Methods of data collection and analysis

Methods of data collection

I use a qualitative approach, and the data collected for this project is a series of case studies of counselling sessions. The sample consists of three participants who have been clients in my counselling practice. Participants are Korean immigrant women who have struggled with depression that is linked with Korean gendered/cultural ideas, live in New Zealand, have finished counselling sessions with me, and experienced positive effects overcoming depression from narrative work. Severe cases of depression, and clients who have been at risk of self harming, were excluded. With clients’ permission, data were collected from field notes that were taken in sessions and transcripts of audio-taped counselling conversations over time. I also included participants’ brief written statements about their experiences of depression, the effects of the therapy, and their impressions about links between their depression and Korean cultural norms (see Appendix A).
A case study method uses “in-depth investigations” (McLeod, 2008, para.1) with one or a small number of participants, events or conditions (see also Soy, 1997), and allows researchers to consider “the holistic and meaningful characteristics of real-life events” (Yin, 2003a, p.2 as cited in Kohlbacher, 2006). This method can access detailed and richer, in-depth information than other research methods (McLeod, 2008; psud43, 2012). This advantage is a good fit with what I want to achieve in this project. By obtaining rich information about Korean migrant women’s experiences of depression and their preferred stories through the use of case studies, this project will aim to increase understanding of how the roles of women in Korean culture impact on Korean migrant women’s depression and how narrative therapy can help Korean women to overcome depression. For example, deeply contextual information about participants’ lives gleaned from narrative conversations may shed light on the ways in which Korean culture typically casts women into supporting roles, and on a resulting suppression of their own initiative, which can lead to depression.

I looked at sessions over time, with at least three hours of recorded conversations for each client. I used key bits of my hand-written notes as a framework for locating relevant parts of the audio taped data to transcribe. Then, I listened to the audio (in Korean) and created a Korean transcript (which includes my typed up therapy notes as a framework), using the parts of the audio tape that speak to my research questions. From there, I translated the transcripts into English for the purpose of analysis.

I now turn to a detailed description of how narrative conversations unfold. The purpose and structure of these conversations constitute key aspects of the data for this project. In these conversations, White’s (2007) ‘map 1’ and ‘map 2’ questions (Statement of position maps 1 & 2) are used to assist clients to explore their stories. The process of developing preferred stories in narrative therapy consists of co-researching, co-authoring and co-publishing. Co-researching means assisting clients to describe their problem experiences in such a way that the problem is externalised. Map 1 questions are used for this co-researching conversation. Co-authoring (retelling) refers to the stage of the re-telling of a client’s stories, which aims to develop preferred stories that fit a client’s desires/hopes. According to Russell & Carey (2004), one key principle of this stage is “seeking to notice any event that contradicts the dominant story” (p.23), and map 2 questions are one of the ways to support these co-authoring conversations. Examples of these questions (map 1 & map 2) are included in
Appendix B. Note that these example questions may not be followed exactly because I am working with participants in a fluid therapeutic context.

As noted above, ‘Map 1’ questions are designed to explore a problem story that clients experience, and to separate the person from the problem. These questions encourage clients to externalise the problem by naming the problem, exploring its effects, taking a position on the problem, and justifying that position (White, 2007). This map also encourages clients to explore the impact of their problem on their self-image and relationships, and assists them to see the problem story in its broader societal context. As clients gain distance from the dominant problem story of their identities, they are more prepared to engage/notice alternative experiences that contradict their problem story.

‘Map 2’ questions assist clients to identify and re-construct a preferred story which is outside of the problem story line. ‘Map 2’ questions encourage clients to search their ‘unique outcome’ (Payne, 2006) experiences, identify a story that captures these new experiences, see the effects of these unique outcomes, take a position on these effects and justify that position. This map also includes asking what possibilities this alternative story might produce in their future. White and Epston view the four elements that shape a story as events, occurring in a sequence and also across time, and organised according to a plot or theme (Russell & Carey, 2004). Stories which consist of these four elements make sense of our life experiences. Therefore, these re-constructed stories in the ‘co-authoring’ stage could help clients to overcome the effects of the problem story, as they engage in their preferred identity stories. Re-authoring conversations are based on the assumption that no one story can reveal everything about a person’s experience (Russell & Carey).

‘Re-membering’ conversations also support this process of ‘co-authoring’. The idea of “remembering” leads clients to think of their lives as a club that has members, and offers new possibilities in the therapeutic process by encouraging clients to think they are able consciously to invite other people as members into their preferred versions of their lives (Morgan, 2000). Citing Jill Freedman’s idea, Russell & Carey (2004) state that “[h]olding particular people in one’s heart and mind as a personal team, and owning their experiences of oneself, allows people to know themselves in a community of choice, rather than one of change. This can make all the difference” (p.55). By giving clients the opportunity actively to
engage in the revision/re-organisation of membership in their lives, the “remembering”
conversation assists clients to engage in their rich and preferred identity in a relational
context (White, 1999; Russell & Carey, 2004). Russell & Carey introduce re-membering
questions as follows:

“Who in your past would be least surprised to hear you speaking in this way about
what is important to you?”
“What is it that they know about you, or that they may have witnessed you doing,
that would have told them that this value/belief/commitment was important to
you?”
“What would it have meant to them to notice it?” (p.51)

Another way of supporting the process of ‘re-authoring’ is to inquire about clients’ preferred
actions (landscape of action) and their views about themselves when using these actions
(landscape of identity). Such questions help clients to locate “their action with respect to their
goals and intentions: not only can they make a difference, but their actions can be directed
provide examples of such questions (p.26):

<table>
<thead>
<tr>
<th>Landscape of action questions</th>
<th>Landscape of identity questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Can you tell me a bit about what happened there?”</td>
<td>“As you have been describing these times when you have been able to evade the influence of the problem, or how you have been able to outsmart it, what do you think this says about you as a person?”</td>
</tr>
<tr>
<td>“Where were you?”</td>
<td>“When you held firm to your views about changing your phone number, what were you hoping for? What does this action say about your hopes for your life?”</td>
</tr>
<tr>
<td>“Who was around?”</td>
<td>“If he was older, what might your son say this reflects about you as a person?”</td>
</tr>
<tr>
<td>“What were the steps that you took to get yourself ready to do what you did?”</td>
<td></td>
</tr>
<tr>
<td>“Was this event unusual or have there been times when you’ve done this sort of thing before?”</td>
<td></td>
</tr>
<tr>
<td>“How did you manage this then?”</td>
<td></td>
</tr>
</tbody>
</table>
After having co-researching and co-authoring (retelling) conversations, the last stage of narrative therapy is ‘co-publishing’. ‘Co-publishing’ means sharing the client’s preferred story with others or providing opportunities for clients have their discoveries presented or documented, with the aim of consolidating preferred stories. Designing ‘definitional ceremonies’ and using therapeutic documents are methods of co-publishing (Anderson, 2003; Payne, 2006). Therapeutic documents could be therapeutic letters, statements, certificates, drawings or photographs which convey clients’ discoveries or perceptions (which emerged in therapy and can extend into clients’ lives). These documents are used between sessions or when therapy has ended (Payne).

Data analysis
The Interpretive/constructivist paradigm used for this research project holds not only that our knowledge is shaped in social contexts and negotiated within cultures and in relationship with others, but also that “findings emerge through dialogue” (Cohen & Crabtree, 2006, para.2). For this reason, I used “narrative analysis” to analyse the data. Narrative analysis is established within the social sciences, and it fits well with case-centred analysis focusing on individual stories told by participants (Riessman, 2005; Kuttner & Threlkeld, 2008).

Narrative analysis uses stories as the tools to understand/ interpret human experience or social phenomena (Lawler, 2002, as cited in Griffin, n.d.), because stories are understood as “a window onto a knowable reality” (Etherington, n.d.). In narrative analysis, data analysis often focuses on the ‘meaning’ rather than the ‘content’ of a text, and knowledge is understood as dependent on culture, context and experience (Etherington). Narrative analysis fits my focus on “identity construction and reconstruction, and evidence of social discourses that impact on a person’s knowledge creation from specific cultural standpoints” (Etherington, p.8).

Riessman (2005) provides an overview of and guidance on narrative methods, and explains four different models of narrative analysis: thematic analysis (which emphasises the content of a text and identifies common themes across a number of cases); structural analysis (which treats language seriously by closely examining its “referential content” [p.3]); interactional analysis (which emphasises the dialogic process between teller and listener); and performative analysis (which views stories as performance rather than content based, and looks beyond the spoken metaphor [See also Duque, 2010]).
This study uses interactional analysis, which views ‘storytelling’ as “a process of co-construction, where teller and listener create meaning collaboratively” (Riessman, 2005, p.4). For this reason, it requires the inclusion of transcripts of the conversations between participants and listener/questioners to understand the participants’ personal experiences and their worlds. Paralinguistic features such as pauses, disfluencies, and interruptions in transcripts are also used, as these can strengthen the close investigation of a person’s experiences (Riessman), which can be presented as research findings in a number of different ways. Analysis can take place both within individual texts and across texts.

Songer (n.d.) states that there is no gold standard for the analysis of narrative data, but generally each text is reviewed “to identify the setting, who was involved, the problem (e.g. injury), the event that initiated the problem, and how the problem was resolved” (p.10). Based on three Korean migrant women’s stories (their problem stories and preferred stories), which come from narrative counselling conversations between myself and them (my clients) as well as their written statements, the analysis section of this study will identify findings particularly in two areas: First, what ideas/discourses shape the conditions of Korean migrant women’s depression, and when a link between depression and Korean cultural gender norms is established, how is it manifested in women’s lives? Second, in what ways can narrative therapy help Korean migrant women who struggle with depression regain hope in their lives and enhance their sense of self-worth? This process will address my two research questions.

The presence of researcher’ bias can enrich narrative research, but as noted previously it can be a limitation if there is a sole reliance on the researcher’s interpretation (de Castell, 2008, Riessman, 2005; Gregory, 2006). To mitigate the effects of my own discursive interpretation, I made an effort to acknowledge my beliefs/opinions that could compromise my research (Montoya, n.d.), and managed my own views of the therapy by checking my interpretations with my clinical supervisor in order to highlight any discursive ‘blind spots’ that I may have. During the analysis of cases in this study, I also checked my interpretations by keeping a reflective journal and having peer debriefing consultations with a narrative therapist, Aileen Cheshire. Her feedback is included in Appendix E and it contributed to the widening of the analysis process. In addition, participants were asked to provide brief written statements about their experiences of depression, the effects of the therapy, and their impressions about
links between their depression and Korean cultural norms. Also the participants viewed and commented on the section of the finalised research document that applied to them, to increase the reliability and validity of this study.

2. Ethical issues
By following the guidelines of the Unitec Research Ethics Committee (UREC, 2010) detailing researchers’ responsibility for ensuring/protecting participants’ privacy, safety, and social sensitivities, careful procedures were followed to minimise risk to participants. To minimise harm, I excluded people who are very unwell emotionally or mentally, who have been at risk of self harming, who are subject to domestic violence, or who have been treated by a psychiatrist due to a severe level of depression. Selecting participants who have had some experience of overcoming depression in their work with me also minimised harm, since it was apparent to participants that positive experiences in therapy would be analysed. In order to maintain confidentiality, pseudonyms are used in this thesis.

An ethical issue that I needed to pay special attention to is my dual relationship with participants as a counsellor and a researcher. It was important that participants’ decision to engage in the research did not adversely affect our therapeutic relationship, which is my primary relationship with clients. I approached potential participants with whom the therapy relationship had finished, and did not do so until after the therapy relationship had been completed. I selected participants who took part in at least five sessions and completed a feedback form during the last session. This process minimized the possibility of selecting clients who may wish to return for some follow-up-sessions. I waited five to six weeks before contacting former clients to prevent any conflict in my counselling work with them, and this process of selecting participants was accepted by the Unitec Research Ethics Committee.

My research involved the secondary use of data collected for the purposes of counselling supervision (audio tapes and my notes). I recruited from a pool of clients who had allowed the audio-taping and transcription of our therapeutic conversation for the purpose of supervision and my own reviews. My information sheet—which is written in the participants’ language—requested the secondary use of this data for the purposes of research. Korean translations of the information sheet and consent forms helped participants to understand the nature and purpose of the research, and their rights as participants: participation was voluntary, they
were able to withdraw their participation up until two weeks after submitting their brief written statements, and confidentiality would be maintained. Participants also had the opportunity to read the relevant portion of the finished research document to see if there were any parts that they wanted to delete or revise.
CHAPTER FOUR—Analysis of data and discussion

In this chapter, data based on three participants’ stories are analysed using narrative analysis. For each of the three cases I demonstrate what kind of cultural ideas/discourses are related to women’s roles and shape conditions of Korean migrant women’s depression. I also map the effects of these cultural ideas in these clients’ lives. In addition, I investigate how narrative therapy practices contribute to participants regaining hope in their lives and enhancing their sense of self-worth. After analysing each participant’s story, this chapter presents findings across the three cases. Finally, the strengths and limitations of this study, and recommendations for future research, are noted.

A note about the layout of this chapter is in order. When I am presenting the written data that participants provided for this project, and the verbatim that illustrates the impact of narrative practices, textboxes are used. Otherwise, counselling dialogue between myself and participants is presented without textboxes.

4.1 Comments on findings

A. Participant 1: Sarah’s story

Sarah is a Korean woman, in her late twenties, and her family- dad, mum and younger brother- immigrated to New Zealand when she was a teenage girl. She has been working as a researcher for a few years since graduating from university. She and her mum are the only Christians in her family (the significance of which will become clear below), and her mum passed away from cancer a year ago. Sarah came to counselling to overcome her experience of depression which she believes is related to a relationship problem with her dad, and we had 10 sessions for eight months. She has experienced this depression for five to six years.

She had lived with her dad and younger brother until about five months before she started counselling. When she came to counselling, she was living in a flat on her own as her dad had planned to go back to Korea leaving his children in New Zealand. Living in the flat, she felt, on the one hand, freer than before due to having her own space. On the other hand, she was still depressed and anxious, and desperation was still going on with physical symptoms of eating difficulties, stomach-ache, dizziness and stress. Moreover, her dad had decided to stay in New Zealand longer rather than going back to Korea, and he suggested Sarah and her brother come back to his home again to live together. Sarah did not want to live with her dad at this stage. She thought living with her dad would make her experience of depression get
worse, because she felt especially bad, uneasy and depressed when she received her dad’s phone calls and even texts. Even though she wanted to stay at the flat, she was afraid to express her thoughts about this to her dad because following his decisions had been an old pattern of hers in the relationship with him.

a. What ideas/discourses shape the conditions of Korean migrant women’s depression, and when a link between depression and Korean cultural gender norms is established, how is it manifested in women’s lives?

The following conversation shows the ideas/discourses which underlie Sarah’s experience of depression (Cl: Client, Co: Counsellor):

Cl: I have tried to ignore this need (desire for freedom) before especially when I lived with my dad. The thought ‘I have to be patient’ has really affected my life. I used to think, “If I live this way, someday my dad will know how much I have done for him as a ‘good girl’ and also as ‘a Christian’.”

Co: Mmm

Cl: So I expected that someday he might appreciate me and thank God. But, now I have come to know that this way of ‘just waiting with patience’ does not change this power relationship, but makes me more exhausted and depressed, because he becomes more demanding and controlling in my life without respecting my personal boundaries or choices. He seems to think of my obedience to him as being my responsibility, not as my effort or respect for him.

Co: You have expected change in your dad’s attitude while you ‘just wait with patience’. But now you see that this actually results in you feeling depressed about losing your personal boundaries and losing respect from your dad?

Cl: Yes, that’s right. As I become more patient, I lose ownership of my life, become depressed from this, and he becomes more controlling in my life (very low and soft voice).

This conversation shows that the reason Sarah ignored the need (desire for freedom) is related to the idea/thought ‘I have to be patient’. She valued this idea by believing that this was a way of being a ‘good girl’ and a ‘Christian’, and if she fulfilled this, she expected her dad would
know about her efforts. The following conversation shows how this idea/discourse ‘I have to be patient’ which is underlying Sarah’s experience of depression has developed:

Co: You told me that your mum also struggled in the power relationship with your dad. She also didn’t know about your feelings?
Cl: Yeah, she may have understood how hurt I felt, because she also suffered in the power relationship with my dad as a woman. But in her life she just gave up her needs rather than trying to change this relationship. Moreover, she expected me to follow her attitudes. She often said to me, “I hope you follow what your dad says, and be nice to him more”. So, rather than experiencing understanding from her as a woman, I think her attitude influenced me to suppress my needs (very low and soft voice).

Co: Um. Your suppressing of your feelings and needs has developed from observing your mum’s attitudes and her encouragement to do this?
Cl: Yes, it has, because she tended to accept that this is the way of women’s lives. So, even though I share the same experience as her, I couldn’t expect her understanding about my struggles.

Co: Do you think your mum’s thinking and attitude is related to Korean culture or her personal ideas?
Cl: I think it is deeply related to culture in Korea, because Confucianism influences women to live in this way: to respect men’s power more than women, as you may know. There are clear conceptions about men and women’s roles, aren’t there?

Co: Uh huh

Cl: Moreover, as a Christian, she believed that sacrificing her needs was also the Christian way. So both cultural factors and her understanding of Christianity, I think these led her to sacrifice her needs even though she was always exhausted physically and emotionally in her relationship with my dad.

Co: Sounds like your mum engaged/believed in the concept of ‘sacrificing my needs for others’ which is one of the Christian values because it matches her understanding about women’s roles which is shaped by culture. What do you think?
Cl: Yes, I think so, and I have been influenced by this attitude from her, so I thought I needed to be like her to be a good girl.

Co: Uh huh

Cl: Somehow her sacrificing herself helped my dad calm down when he got angry. If my
mum had tried to insist on her side in an unfair situation in the relationship with my dad, they may have separated and my family situation become worse. So, I think my mum sacrificed herself for our family.

Co: I see. You think your mum did the best that she could do, because she believed sacrificing her needs was the best way to support the family even though it was hard for her.

Cl: Yes, that’s right.

Co: If you and your mum’s responses to your dad’s over-powering in the family is related to the cultural idea about women’s roles in Korea, your brother’s response is different?

Cl: He also really hates my dad’s attitude in our family, but my brother does not just obey him as much as my mum and I did. My dad’s attitude to my brother also is different compared to me and my mum. This might be because he is a man. So, on the one hand, I feel compassion for my brother because we are in the same situation. But on the other hand, I often think he is becoming like my dad. One of my friends who had talked with my brother also said to me “Your brother’s thinking and attitude looks very similar to your dad’s authoritative attitude”. So, my friend became more compassionate about my situation.

This conversation shows Sarah’s understanding about how the role of women in Korea was the major underlying source of her experience of depression. Her idea of ‘suppressing my feelings and needs’ was related to the Korean cultural context as she recognized that this idea was shaped by the Confucian philosophy of gender inequality, in which women’s roles are subservient. Her mum was also really influenced by this idea, believing ‘sacrificing my own needs to support the family’ was the way of a good woman’s life. Her dad’s attitude to his son was different compared to Sarah and her mum. Jeong & Dreyer (2003) identify this cultural discourse around gender roles in Korea and state that, “For five hundred years, male dominated societies accepted patriarchy as a ‘natural order’” (p.1242).

Because Sarah’s thought ‘sacrificing my needs’ seemed to describe a good girl’s life as a Korean, she rarely tried to express her feelings and instead followed her dad’s thinking and decisions as her mum had done, even though they were both depressed emotionally and physically from this. She told me that she and her family think her mum’s cancer was also related to her way of life: too much sacrificing of her needs especially in the relationship with
her dad. Sarah said that she saw that her dad seemed to feel guilt and regret for what he had done to his wife for a few months after she died, even though now he has come back to his previous attitude. The above conversation also shows that Sarah’s cultural idea of women’s roles impacted her understanding about a good Christian as one who ‘sacrifices herself for others,’ which is one of the Christian values/discourses. She said, “This cultural atmosphere in women’s roles has also affected my Christianity and the way I try to live my Christian life” (see below for Sarah’s feedback).

Sarah provided the following statement for this study based on the question, “Could you share your impressions of any links between your experiences of depression and Korean cultural norms?”:

Korean culture is based on Confucianism where women are expected to be obedient to men and younger people to elders. There is a Korean idiom “The man is the sky and the woman is the ground” which reflects that in Korean culture, men are superior to women. This leads Korean women to think that patience is a valuable virtue that women have to learn. This social expectation tends to cause depression with suppressed anger in many Korean women including my mother. My mother’s life has also influenced my understanding of women’s roles within the family. My mother always obeyed my father and I thought her life was tiring and unhappy.

This cultural atmosphere in women’s role also affected my Christianity and the way I try to live my Christian life. The Bible says “Love your neighbour as yourself” in Mark12:31. This culture and the environment I grew up in have influenced me to focus on the part of the verse “Love your neighbour”. I’ve been caring about other people’s feelings and their needs more than my own and I thought God would be pleased with that.

Now that the link between depression and Korean cultural gender norms has been established from Sarah’s story, the next question is: how has this link been manifested in her life? Sarah explored a part of her story that shows the effects of the cultural ideas of ‘sacrificing my needs’ in her childhood:

Cl: Because my dad grew up with a lack of financial support, he tends to over-emphasize saving money to our family, so I couldn’t use money without being anxious or
confident until now. I remember that…(pause) when I was a child, I didn’t even use money which was especially given from my mum for school picnics. She said, “Buy anything you want with this money, because it is an outing” (very low voice).

Co: Uh huh

Cl: When she found out that I didn’t buy anything, she used to say “Why didn’t you spend the money even though it was your special day?” Then, she looked very sad and distressed about this.

Co: Um, do you remember what thought led you not to spend money for yourself as a little girl at that time?

Cl: I didn’t know the reason at that time. I think it was just that I considered using money for my personal needs was wasting money. This might be because my father used to say “Save money”, and I think I’ve been influenced by my mum because she didn’t care for her needs as a Korean woman.

Co: Mmm

Cl: Actually, my mum didn’t use money for herself more than me. I remember that most of the time, she used to wear my dad’s or my old clothes rather than buying clothes for herself. I couldn’t understand at that time why she lived in this way. She didn’t care for her needs any more than I have.

Sarah also said:

Actually, I liked to play the piano in my childhood, but I had to quit because my dad said it was useless and a waste of money. Even though my mum knew how much I wanted to do this, we had to follow my dad’s decision.

This story and her comment show how Sarah’s childhood experiences were influenced by the idea of ‘sacrificing my needs and following men’s decisions’ as a female. This idea is called ‘the problem idea’ (a narrative therapy concept) and it maintains the problem story. As a little girl, she could not use money for herself without anxiety, and had to quit learning the piano which she really loved. She also observed that her mum could not help Sarah as she valued men’s thoughts and decisions more than women’s. In a later session, Sarah mentioned that she couldn’t talk about her desires to learn the violin and also ballet because she knew that her dad would not like this and her mum would not support her. While Sarah was suppressing her needs as a girl, she remembered her mum’s sense of sadness and distress when Sarah
didn’t spend money on herself at picnics. Sarah also felt a similar way towards her mum when she observed her mum wearing Sarah’s or her dad’s old clothes, instead of buying her own clothes, to ‘save money’ which was one of her husband’s values.

Sarah also said this family atmosphere led her to avoid a relationship and communication with her dad, and also this prevented her from eating her meals with a comfortable mind when she lived with her dad. She said:

When I tried to talk to my dad, he interrupted me without listening or trying to understand my side. This makes me feel uncomfortable because I am under pressure from his power, so I couldn’t say any more….When I try to talk about ideas or thoughts different from his, he considers this as me trying to go against his power, and his voice becomes louder with anger.

When I lived with my dad, I used to hurry to eat food because I wanted to go into my room before he came out to the kitchen. I think I finished lunch or dinner in 3 minutes. So, I couldn’t enjoy meals at that time.

The following conversation shows the current effects of her experience of depression in many areas of her life:

Co: Right. Last session, you told me that you experience depression emotionally and physically, and you think it is related to experiencing your dad’s power over your life. His control impacts on you so that you feel compelled to say “yes” unwillingly to him while feeling powerless, but you want to change this relationship. Is my understanding of what we talked about right?
Cl: Yes, that’s right.
Co: How is this going?
Cl: My feeling improved when I had a good time with my friend (in Australia), but after I came back to my normal life, I’ve felt depressed and anxious again especially when I think of my dad. Even though now I am living in a flat (not living with my dad), I feel uneasy about his phone calls. Because he used to call me whenever he needed my help without considering my situation or feelings.
Co: I see. If it’s ok with you, could you tell me more about how saying ‘yes’ unwillingly in this power-relationship has impacted your life?
Cl: It impacts me to feel ‘tight’.
Co: Could you explain so I can understand what ‘tight’ means for you?
Cl: I have tried to suppress feelings while ignoring my needs because he just wants to say what he wants rather than trying to understand my feelings and thoughts. Because his thoughts are most important in my family, we haven’t had proper conversations with him. It is just a one-way conversation.
Co: Mmm
Cl: So, from my childhood, when I needed something, I used to say “no” to myself and tried to ignore my needs. Another impact of his power over my life is that I feel pressured to reach perfection in everything I do even though I am not perfect.
Co: As a human who has limitations, you tried to be perfect?
Cl: Yes, I did. It is because he becomes critical and angry when I make mistakes or don’t satisfy his expectations and demands. But pursuing perfection causes me to be tired and exhausted. When I got bad results on exams, I thought I didn’t deserve to eat (low voice).
Co: It sounds like experiencing “saying ‘yes’ unwillingly in this power-relationship” impacts on your self-worth negatively? Is this right?
Cl: Yes, that’s right.
Co: Mmm
I am wondering what is going on when you think this way about yourself?
Cl: I think…I have anger inside of me which is suppressed. And sometimes it comes out in unexpected times and situations. Then, I try to suppress it more again.
Co: I am wondering how you notice the suppressed anger coming out?
Cl: From my tone of voice? Because my voice becomes more intense than normal.

From this conversation, we can see that Sarah experienced the following feelings and behaviours that show the effects of the problem ideas on physical, emotional, and social aspects of her life, as well as on her work and self-worth: Anxiety, unease about her dad’s phone calls, feeling, ‘tight’, suppressing feelings while ignoring her needs, having one-way conversations, saying “no” to herself and trying to ignore her needs, pursuing perfection,
being tired and exhausted, thinking ‘I don’t deserve to eat’, and having anger inside of her which was suppressed.

The phrase, “I have anger inside of me which is suppressed” maybe an example of Hwa-Byung (Korean repressed anger, discussed in the literature review) operating in Sarah’s experience of depression. When she got bad results on exams, Sarah’s said, “I thought I don’t deserve to eat”, and she considered that spending money on herself was wasting money. These are clues to the negative impact of the problem story on her self-image. She pursued perfection due to her dad’s high expectations of her, and this also impacted her to think ‘I am not good enough’. This self-belief also implies the idea of fatherhood in Korean culture, which is influenced by Confucianism, and emphasizes the superiority of men in families (Lim, 1997). This influence of male traditional patriarchal beliefs (Min, 2001) often lead Korean fathers to take a binary position by deciding what is right and wrong about family members’ behaviours/worlds rather than seeing or accepting other options. In a later session, Sarah explored another experience of her bad feeling and thinking about herself from her dad’s high-expectations of her:

I could say I am one of the good cases in my class in finding jobs because I am working at school after graduation, but my dad does not make any positive comments about this but always underestimates what I did. This has made me think I am not good enough.

Sarah’s problem story impacted on her relationship with others as well, especially Korean people who were males and who had authority as the following shows:

Cl: I used to feel uncomfortable and could not talk about my thoughts when I was with other men who have authority in the Korean church I attend… For example, one of the youth pastor’s attitude (in my church) towards us is kind of a Sparta way (use of power and control). Even though I have felt uncomfortable about this, I tried to follow what he says.

Co: Like you do in the relationship with your dad?

Cl: Yes, it is similar because they are Korean. I feel similar feelings and pressures when I am talking with Korean men who are in authority.
Sarah provided the following statement for this study in response to the question, “Can you please briefly describe your experiences of depression e.g. how it influenced your thoughts, feelings, and experiences?”:

I had a feeling of anger and hopelessness in my mind experienced from depression. The feeling of anger has been suppressed from the relationship between my father and me because of the lack of communication. I was forced to obey what I have been told to do or obey his opinions and my feelings or thoughts were not respected by my father. I was feeling hopeless because I didn’t see any signs of changes in his attitude towards me and the way he treats me and other family members. This had an impact on my relationship with others. For example, I was afraid of saying no when other people asked me for help. The reason is that I think those who asked me for help might feel rejected if say no and I care more about their feelings than mine.

b) In what ways can narrative therapy make a contribution to Korean migrant women who struggle with depression to regain hope in their lives and enhancing their sense of self-worth?

Russell & Carey (2004) view one of the roles of therapists in narrative therapy as providing “some frame-works for alternative understandings and alternative actions” (p.10). The following conversations between Sarah and I illustrate specific examples of how narrative therapy conversations can assist a Korean migrant woman client to develop alternative story lines of identity which are not part of her problem story:

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<tr>
<td>(Previously, we talked about her problem ideas-the suppressing of feelings/needs and pursuing perfection- and its current impact on her life) Co: If you keep suppressing your feelings in that way as a Korean woman and try to be perfect as you have done until now, how might this impact on your life in the future?</td>
<td>(Mapping the effects of the problem) Using a question to assist a client to take a position on the problem.</td>
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</table>
Cl: Actually, these days I thought about that. This attitude somehow contributed to me achieving more in my studies. But if I live in this way continually, this may mean I am never happy, because this will cause huge stress as it has up until now. 

Co: The suppressing of your needs and pursuing perfection in the power-relationship does not create happiness and satisfaction in your life even though there are achievements?

Cl: No, it will never make me happy. I don’t want to live that way continually.

Co: It seems you strongly do not want this way of life, as I noticed your head shaking. Could you tell me why this is not ok for you?

Cl: I just want to be comfortable by being myself and care for my needs rather than keep living in stress following my father’s controlling.

Co: “Being comfortable by being yourself and caring for your needs” seems very important for you. I am wondering how this desire/value developed?

Cl: I think having my space and time after I have moved into a flat from my dad’s house, and having other relationships that are different to my dad enabled me to recognize my desire for this.

Co: Allowing space and time for you, and experiencing relationships which are not power-relationships enabled you to see your needs which have been ignored?

Cl: Yes, these days, I have come to think about what is important for me. I like this change, as Sarah evaluates the effects of the problem story and activities, and she takes a position on this 

Reflecting on the effects of the problem

This intervention helps her take a position on the problem again

Using a question for a client to justify this position

Sarah opens up her alternative/preferred idea

A question to assist her to see the alternative idea from a broad context

Highlighting the positive outcomes of engaging with her preferred contexts
well as often asking myself “Is it ok to allow this in my life?”

Co: Um. What is that like for you to start to allow this space for yourself?

Cl: Knowing my desires and allowing them a little bit more than before in my life helps reduce the burden, the thought ‘I have to do it’. For example, when I did not go to daily prayer time at my church, I used to feel guilt and blame myself before. Because I thought “I must go without missing a day”. But some of my church members said “It is ok if you are not perfect”. Also, in the counselling conversations, I felt accepted and that my feelings and situations were understood. These experiences of acceptance and understanding have encouraged me to respect my needs, which I haven’t cared for before.

Co: Mmm

Cl: I think…these experiences make me have a new understanding about God, ‘God is not a God who is only pleased with people who are perfect but He accepts me as I am’.

Co: Allowing space for you and experiencing relationships where you are understood, these help reduce the burden of trying to be perfect, and this leads you to engage with an image of God who unconditionally loves you?

Cl: Yes, that’s right.

Co: Sounds like this experience helps you to develop your self-worth as a person which is different from when you see yourself in a power relationship under the influence of

| A question for her to get in touch with the reality that she experiences (for thickening her preferred identity story) |
| Sarah explores the effects of the alternative idea in her life |
| -Reducing burden about one of the problem ideas “I have to do it” which maintains the problem story. |
| -Engaging with an alternative image of God further reduces the burden of ‘I have to do it’ |
Korean culture? What do you think?  
Cl: Yeah, I think so. I feel better about myself when I think this way (Brighter voice).  
-Positive identity conclusions from developing Sarah’s preferred story

From this conversation, I assisted Sarah to take a position on this problem, and justify this position. This process of externalising the problem created further space between the person and the problem, and this led Sarah to engage her alternative ideas. According to White (2003), these kinds of externalising conversations open up new possibilities which fit with preferred identities (see also White, 2007). As Sarah engaged with her alternative idea/discourse, ‘Being comfortable by being myself and caring for my needs’, our conversation moved onto exploring new narratives with her preferred experiences which fitted her desires/hopes.

As Sarah engaged with her substitute representation in her developing new story, the burden of thinking ‘I have to do it’ was reduced. This belief had been one of the problem ideas that had maintained her experience of depression as a Korean woman. She also said “I feel better about myself when I think this way”, and this would be evidence of enhancing clients’ sense of self-worth from the developing preferred story. As Clarke (2008) states, identity is dynamic and can shift with multiple possibilities, and constructing new identity stories through re-authoring leads clients to preferred actions (White, 2007). After this conversation, I asked Sarah if her engagement with this new idea created some other changes in her life. This exploring of a new story of identity and its outcome created laughter in our conversation:

Co: I am curious if there is anything else you do for yourself recently?  
Cl: I am able to use money for myself more than before. Actually it was not comfortable to use money for myself even for a cup of coffee or chocolate before. I considered using money for myself was wasting money.  
Co: This allows you to be kind in using money for yourself!  
Cl: Of course, it is not over-using money, but I bought a little flowering plant for myself recently, because I like flowers. Haha (laugh).  
Cl & Co: (Both laugh)
Brown & Augusta-Scott (2006) state that new narratives— which are developed by co-authoring— are “socially situated” (p.11). In the new narrative, Sarah explored relationships with those who were in her preferred story line, some church members who noticed her needs to reduce her burden and encouraged her not to work too hard but to work within her limitations. Within Sarah’s oppressive situation in relation to cultural gender norms, I noticed that there were people who could support Sarah’s preferred identity of allowing her to be kind to herself. So then I assisted Sarah to engage their voices more actively as the following conversation shows:

<table>
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<tr>
<td>Co: You seem like you are getting more healthy emotionally and physically as I am listening to your story today. I am wondering who would be most pleased if they heard that these positive changes are going on in your life?</td>
<td>‘Re-membering’ conversation- showing counsellor’s ‘curiosity’ about people who support Sarah’s preferred moment of life, and giving her the opportunity actively to engage in the revision of membership in their lives (see White, 1999; Russell &amp; Carey, 2004)</td>
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<td>Cl: Maybe the friend who talked with my brother for me? And my mum’s two close friends in my church? Because they know about my family’s situation very well, and had compassion for my family after my mum died.</td>
<td>Using a question to create space for Sarah to engage her rich and preferred identity in a relational context</td>
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<tr>
<td>Co: I am wondering what they would say to you if they were here and heard your story today? Cl: “Well done” or “You are doing very well”? Co: “Well done” “You are doing very well”! Cl: Yes, one of them said to me “You need to have a rest”. When I heard this, I questioned myself ‘Is it ok that I have a rest?’ Even though I have moved to a flat, I couldn’t entirely rest in my mind. That’s why</td>
<td>Creating supportive voices which can enrich her preferred identity story</td>
</tr>
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</table>
I am still depressed and uneasy sometimes. But I think I allow myself to rest a little bit more than before.

Co: If you carry on with allowing yourself space to have a rest, how might this impact your life in the future?

Cl: Maybe...This may help me to enjoy my work and family relationships when I marry someone. I think this may help in child-rearing as well.

Co: In what ways?

Cl: Because I know how a power-relationship is bad for children, I may try to understand their feelings and support them so that they grow with their potential.

| I am still depressed and uneasy sometimes. But I think I allow myself to rest a little bit more than before. | Assisting her to thicken her preferred story by asking a question about the future possibilities of her alternative ideas |
| Co: If you carry on with allowing yourself space to have a rest, how might this impact your life in the future? |
| Cl: Maybe...This may help me to enjoy my work and family relationships when I marry someone. I think this may help in child-rearing as well. |
| Co: In what ways? |
| Cl: Because I know how a power-relationship is bad for children, I may try to understand their feelings and support them so that they grow with their potential. |

As Sarah developed her new story with her preferred ideas/discourses, this also led her to engage with an alternative image of God as one who accepts her as she is which is different from her previous image of a God who expects perfection. This influenced her to engage with another Christian value of loving oneself, which supported her preferred idea/discourse of ‘Being comfortable by being myself and caring for my needs’. This experience is an example of how gender equality in Christian discourse can be seen as relatively strong when compared with Confucian gender inequality as discussed in the literature review. The next time we met, 4 weeks later, I asked how her engaging with a new image of God impacted on her. She explained how this supported her to develop her self-worth and contributed to reducing depressed feelings as in the following:

I had thought God would punish me if I did not reach his expectations, but now I see Him differently as one who accepts me as I am. It is a big difference for me… This makes me feel comfortable and freer than before in many ways, including in relationships with others. And this enables me to see myself as a more valuable person… so I am less depressed than before because I do not work too hard as I did before, even though I am not entirely free from the tendency of working hard.
Narrative therapists are encouraged to listen not only to events that belong to the problem story but also so-called ‘unique outcome’ events when clients have experienced less or no influence from the dominant problem story, because unique outcome experiences are one of the important sources for developing clients’ preferred stories (Morgan, 2000). The following conversation is an example of when I showed curiosity about Sarah’s unique outcome story of her experiences at her work place in New Zealand. She explored a situation in which she had been less influenced from feeling down and depressed, as the following conversation shows:

<table>
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<tr>
<td>Co: Sounds like changes are going on in many are as of your life. I am wondering if this new development in your life impacts on your work as well?</td>
<td>From Sarah’s response, I came to know that her work place has been a place that is less influenced by the dominant problem story</td>
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<tr>
<td>Cl: My work place has been so good for me. People are good and there have been no troubles in relationships. It has been a kind of refuge for me when I feel down or depressed.</td>
<td>Asking a question curiously about her ‘exception’ experience of relationships.</td>
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<td>Co: Oh, I am curious, how it is different? Cl: This is because they have different nationalities. Because they have a western cultural background, there are no power relationships. They accept not only ‘yes’ but also ‘no’ while respecting others (bright voice). Co: This has been a space for you to experience a form of equality in your work relationships, and a respecting of personal boundaries which you like? Cl: Yes, even though they are not deep</td>
<td>Highlighting her ‘exception’ experience that she already has</td>
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Sarah explores her preferred experiences
relationships, we could talk and laugh without pressuring each other in relationships. These days, we are preparing for a conference which will be held in Queenstown. So we are excited while we talk about this and book accommodation and things like that (excited voice).

Cl: It sounds like there is joy in this exceptional experience for you.

Co: Yes, that’s right. Of course, as I used to do with other Korean people, I have tried to help them as much as I can when they ask for help from me. But they do not put pressure on my decisions, so I think I get hardly any stress from them.

From this conversation, I was curious whether her experience of the western style of relationship in her work place fitted her preferred identity story. To understand more clearly what kind of relationship Sarah valued, I continued this conversation from a ‘learning position’. The following conversation shows an example of how narrative therapists’ inquiry from a learning stance can help migrant clients who experience depression in relation to cultural norms:

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<tr>
<td><strong>Co:</strong> In these different relationships compared to your relationships within Korean culture, I am wondering if there are cons as well?</td>
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<tr>
<td><strong>Cl:</strong> Yes, when they say “no” so easily and clearly to my requests, I feel a kind of rejection because this is such a different attitude from mine. I have tried to help them as much as I can. And my other Korean friends also have a</td>
<td>As I heard Sarah saying, “even though they are not deep relationships” in her previous expression, I was curious if Sarah had thoughts about pros and cons in both the Korean and western style of relationships which she has experienced. This question leads her to escape binary</td>
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similar attitude to me within our relationships.

Co: They (workmates who have other cultural backgrounds) respect personal boundaries, but they seem not to care about ‘responsibility for others’ in relationships as much as Korean people?

Cl: Yes. That’s right. Because I know this difference, even though sometimes I feel rejected by them emotionally as a natural reaction to them saying “no”, I soon become ok as I know this cultural difference. Haha.

Co: As you experience both, different types of relationships in Kiwi and Korean society, I am wondering which one fits better for you? Either one of them, or something different?

Cl: I would say I like somewhere in the middle between the two. Haha (laugh).

Co: Somewhere in the middle? (curiously). Could you describe what kind of relationship that is?

Cl: Kiwi style looks more convenient actually. But I think helping each other while ‘having responsibility for others’ is also necessary. For example, when I attended university, most Asian friends had this tendency. When there is a friend who eats a late lunch alone for some reason, we would stay with her until she finished her lunch even though we had already finished our lunch which is different from friends from a western background.

Co: Right. You want to integrate positive aspects from both cultures by ‘respecting personal boundaries’ as well as not losing thoughts that she might have about relationships within Korean culture, and enables her to evaluate pros and cons from both cultures and discover an idea that fits for her.

Inviting her to describe what kind of relationship fits her to understand her better

Allowing her to explain her ideas freely from a learner position

Sarah and I both came to see more clearly what kind of relationship she pursues. She prefers relationships that not only respect personal boundaries but also support ‘responsibility for others’
‘responsibility for others’?
Cl: Yes, that’s right.
Co: In the relationship with your dad as well?
Cl: Of course, I want to gain a healthy and respectful relationship with him rather than just wanting to be separated from him.
Co: Um. Through our conversations, I am coming to more clearly understand your desires and hopes in the relationship with your dad and what you care about. I am curious, what if he also has a chance to hear from you about your intention of doing things differently with him these days compared to before?
Cl: I also want this. That is why I am considering writing a letter to him. Even though he may feel unhappy reading it, I hope he also comes to understand me and my thoughts. And also I hope he is able to understand why I have been depressed emotionally and physically from the relationship with him, so I had to come to counselling to deal with it.
Co: Right. If you write a letter about this and he reads this, I am wondering what kind of response you can expect from him?
Cl: I don’t know yet. He could accept my thoughts with understanding about me or he could blame me again with anger as he used to do. But… it is his choice.
Co: Even though you do not know how he will respond to your letter, you want to try writing a letter to him?
Cl: Yes.
Co: I am interested in your saying “It is his response that I am learning from hearing her story as a conversational partner”

Using a question which might help her to prepare herself in both cases

I noticed another unique outcome, her changed attitude in dealing with the problem situation in her expression “But… it is his choice”

Picking up her unique outcome, her
choice”. It sounds like you separate his choices from yours which is different to your previous pattern. Is my understanding right?

Cl: Yes, because I am freer than before from the thought ‘I need to take all the responsibility for others’. Even if he blames me with anger as he used to do, I think I won’t ignore my choices due to his response as I did before. I would like to connect with him while respecting each others’ boundaries rather than wanting to be independent from him.

…

Co: I am wondering what is it like for you to know your clear hope in relationships and that you are continuing on the journey to bring about the changes you want?

Cl: It is bright. It felt like I was in a dark cave without knowing where I was going, but now I feel like I’m finding a way to go outside which leads me to the light. I think I am working towards that place where I am seeing the light. (confident voice)

A question to invite her to touch the reality that she is experiencing

This question leads her to engage a powerful metaphor of hope that can encourage her new development

This conversation shows an example of what is happening when a migrant woman encounters western norms in a migration context. Because Sarah had experienced depression which was related to Korean gender norms, she was attracted to western norms as she experienced their positive effects in her relationships with her workmates.

In narrative therapy, therapists are encouraged to use questions with ‘curiosity’ rather than make statements with ‘certainty’. Anderson describes this position of a learner as one where someone “listens and responds by trying to understand the client from their perspective and in
their language” (Anderson & Gehart, 2006, p.45). There are many questions that I used from a learner position in this conversation to understand Sarah’s desires and hopes more clearly/deeply. Especially, “As you experience both, different types of relationships in Kiwi and Korean society, I am wondering which one fits better for you? Either one of them, or something different?” This question enabled Sarah to evaluate her ideas freely, and this conversation led her to fully discover her preferred idea which fitted her desires/hopes rather than leading her to choose a binary option that she may have experienced within power-relationships as a Korean woman.

As Sarah and I were coming to have a clearer picture of her ideas and her desires through our conversation, this process led her to pursue not only developing her personal boundaries but also making efforts in the relationship with her dad by re-connecting with him. Sarah’s saying, “He could accept my thoughts with understanding about me or he could blame me again with anger as he used to do. But it is his choice”, shows her different attitude, a strength in dealing with the problem situation. As a counsellor, I was able to sense her willingness to communicate with her dad without losing her personal choice which is different from when she valued the dominant problem idea of ‘patience’ as a Korean woman. Sarah’s preparing herself to express her own opinions and feelings, and separating her choice from her dad was the evidence of her gaining agency through the telling and re-telling process of narrative therapy conversation.

According to Morgan (2000), narrative therapists need to have an interest in finding descriptions which can enrich clients’ alternative story. When I invited her to explore this description of her different attitude from a learner position, this contributed to enriching her preferred story of identity. She said that she felt freer from other people’s expectations than before, and no longer had to take responsibility for others. Moreover, she was able to separate her choices from her father’s blame and anger but still wanted to re-connect with him as long as they respected each other’s boundaries. The following conversation two months later, shows how Sarah’s changed attitudes and actions while she developed a preferred identity story impacted on her relationship with her dad:

(I asked if Sarah’s alternative idea of respecting her own desires, and expressing these though sending a letter to him, had affected her dad’s attitude towards her)
Cl: He is trying to respect my space and thoughts more than before. I think the level of demands is different actually. For example, he used to send a text before saying “Come back home now”. But recently it’s “Can you tell me what you think about coming back home?”

Co: Wow. He asks for your thoughts rather than just giving an order. It sounds like there is some change going on in the power relationship.

Cl: Uh huh (bright voice).

Co: He seems to acknowledge that you can say not only yes but also no to his requests.

Cl: Yes, I think so. He said in a text “I will not blame you even though you said no”. But, if I say “no”, maybe he would feel disappointed.

Co: Even though he may not be happy if you say no, his attitude is changing from demanding to asking, isn’t it? …Even though we do not know what is going on in your dad’s mind now, I am wondering what is that like for you to experience his changed attitude?

Cl: I feel like I am respected and also more independent as a person. Because we live in the same area, we are not totally separated. He could ask me to come to him and help him even though we do not live together. But, because his recent attitude is very different compared to before, I feel like I am coming out from the place of darkness by breaking my fear (bright voice).

Sarah’s development of her alternative story with her preferred ideas/discourses had also made a positive impact on her relationship with others. She said:

I think I have become more open minded toward them (church members), and able to accept their differences. I am less nervous or sensitive, and more able to respect them as they are. It is not that I showed a critical attitude towards them before, but I tended to over-protect myself when I was with them…and I am becoming more active in relationships with them. I just said “hello” to my church members before, but these days I hug some of them. I didn’t do this before (laugh).

As we built her new story lines, she was able to hear what was important for her, and this often enabled her to use metaphors, such as emerging from the dark, which represented her
preferred identities. When the new story was established, there was a marked change in her voice from soft and quiet to bright and confident. This development of her preferred story of identity continually led her to take actions which fitted with her desires/hopes. She said she was able to manage her feeling nervous when she did a presentation in English at her work place from the new thought, ‘It is ok even though my English is not perfect because I am not a Kiwi and my content is more important than my pronunciation’, and this led her to be able to do the presentation more successfully than her previous attempt, and to fully enjoy it. At the last session, she said she had enrolled in a beginner course of ballet which was one of the things she had wanted to learn when she was a child. After we ended the last session, I was able to hear more good news from Sarah when we met for her to sign the participant’s form for this study. With a great sense of hope, she said that she was building a more respectful relationship with her dad, and they (Sarah, her dad and her younger brother) were planning to travel soon which was what she really wanted. Being a conversational partner in clients’ development of their preferred stories and identities is such a joy and privilege for narrative therapists.

Sarah provided the following statement for this study in answer to the question, “Could you share the effects of the therapy and how the counselling conversations have helped reduce the effects of depression?”:

I have experienced many changes since I have started counselling conversations. Before I had the sessions, I always tried to solve problems in ways that got me to sacrifice and suffer patiently as I was considering others’ feelings before mine. Through the counselling conversations, however, I found out that being a ‘yes man’ and sacrificing for others is not the only solution and that it can even make the relationships worse as I suppress emotions and get tired of doing things for them. I realized that it is never a selfish action to refuse people if a situation doesn’t allow me to help them. I feel less guilty and less pressure when I can’t satisfy people with their needs or demands. Reducing guilt and pressure have enabled me to relax when I come to such circumstances, and now when I face problems, I look at different perspectives to seek a better solution, something more positive rather than just sacrificing myself. Now I have more of my own time to concentrate on my work or enjoy what I like such as travelling. The counselling helped me become aware that I am also an important person, improving my self-esteem. In addition, I was obsessed with perfectionism but I try not to blame myself and empty my mind of things that were not
successful despite my efforts. All these changes have given me freedom and helped reduce depression and fear in me. I was too sensitive but I started to hear from people around me that I look happier and brighter than before.

These changes have also influenced my relationship with my father. He was always against my opinions so communicating with him was not very successful. As I already said above, I always had to obey my father as he wanted to put me under his control. After I finished counselling, I started to express my opinions clearly and refuse his unreasonable demands. He seemed to be upset initially but he has become more careful in how he treats me and in the way he talks to me. That builds up trust in me about my father, which helps recover the broken relationship between him and me.

Along with the changes occurring in the relationship with my father, I started to have different views of God in my religious life. God used be very strict to me. I thought God wanted me to be perfect in everything and that He would punish me if I did something wrong. For example, I felt guilty when I had a feeling of dissatisfaction/complaint about anything or when I refused to do a favour. I think this image of God the Father may be affected by the relationship with my father. However, now I know that God is love and I’m also deserving of his love. I’ve come to have faith in God that he will understand even though I make a mistake. I feel God is more merciful and kind to me than before.

B. Participant 2: Jaehee’s story
Jaehee is a Korean women, aged in her late fifties who has two adult children. She has a Catholic religious background. She and her husband immigrated to New Zealand around 20 years ago with her family when her son and daughter were children. Now they are adults and live in other countries: one is married and another is working after graduating from university. Her mother has passed away and her father is living in Korea. Five years ago before she came to counselling, she divorced her husband. She said separation from her ex-husband had been her desire for a long time due to her suffering as a woman who was expected to be patient whatever she experienced in the marital relationship. Feeling powerlessness and hopelessness in this situation had resulted in her being depressed emotionally and physically with symptoms of difficulty sleeping, a loss of interest in eating and social activities, and crying
easily without knowing the reason why. She had experienced this depression even after the divorce, and this brought her to counselling with the hope of overcoming it.

At the first session, she said that she had wanted to receive counselling from a Korean person because she is Korean, and she knew of this option for two years, but even so she had hesitated to come to counselling. The reason for taking time to seek help was because she was not familiar with talking about her feelings to others due to her pattern of ‘patience’. She came to counselling after her daughter’s encouragement; her daughter had experienced benefits from counselling herself. This shows how the cultural idea of ‘patience’ can prevent women from seeking appropriate social services, and that it is important to let women know that there are supportive spaces for them to deal with their emotional struggles.

a. What ideas/discourses shape the conditions of Korean migrant women’s depression, and when a link between depression and Korean cultural gender norms is established, how is it manifested in women’s lives?

The following conversation shows the idea/discourse which lay beneath Jeehae’s experience of depression:

Cl: The reason I have been depressed even after I divorced my ex-husband is because I was anxious and afraid of the effect he had on my life. As I said before, he still has tried to pressure me in many ways (emotionally and financially), and I tried to fulfill his demands by being patient as I used to do because he never stops his demands until he gets what he wants.

Co: Mmm

Cl: Because I know how awful this is, I also was worried about the negative effects that he might have in the future by controlling my children’s lives or placing burdens on them. And another thing I have been depressed about after the divorce is my guilt as a mum because I decided to divorce and that can have a negative impact on my children’s lives. I used to blame myself because I couldn’t endure that situation (her marriage) more due to my pain from it.
She also said:

I also didn’t want my children to know how much pain I have felt from the relationship with their dad, because this can cause them hurt and they might feel anger towards their dad. This is not what I want.

This conversation shows that Jaehee’s understanding of her experience of depression started when she lived with her ex-husband and followed a pattern of fulfilling his demands with ‘patience’. This idea of ‘patience’ influenced her not to say “no” to unwanted demands even now, after they had divorced, and it led her to take responsibility for problems that he had created. She had also suppressed her pain from this so that her children did not get hurt from knowing about their mum’s pain which might have caused them to develop negative feelings towards their dad. This position of her patience in the relationship with her ex-husband, and suppressing her feelings in order to care for her children prevented her from having a positive self-image, and shaped her disempowerment as a person even after the divorce, and this had impacted her in that she worried about the negative effect her ex-husband might have on her and her children’s lives in the future.

Another identified source of depression after the divorce was guilt due to Jaehee’s belief that she hadn’t done her best as a mum because she divorced due to her difficulties rather than enduring that situation for the sake of her children. This is an example of the discourse of how important it is for Korean women to take responsibility for caring for one’s children (Kim, 2013). The following shows how Jaehee’s idea of taking the position of ‘patience’, and ‘suppressing her feelings for the sake of family’-which underlie her experience of depression-developed:

Co: Sounds like you were attracted to the modern style of women’s life from your childhood?
Cl: Yes, from my childhood, I loved to see women who had their own jobs and actively participated in social work and achieved their goals in their areas. So, I wanted to be a reporter from when I attended intermediate school.
Co: I am wondering where you got this idea about a woman’s life?
Cl: I saw it in books or movies. I was excited when I saw this kind of woman who lived freely by wearing pants and had a big bag and actively did the work that they
wanted. This looked quite different to my life, I just followed my parents’ thoughts. So, I shared this idea with my mum, but she said “A good/successful woman’s life is in her marriage and living well by supporting her family”, and she didn’t allow me to talk about my thoughts. So I couldn’t say any more about this, the kind of life I wanted to live and I tried to accept my parents’ ideas.

Co: Mmm

Cl: And I loved music, so I did some musical activities from my childhood. So when I attended university, I said to mum “I’d love to meet a man who is doing music”, but my mum said “Men who are doing music live poor lives so do not even think that way”. Because she responded this way rather than trying to listen and understand my mind, I felt sad and distressed but I gave up this desire as well. I think I followed their thoughts to be a good girl.

She also said:

Because I felt limited in my world without having any understanding about my ideas, even though I decided to follow my parents’ opinions at that time, I thought in my mind ‘If I become a mum and have a daughter, I want to allow my daughter to live her life the way she wants to, and I’ll build a relationship with her like friendship’.

…

Even now I can’t talk about my feelings and thoughts to my father because there is no space to be heard by him. He gives more orders as he gets older, so I feel distant from him.

Jaehee said her parents were good people and educated, and they supported her in many ways by providing for her physical needs such as clothing and books, and she appreciated this. However, they had clear concepts about a good/successful woman’s life which were shaped by culture, and this influenced them to expect their daughter to live in this way. This led Jaehee to give up her desires of living as a woman who works in an area she wants due to this not fitting with her parents’ ideas of a good/successful woman’s life and gender roles in the culture. In a later session, she described this as “It was like living as a doll”.

She remembered her sense of feeling sad and distressed about ignoring her desires/hopes, and this led her to hold a future hope about wanting be a parent who allows her daughter to live in
the way she wants. Jaehee’s experience shows how cultural ideas of gender roles in Korea can limit women’s worlds and their choices, and lead them to suppress their feelings and desires in their relationship with their parents. The family relationship that Jaehee experienced from her childhood is also an example of dominant Korean cultural beliefs, which emphasize the superiority of men and adults, which in turn leads women and children to obey them as Lim (1997) discusses. Park & Cho (1995) also claim that the Korean family’s behavioural pattern is influenced by Confucianism. Jaehee’s parents’ clear concept of a good woman’s life caused her to focus on preparing to get married after graduating from university, and she married a man whom her parents thought would be a good husband for their daughter. She said:

I married from matchmaking following my parents’ thoughts. I tried to think their thought would be right, but now I think this was my big mistake. Because I was 26 years old, my parents worried about my marriage getting late because they thought women needed to get married before that age. And I thought marriage would be good even though it was not my best wish because my mum just talked about the positive aspects of it. And other women married at that age at that time actually.

Just as she was expected to obey her parents before her marriage, she was expected to obey her husband and his family tradition after marriage as other Korean women do. Maynes (2011) discusses traditional norms for women in Korea: “Girls were taught to revere their fathers, devote themselves to their husbands, and obey their sons; at each state in her life, a woman belonged to a man” (p.3). By maintaining a position of fulfilling cultural expectations about women’s roles, she shaped the condition of her own experience of depression. Jaehee provided the following statement for this study in response to the question, “Could you share your impressions of any links between your experiences of depression and Korean cultural norms?”:

In Korean culture, there are high expectations on women, women have sole responsibility for housework and women sacrifice themselves for other family members. Before I married, I spent more time keeping up with the expectations for preparation for marriage than working on my own career or on personal development. Growing up in this cultural background also impacted me to suppress my feelings when I felt hopeless, powerless, and desperate about the relationship with my ex-husband. I thought there was nothing I could
do even though it seemed unfair when he was controlling and manipulating my life. If Korean society had social support (both economically and emotionally) for solo women like New Zealand has, then I could have lived differently. For example, I could have separated from my ex-husband earlier. Women tend to highly value caring for children in Korea, so I tried to focus on rearing my children even though I was desperately depressed. This caused me to be exhausted, and I was struggling between depression and taking the mother role.

The most painful experience was of my father and family saying “It is a women’s destiny to be patient whatever difficulties you experience in your marital relationship”. I felt betrayed and unaccepted as a person because I thought ‘my family should care for my happiness.’ If I hadn’t left Korea, divorce would not have been an option for me due to their expectations about women’s roles. Having physical distance and living in a different culture as a migrant in New Zealand helped me to take action and separate from my ex-husband. I experienced women in New Zealand to have fair relationships with men and they were able to have more opportunities to work compared with the situation in Korea.

Jaehee’s experience above is an example of gender family roles being one of the reasons Korean people come to New Zealand as Chang et al. (2006) discuss. Jaehee said that sometimes it was stressful living as a migrant in New Zealand due to language difficulties and cultural differences, but her depression was more related to her experience of living as a Korean woman who is expected to sacrifice her needs in the power relationship with her ex-husband.

Now that the link between depression and Korean cultural gender norms has been established from Jaehee’s story, the next question is: how had it manifested itself in her life? The following conversation shows how Jaehee started to feel pain from following cultural ideas about the role of women after her marriage:

Co: You felt pain as you experienced a power-relationship after marriage and you were thinking it is unfair that only women have to be patient?
Cl: Yes, after I married, I was surprised by this atmosphere in my ex-husband’s family. Even though my parents also taught me to respect men and elder people as a woman, the reason I followed what they said was because I felt loved and supported by
them. But my ex-husband’s family was more like the Korean traditional style. For example, the kitchen is also old Korean traditional style as you may know.

Co: Yes, I know it.

Cl: My father-in-law and mother-in-law had their meal in their room, and I and another of their daughters-in-law had to eat separately from them, standing by to support their meals rather than eating together with them.

Co: Uh huh

Cl: I thought it is so strange and weird. I tried to understand this at first by thinking ‘Oh, my family is a more modern style than this family but this family is conservative style, so let’s try to accept this difference’. But we had to stop eating and run if my father-in-law called to us asking for more food or about other needs. And if my father-in-law finished his meal and said let’s finish our meal, then we had to stop eating even though we had not finished and we had to clean the tables and wash the dishes. Even though I followed this tradition, I couldn’t understand why we needed to be treated like this just because we are women (sad and distressed voice).

This conversation shows that her husband’s family held stronger traditional Korean norms about women’s roles than Jaehee’s family, and following the cultural expectations about women’s roles in Korea became more of a burden for Jaehee after her marriage. Of course, the historical context of this story is that it took place nearly thirty years ago when Korean society was more influenced by a male-dominated hierarchy. It has changed a lot due to the increasing number of nuclear families, influenced by the western world and Korean society adapting to Christianity (Clark, 2006). Because Jaehee’s ex-husband had grown up in a traditional Korean family atmosphere which expects women to obey men, she said he expected her obedience to his requests, screamed at her very often, and did not say sorry about any problems he created. From having the idea of ‘patience’, as a woman, she tried to help him as much as she could, she took responsibility for his mistakes and problems, and she suppressed her feelings of pain and unfairness which made her exhausted and depressed. Jaehee’s experience shows that when Korean women suppress their feelings such as anger and distress, this can cause depression with feelings of hopelessness.

The following conversation shows how depression from Jaehee’s position of ‘patience’ in her marital relationship has impacted on her life:
Cl: When I was desperate and depressed because of the relationship with my ex-husband, I couldn’t think any positive thoughts about myself and my life. The reason I was more focused on child-rearing might be because there was nothing I could do for myself. So, I just hoped another woman would come into my husband’s life so that my husband would leave me and he could just take responsibility as a dad for our children.

Co: I am wondering if this way of thinking in desperation without looking at other possibilities of dealing with your pain in the relationship with your ex-husband was related to Korean culture?

Cl: Yes, I think so, because when I shared my pain with my father, he said to me “It is a woman’s destiny”.

Co: A woman’s destiny in Korea?

Cl: Yes, that’s right. So one day, I said to my daughter “If I lived in Korea continually, mum may not be able to decide to divorce”.

Co: Because?

Cl: Because I was able to decide to divorce him in New Zealand because people here have a different understanding about women’s lives. New Zealand values a more independent life compared to Korea, doesn’t it? If I lived in Korea, I couldn’t divorce due to our parents’ expectations. My ex-husband’s family was compassionate about my difficult situation because they knew about my husband’s self-centred and irresponsible behaviour and my emotional pain from this, but they would not have understood if I’d said I want to divorce when I lived in Korea, and may have thought I betrayed them. Because of this burden from their thoughts, it took time to decide to divorce here (in New Zealand) as well. If I was in Korea with them, I couldn’t do that.

Co: The cultural expectation about the role of women in Korea which encourages women to be patient influenced you to suppress your thoughts and desires, and this caused you feel depressed?

Cl: Yes, that’s right.

This conversation shows the negative impact of depression on Jaehee’s life from taking a ‘patient’ position: feeling desperation, a loss of hope and trust in the marital relationship, negative impact on her self-worth, and focusing too much on her children because of losing hope in her personal life. Because her father and her ex-husband’s family considered
‘patience’ as a woman’s destiny, they did not care about Jaehee’s pain even though they noticed it, and she felt angry, betrayed and unaccepted as a person from their attitude. Her father and other people’s attitudes towards her showed how cultural ideas about women’s roles could mean women who didn’t fit the dominant culture couldn’t find a place for themselves and felt rejected. Therefore, Jaehee had to deal with her pain by herself late at night as follows:

Because I couldn’t find anyone I could talk to about these feelings, usually I went to bed around 1 or 2 o’clock in the morning. After I finished what I had to do, I used to write my feelings in housekeeping logs. I think I wrote especially when I felt more hardship and depressed. Even now sometimes, I read it, and I found that I wrote it on bad days.

Jaehee explored another effect of cultural ideas of the role of women in her life:

My thought was to focus on the responsibility of what I have to do rather than to care for myself. So, I used to tell myself ‘Do more! Do your best’. And if I didn’t, I wasn’t satisfied with myself including in my parenting role. I also made my ex-husband’s lunch for over 7-8 years doing my best by believing this was my responsibility as a woman regardless of whatever I experienced in the relationship with him, and this tendency led me to become exhausted.

This extract shows that cultural ideas about the role of women can lead Korean women to work hard beyond their normal limits, which shapes conditions for them to become exhausted. Jaehee’s statement, “I couldn’t be satisfied with myself including in my parenting role” is evidence that Korean women working hard to fulfil the role of a good woman can have negative effects on their self-worth. Jaehee also mentioned another negative effect of her experience of depression and pain from fulfilling women’s roles. She said this caused her to become angry easily and try to over-protect her children by worrying about them such as when they were looking for jobs or experiencing other struggles in their lives, and this caused problems especially in her relationship with her son (see Jaehee’s feedback on the next page).
Jaehee said this situation of hopelessness and desperation impacted on her decision to immigrate. She said:

The reason I came to New Zealand was because I wanted to escape from that desperate situation. I thought I needed a turning point in my life. Thankfully, the immigration process was very smooth, so I got a visa in three months at that time…However, if my children had not adapted here and liked the new environment, I may not have lived here. But they really liked it here.

In the previous conversation, Jaehee said living in New Zealand encouraged her to take another option, that is, to deal with difficulties by looking for people who had a different understanding about women’s lives and who value independence. This shows that the migrant context can open up possibilities for migrant women to engage with other ideas which are different to their dominant cultural ideas.

Jaehee provided the following statement for this study in answer to the question, “Can you please briefly describe your experiences of depression e.g. how it influenced your thoughts, feelings, and experiences?”:

My experience of depression influenced my life negatively in many ways. I had negative thoughts, ‘There is no meaning in my life, nothing I do and even my whole existence’. I lost interest in eating, doing housework, any activities, and had headaches and difficulty sleeping. I felt down, lonely, often just cried without noticing any reason for it. I experienced these symptoms for 8 years with mood swings of ups and downs. I thought life is tough and I used to have heavy feelings in rearing our children even though I loved them. In the relationship with my children, depression impacted me by making me over-sensitive, critical, and often angry towards them. Afterwards, guilt would then consume me as this attitude was not what I intended. Depression made me avoid relationships with others as well.
b. In what ways can narrative therapy make a contribution to Korean migrant women who struggle with depression regaining hope in their lives and enhancing their sense of self-worth?

From the first to the third sessions, one of my main interventions in our counselling conversations was allowing space for Jaehee to explore her feelings and situations freely. This was to help her to be heard as well as to increase her engagement in understanding her experience of depression because narrative therapy views clients as experts in their lives (Brown & Augusta-Scott, 2007). While I allowed her to explore freely, positioning myself in a learner position, I also tried to listen for what ideas were maintaining the problem situation. This helped us to understand that her experience of depression is related to cultural ideas about a woman’s role.

Once we came to discover her idea of ‘patience’ in a broad context (externalising the problem discourse), I asked why taking a position of ‘patience’ was not ok for her (statement of position map 1). Jaehee said this was because it caused her not to live her life and limited her world. I asked if there were moments when she cared for her world in the problem situations, and this question led her to reflect on moments when she wrote about her feelings and situation and cried late at night. She said that writing and crying meant that she allowed herself to express her suppressed feelings of sadness and desperation which she couldn’t do in the day time when she was focusing on fulfilling her roles as a wife and a mum. This discovery process during counselling helped her to gain a sense of agency by seeing what she was able to do for herself even in the problem situation of ‘patience’ rather than just focusing on the story of ‘patience’, and this created space for her to see her preferred idea: ‘caring for myself and allowing time for this’. This intervention was based on an assumption of narrative therapy, that knowledge/realities are organized through stories and people have multiple stories (Freedman & Combs, 1996).

From the fourth to the sixth sessions, this discovery of her preferred ideas and desires led her to develop self-care and take action following her desires such as starting to travel. When Jaehee came back again to counselling after a four month break due to visiting her daughter and travelling to other countries, she reported that she had been less depressed for a few months and I assisted her to explore this preferred story as follows:
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<td>Cl: I think having counselling conversations with you really has helped me to live my life because this helped me to have new thoughts. So, I was ok emotionally while I couldn’t come here for a few months. But from last week, I thought I need to bring these positive changes that I am experiencing now to our counselling before I leave for more travel, because I will leave here to travel and come back maybe at the beginning of next year. After finishing this travel, I am going to visit my son who is in Korea (excited voice).</td>
<td>She explores preferred experiences that she had over the last few months due to engaging with her new thoughts/ideas. She has another plan of travel: After she engaged with her new ignored thoughts through counselling conversations, she started to travel as a way of meeting her own needs and desires. Encouraging her to explore the new experiences</td>
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<td>Co: I am pleased to know that our conversations contributed to this change, and you came here to deal with this. Could you tell me how your new experiences are different compared to before?</td>
<td>Asking a question to explore new thoughts that lead her to manage her experience of depression</td>
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<td>Cl: Yes, of course, I am not entirely free from my past experiences. Sometimes I still feel down and depressed when I think of the patient time, the relationship with my ex-husband. But the difference is that I am able to escape from these thoughts and memories more quickly rather than remaining in the things that make me depressed.</td>
<td>She explores alternative ideas/discourses which are crucial for her to start to live her own life</td>
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<td>Co: Wow. I am curious as to what thoughts have helped you to manage your depressed feelings?</td>
<td>She explores the preferred effects of</td>
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<td>Cl: The new thoughts that I have after our counselling are, ‘I want to re-gain my life which I had lost for a long time rather than remaining in my past experiences and allowing him to control my life’. Another important new thought is ‘Even though I am not perfect, I can be a good mum again as I become happier not as a mum who is</td>
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worrying and feeling guilt from the decision to divorce’. These new thoughts have really helped me to feel lighter, and have given me freedom from the burden and depression that I had, and hope to live my life.

Co: Right. Sounds like engaging with your desire to regain your life and finding another way of becoming a good mum were important for you!

Cl: Yes, I think so. I thought, it is wasting time if I continually think about my past experiences, because this just causes depression and anger in my life. Even though living with him was painful, I don’t need to be patient anymore with his controlling because I am different from when I lived with him. I am separated from him, and he has his new wife now, so I can say “no” to his demands and decisions.

Co: Uh huh

Cl: And my children also can protect themselves from their dad’s negative effects even though I do not try to save them continually, because they are adults. These thoughts really helped me to feel free from the burdens and worry that I had.

Co: Separating your life from your ex-husband’s thoughts and behaviours, and letting your children deal with their struggles by trusting their abilities rather than you trying to help them, these help you to overcome the impact of your depression and leads you to re-gain hope?

Cl: Yes, that’s right (hopeful voice). I hadn’t thought this way until I came to counselling.

Co: Mmm.
Cl: Of course, I still feel guilt a little bit because I couldn’t wait to time the divorce until my two children married, because as you know, parents’ divorce can have a negative effect on their chance of marriage in Korea (see discussion on next page). But I try to think, I could support them differently by becoming a happier and healthier mum rather than enduring a difficult situation.

Co: Right. Even though you cannot entirely ignore the cultural atmosphere, you found another way of supporting your children as a mum?

Cl: Yes, that’s right…so when I visited my daughter recently, she really liked my positive changes, and we had a really good time with good talks.

She explores her alternative story of a good mum which she is developing rather than remaining in a state of guilt which has been one of the factors causing her depression.

This conversation shows that assisting Jaehee to discover her preferred ideas in the previous counselling conversations was powerful for her in overcoming her depression and thereby enriching her life. She explored two ideas which had influenced these changes: ‘I want to regain my life which I had lost for a long time rather than remaining in my past experiences and allowing him to control my life’ and ‘Even though I am not perfect, I can be a good mum again as I become happier not as a mum who is worrying and feeling guilt from the decision to divorce’. These new thoughts led her to feel lighter, freer, reduced her burden and depression, and created hope in her life. While she was exploring this preferred experience, her voice was calm and comfortable.

Jaehee’s preferred experiences and her different attitude about her ex-husband’s demands show that she was experiencing an identity shift away from a woman who takes a position of ‘patience’ in pain to fulfil the cultural expectations of a woman’s role to a woman who lives her life without losing her role as a good mum by embracing herself as she is and knowing her limitations and abilities. She also said “Now I often encourage myself by saying ‘Well done’, and I do not worry too much about what other people think and their opinions as much as before. So, I was able to give myself some presents as well”. This would be an example of...
evidence that Jaehee was empowered by experiencing her positive identity construction through the re-authoring conversations of narrative therapy.

Jaehee’s statement, “I thought, it is wasting time if I continually think about my past experiences, because this just causes depression and anger in my life,” might be a clue that Jaehee’s anger was reducing from her taking a position against the problem ideas. This experience of Jaehee’s supports Korean scholars’ discussion about the relationship between anger and depression (Min, 2008; Suh, 2013), and shows the contribution of narrative therapy to supporting Korean migrant women who experience depression which is related to suppressed anger and cultural ideas of gender roles.

The conversation above between Jaehee and me also shows that parents’ divorce can be a factor that impacts negatively on people’s marriage in Korea. This might be because Korean people emphasise group identity rather than focusing on individual identities, and they articulate themselves in relation to others as Park (2008) discusses. In this Korean cultural atmosphere, Jaehee’s decision to divorce influenced her to feel failure and guilt as a mum, and this feeling of guilt was one of the main factors that shaped her experience of depression. Narrative therapy interventions assisted her to discover her alternative ideas of being a good mum, which were different to Korean cultural ideas, and contributed to her overcoming depression.

To thicken her preferred story of her identity, I asked if her engaging with new ideas had created other changes in her life:

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<td>Co: It’s great to hear your restoring story today, and how this has led you to have a happier time in the relationship with your daughter. I am wondering if these new thoughts have created any other changes in your life?</td>
<td>Using ‘Map 2 questions’ which encourage clients to explore the effects of their preferred story</td>
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<td>Cl: I am beginning to notice my needs more than before, and I feel joy when I allow myself to do</td>
<td>The effects of her alternative ideas</td>
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something that I wanted. Travelling is an example of this (pleasant voice). And also I think my anxiety about my future concerns is reducing, because I try to think ‘Let’s worry tomorrow about tomorrow’s concerns and let’s just deal with today’s concerns’. And I often feel thankful to God even for small things.

Co: Mmm

Cl: Before I sleep, I often write a diary, reflecting on the day. It has been an old habit as I said before. Actually, I used to think it was a good day only when I had something special or something new, but nowadays I often think ‘Just a normal day is a miracle and it’s a blessed day’. That’s why I could say thanks to God for any small thing, and am able to feel joy even when I see the sky that God made for us.

Co: You feel joy and peace in your normal daily life even though there was nothing special? What an amazing change to have started to enjoy your present!

Cl: Yes, it is. And I think..I try not to pressure myself like I used to do.

Co: Can you tell me more about that?

Cl: For example, previously, I tried to read English books rather than Korean books to improve my English skill as a migrant. And I also tried to avoid listening to Korean music even though I like it, because of the thought ‘if I allow this, maybe I am going to miss Korea rather than adjust here.’

Co: Mmm

Cl: But these days, I think I was standing in an extreme place of ‘patience’ where I couldn’t see other on her life
-Feeling joy
-Allowing herself something that she has wanted to do
-Reducing worry
-Beneficial relationship with God

-Fully enjoying her present and nature

-Reducing pressure on herself

Asking a question from a “not-knowing position” (Anderson, 1997, p.4)

-Caring for her emotional and cultural needs as a migrant
values and needs. I came to realize I need to allow for emotional needs as a Korean. This leads me to read and listen to something in Korean that I want to rather than suppressing this need, and I realized that this causes me to feel comfortable and connected.

Co: Mmm

Cl: And I listened to some sermons by a Korean father (Catholic) on YouTube. Actually, I had listened to it before, but recently this touched my heart more deeply and this strengthens my faith, so I think I thank God more than before.

Co: As you are able to listen from your heart rather than ‘suppressing your needs’ too much, this enriches your life in many ways! I am wondering if it affects the physical symptoms of depression that you experienced?

Cl: Yes, these new thoughts have reduced my headaches, worry and stress about the future that I had, and these days I think positively about my future as I allow myself to rest and care for my needs. So, recently I’ve been thinking ‘Let’s live my life for my personal happiness, for me!’ And when this thought gets weak and I feel depressed, I try to think ‘Be strong, be strong’ then the depressed mood and panic reduce again.

Asking her to explore the effects of her new thoughts (a map 2 question of narrative therapy) contributed to the thickening of her preferred identity story. Even though she previously tried to work hard at ignoring her emotional and cultural needs due to the impact of the cultural idea of ‘patience’, now she felt joy, reduced anxiety, and was able to enjoy the present. She also had a beneficial relationship with God, and was developing self care and resources so
that she could maintain what she considers to be good thoughts by listening from the heart and allowing herself to do what she wanted to.

This developing of her preferred stories of identity influenced her to interpret her past experience and herself differently. I asked what she thought about the decision she made to leave her husband. She said “I think I was brave to be able to escape from the suffering relationship”. This attitude was quite a different attitude from when she felt guilty about this when she was focusing on the negative effects of the divorce on her children. This shows that developing a preferred story line contributes to clients having a different perspective compared to when they focus on problem experiences. Freedman & Combs (1996) state that “As the same ‘facts’ are retold from different points of view they have very different meanings” (p.33). To encourage rich story, I asked if there were other moments when she felt proud about herself being brave in her life and she said:

I think so, after divorce, I decided to move to another area, a quiet place for me. Living a rural life is very new for me because I have lived in cities most of my life. But I try to be brave because this kind of life looks good and I expected this to bring healing for me. Even though adjusting to a new environment again didn’t seem easy, I think I was able to choose this by being brave. That is why I am able to enjoy nature now through doing gardening and living in a peaceful environment. This brought more joy to my life!

As Jaehee explored this story, she engaged her preferred identity of braveness. Narrative therapy describes such engagement as achieving a sense of agency (White, 2007; Lee, 2004). To help in thickening her preferred identity of ‘a brave woman’, I asked if there are people who knew about this as follows:

Co: I am curious as to who would be someone who knows or noticed your braveness, and that being brave is important for you?
Cl: I think it is my daughter, because she often used to say to me “Mum, you are a brave and active person who is able to do anything that you want”. She said because I am brave, I was able to live through the painful period without losing hope.
Co: Wow, your daughter is a witness of your braveness and she is an encourager who knows about you and your strengths!

Cl: Yes, sometimes I think she overestimates who I am (laugh), but her words give me strength and encouragement. She said she really likes one of her teachers in university, a woman who taught very well, and she said “Mum, I think she is awesome, but she is the second most wonderful woman in the world because you are the first.” (laugh)

Co: Oh, it seems your daughter is really proud of you!

Cl: Yes, I deeply appreciate that she sees me like that.

Co: How does it feel to have someone who knows you very well, not only your painful experiences but also your strengths to overcome it?

Cl: Wow…this is happiness, and it warms my heart.

This conversation is an example of how narrative therapy inquires about a client’s support people, and then assists the client to see herself/himself in relation to those people, who understand the client’s preferred identity. This process of viewing a person in the context of relationships can empower Korean migrant women because they have a collective culture which situates individual people within relationships/communities. Jaehee’s overcoming of depression also impacted on her relationships positively. She said she was able to enjoy the time fully when she visited her daughter recently during our seventh conversation, and she explored this some more at the following (eighth) session:

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<th>Verbatim</th>
<th>Narrative therapy intervention and its impacts</th>
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<tr>
<td>Co: I am wondering how your children are responding to your changed moods and new experience of regaining your life?</td>
<td>Asking about the impact of her preferred experience on her relationships with her children (Map2 question for thickening her alternative story line)</td>
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<td>Cl: As I said before, my daughter really likes this change. When she calls me she says “Mum, I am happy because you look so happy these days”. This might be because I started to love myself and care for my needs. Even though my children are away from me, this new thought fills my life with happiness, and my</td>
<td>-Positive effects on the relationship with her daughter by reducing anxiety in</td>
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daughter seems to feel happiness from my happiness.

Co: Uh huh

Cl: For example, one day I felt like eating pizza, so I bought pizza for myself and ate it at the beach, enjoying that moment (laugh). These days, I listen to what I want to do, and I allow myself to do this (pleasant voice).

Co: Uh huh

Cl: At that time, my daughter called me and asked “Mum, what are you doing now?” and I said “Mum is Eating yummy pizza at the beautiful beach!”(Pleasant and confident voice). My daughter really liked to hear this because I had never done something like that before, so I realized that loving myself and caring for my happiness is important to my daughter as well. When she called me before when I was depressed, she seemed to notice this even though I tried not to express it, and she used to worry about me and say “Mum, shall I come there for you after taking a leave of absence at work?”.

Co: You came to know that your happiness from listening to your heart is not selfish as a mum but that this also creates happiness in your daughter’s life!

Cl: Yes, I think so, and my son as well. Because I had high expectations of my son when I was desperate due to my pain, our conversations often became serious before. These days I regret being angry with him as I may have put a huge burden on my son’s life, so I feel really sorry about that. I think ‘Why couldn’t I give encouragement, trusting that he will do well?’ So I try to respect him these days, and he seems to have noticed my changed attitude.

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<th>Conversation and sharing happiness</th>
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<td>-Discovery of a connection</td>
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<td>-Highlighting her new discovery</td>
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<td>-Positive effects on relationship</td>
<td>-Positive effects on relationship</td>
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<tr>
<td>with her son</td>
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Co: Mmm
Cl: So, my son said to me “Mum, you have changed into an angel which is very different from before. Actually I was scared of you before” (laugh). He looks more stable than before. This might be because of the positive energy in my life, and also he has a lovely wife now beside him. She is so lovely and kind.
Co: Wow, what a beautiful change in your relationships!
Cl & Co: (Both laugh)

This conversation shows how Jaehee’s personal happiness enriched her relationships with her children. Jaehee’s happiness resonated in her daughter’s life, and this contributed to her experience of recovering her relationship with her son because she showed her trust and respect for his life. Jaehee’s new experience of the relationship with her children was in contrast with Korean norms (which view good women’s roles as ‘sacrificing’ themselves for the benefits of family) because Jaehee was being a good mum without ignoring her own happiness.

Because Jaehee valued the idea of women living freely, I also asked if there were moments when this idea had had positive impacts in her life. This question from a position of inquiry about her life led her to explore “sparkling moments” (White, 2001, as cited in Matthews & Matthews, 2005, para.11), unique outcome experiences that reflected her preferred identity. She was able to respect her daughter’s desire to go to the USA for a year to attend college even though Jaehee was worried about her. Jaehee said:

Other parents were hesitant about this decision to send their children abroad for a year. Actually, I was also a little anxious as a parent, but I decided to let her go because she wanted this and I want her to live her life whatever it looks like. After she came back, she looked very confident about herself and had a clear picture of what kind of life she wants to live in the future. So, I thought I had done very well.

This story shows Jaehee held onto a hope to be a mum who helps her daughter to live differently and experience freedom/liberation as a woman, even though at that time she was
in the thick of dark depression and oppression, due to cultural norms of women’s roles. Discovering unique outcome experiences when there are fewer or no influences from the dominant problem ideas helps clients to gain a sense of agency e.g. personal empowerment (Lee, 2004; Winslade, 2005). To help her to develop her preferred story line to be “richly described” (Morgan, 2000, p.15), I assisted her to unearth other moments when she was proud of herself for holding this preferred idea of women’s roles, and this led her to explore another (current) piece of her story as follows:

Cl: I consider my daughter-in-law as a valuable person like my daughter. So, when I visited her previously, I said to her “It is important to take care of yourself. I hope you do not ignore your needs for the reason that you are a woman, and seek help like counselling if you think it is necessary. Your happiness is important for your family’s happiness as well”. I said this because my son is also a Korean man so sometimes I notice he has a tendency of having authority over women even though he is different from his dad.

Co: I am curious how your daughter-in-law responded to your words?

Cl: She appreciated my words and said “Yes, I will, and I am pleased to see that you look happier than before. I feel how you have benefitted from having counselling!”

The ninth session was our closing session, and it was like a summarising session. To use this time fully, I asked her if it was ok to send her a therapeutic letter before she came to our last session which could help us to have richer conversation. She wanted this and so I sent a letter summarising our conversations, highlighting her skills and abilities that had brought changes in her life including a few questions which could lead her to deeper reflections. Letter writing belongs to the ‘co-publishing’ phase of the narrative therapy process, and this strategy is used to help give a richer description of clients’ preferred stories (White, 1999). By providing this opportunity for clients to experience their own story in written form, clients can consolidate the strengths and abilities which they have developed and discovered in sessions (Winslade & Monk, 1999, as cited in Corey, 2005).

Jaehee shared feedback about reading this letter, saying that it was very helpful for her to reflect on what had been going on in her journey of overcoming depression, and she felt special reading about her abilities and strengths in a letter. One of my questions in the letter
was, “If you keep carrying your new desires and ideas about ‘caring for myself and allowing time for this’ and ‘women need to live in the way they want’ in your life, how will these contribute to your future life?” She said:

Because I have two granddaughters, I may be able to help them to live this way. I want to let them feel loved and respected from their childhood so that they live their lives freely and reach their full potential. And if they like, I want to let them experience the relaxed life style in this beautiful country, New Zealand.

As Jaehee traced the history of alternative stories in her life (i.e. her preferred ideas in the past, present, and future), she discovered the moments when she was proud of herself for having these ideas. This process helped her to deeply engage with her preferred stories which reflected her preferred identities. This conversation also showed that reinterpretation of Jaehee’s traditional women’s roles in Korean culture not only changed her life but also flowed to the next generation.

We had 9 sessions in one year, and the final question at the last session was, “I am wondering what colour and name might fit each of your life stages if you could describe them”. She divided her life into four stages, dark orange, grey, green, and red. Dark orange was the stage before her marriage when she was protected by her parents but limited in her world. Grey was from marriage until she came to counselling (when she experienced depression). Green was her recovery journey from depression and the start of regaining hope in her life by caring for her desires and enjoying freedom. She said:

Now I am between green and red. Red means passion, and I think I am entering the passion stage now. I am excited to imagine travelling more in the world, seeing beautiful scenery and looking at the beauty of the arts and traditions of each country. I didn’t know before that I was such a person who is passionate about the arts. And I also would like to build some more social relationships by joining clubs.

Jaehee was happy for her stories to be used in this study saying, “Because I have benefited from counselling, I would like to share my experiences with others who may also benefit from this”. Jaehee provided the following statement for this study in response to the question,
“Could you share the effects of the therapy and how the counselling conversations have helped reduce the effects of depression?”:

Talking about my experiences and feelings to someone was not easy for me, so I hesitated to seek counselling for more than two years. My daughter’s encouragement and her sharing about the benefits of counselling helped me to have courage to do this. As I talked about my feelings and thoughts in counselling, I was able to reflect upon my life, recognizing where my depression came from. My depression started from losing hope and suffering in the relationship with my ex-husband, and the thought ‘I am not a good mum, because I made the decision to divorce from their dad’. This made me feel guilty as a mum, and I also felt I was a failure as a woman.

Counselling has influenced my life positively by helping me to have a new perspective about myself and my life. I realized that looking back on past experiences, and living under my ex-husband’s controlling and manipulative ways was not what I wanted. I wanted to be myself by living a life which has freedom as well as not losing the role of being a good mum to my children. The significant new thought which brought change in my life was, ‘I will become a good mum as I become happier and healthier’. This new thought led me to stop feeling guilty as a mum and a failure as a person, and this has led me to respect my desires and hopes.

From my childhood, I dreamed of a woman’s life which had freedom and allowed new challenges in life. Regaining my desires made me feel lighter, freer, and more comfortable and this reduced the depressed feelings, headaches and sleeping difficulties. I started to enjoy my present rather than being stuck in past unhappy experiences, and travel to other countries which I really wanted to do. I feel excited, and deeply appreciate this changed life.

Even though I still prefer a quiet life by living alone rather than going out to meet people, sometimes I meet friends and enjoy spending time with them. I do not worry about what other people think about my life as much as I did before. As I become myself, I am also able to respect my children’s choices rather than feeling angry when they have different thoughts from me. I allow them to deal with their struggles by showing my support as a
mum rather than taking responsibility for their lives. They noticed these changes in me, and said “We really love to see your happier and healthier life, Mum. We are very proud of you”. This changed my attitude allowing ‘intimacy’ and ‘respect’ to grow in our relationships more than before. Because I couldn’t love myself and my children in the right way before, now I want to allow more good things to happen to compensate for the losses of the past.

My life has changed from being a person who is controlled by someone else to someone who is in charge of my own life. This has made me feel confident about myself rather than shy as I was before. This has brought laughter, freedom, and hope. Because I came to love myself more than before, sometimes I give gifts to myself and celebrate present moments. I often thank God for small things that He allows in my life now, and for overcoming my depression. I wanted to give up my life when I was under depression, but now I think at the end of my life, I will be able to say “I have been satisfied and happy with my life”. I also have had another hope recently, about being able to help people who have lost hope so that they will be able to recover their lives like me.

C. Participant C: Yoojin’s story

Yoojin is a Korean woman, aged over forty, who immigrated to New Zealand with her husband and their young daughter over ten years ago. She said that her family made a decision to immigrate for several reasons-for a relaxed family life style, for a better work-life balance so her husband could spend more time with the family, and also for educational opportunities for the family. Her mother and her siblings also lived in New Zealand as immigrants. When she came to counselling, she had two children who attended primary and intermediate school, and she had been studying in an area she has a passion for. She hoped this study would help her to prepare to live more actively as an immigrant and that she could find a job more easily after graduating. She was also working as an English tutor for Korean students. She and her family are Christians and, except for her husband, attend a Korean church.

She came to counselling to deal with an unexpected experience of lacking motivation and energy in her life with depressed feelings. She was especially struggling with not being able to focus on her study because of these symptoms. She felt confused by this experience
because she considered herself to be a diligent and self-motivated person. She felt guilty because she was not able to live a normal life as she used to do in a situation where she believed that there were lots of tasks she had to do. She suspected that this experience of depression might be related to pressure and stress, but she did not know exactly what caused it because she did not think she had a busy life compared to previous years. Her main concern in counselling was to overcome these symptoms quickly and find out where they came from, and to regain her normal life. Especially, she hoped to be able to focus on her study because there was no progress on it even though her extended due date for submission was coming. We met for five sessions over a period of six months.

a. What ideas/discourses shape the conditions of Korean migrant women's depression, and when a link between depression and Korean cultural gender norms is established, how is it manifested in women's lives?

The following conversation from our second session shows Yoojin’s understanding of her experience of depression, which she had discovered in her first session through our conversation about what ideas/discourses might underlie her problem:

Co: Hi, How have you been during the last week?
Cl: Not bad. I am still tired and exhausted physically, but I feel better compared to before, so I was able to study a little bit last night even though there was no big progress in my study.
Co: Oh, did you? (surprisingly)
Cl: (She talked more about her experience of depression and her preferred experience of having a relaxing time with her children at a library)

I think that recognising why I was depressed was helpful for me. I tried to live my life doing my best, whatever situation I was in. Even though physically and emotionally I became tired and exhausted from the pattern of working hard in my life, I have tried to ignore my feelings because I have lived this way thinking I am ok. So, I thought ‘I can do it’ because it was manageable before, but my body has not followed this intention for sometime. This means that I am living beyond my limitations, but I have tried to overcome it by blaming myself rather than thinking deeply about why I am experiencing this.
In this conversation, according to Yoojin, her experience of depression was related to a pattern in her life of doing her best to work hard, and ignoring her feelings and limitations. In the first session, we discovered that she had lived taking on multiple roles as a woman, and placing priority on her family more than herself. She also found that she used to spend her time and energy not only on her family but also on others, and this also shaped the condition of depression because this increased her exhaustion. She said:

I have lived doing my best with my responsibilities, and also I have a tendency to help others as much as I can. Actually I am not good at saying “no” when other people ask me for help. This might be because I don’t want other people to feel disappointed, because they are in a difficult situation, and also because I feel good when I can help others as a Christian. So, sometimes, I say “yes” even though I am not in a good situation to help them.

Her statement shows that the ideas of ‘doing my best with my responsibilities’ and ‘helping others as much as I can’ were important for her, and that her Christian beliefs supported these ideas. These ideas were operating in her problem stories by leading her to use her time and energy beyond her limitations which had resulted in her experience of depression. These problem ideas also impacted her to feel guilt and blame herself when she experienced depression, because she could not live her life as fully as she did before as a Korean woman who, according to dominant Korean cultural norms, should support her family at all costs. The following conversation (first session) shows how these ideas/discourses developed in her life:

Co: I am curious as to whether you have space for yourself in this busy life?
Cl: It is not easy to look after my needs as a Korean woman as you know. It might be not only my experience but also that of other Korean women, right?
Co: Yeah, I know that Korean women have this tendency of focusing on supporting family and others rather than themselves.¹
Cl: Yeah. Some people who I know also shared their experiences which are similar to mine. They said very often they do not eat enough food because they are trying to give

¹ Narrative practitioners share knowledge of discursive/dominant cultural patterns (Sanders, 2011)
their families more food, because their priority is always on their husband and children. It is exactly what I am doing in my family. If there is something good, I always give it to my family rather than taking it for myself. Even today, I didn’t have breakfast because I was busy, but I made my family’s breakfast and lunch with my best efforts.

Co: You haven’t eaten breakfast today? Are you ok now?
Cl: Yes, I am ok because very often I do not eat in the morning.

Co: Mmm. If this is a common experience of Korean women, I am wondering if your family environment when you were a child was also influential in shaping this idea about a woman’s life?
Cl: Mmm. Actually, my family atmosphere was a little bit different to other Korean families. Because my mum was physically very weak, my family tried to help her more than other Korean families do. So, I thought my family was less influenced by gender inequality than other normal Korean families. But, even though my mum’s physical condition was not good, she also did her best to support our family without caring for herself, just like other Korean mums do, and she never went against my dad’s opinions but just followed him. Yes, I remember that she has lived this way.

Co: Mmm
Cl: So, I deeply appreciate her efforts and what she has done for me because she did her best and I love her, but on the other hand, I have been worried about her because she looks like she is just holding her stress or negative feelings inside patiently without expressing these to others even though she is weak.

This conversation illustrates Yoojin’s pattern of ‘working hard beyond her limitations’ and ‘putting priority on her family most of the time while sacrificing her needs’ which shows a possible relationship to cultural ideas of a woman’s role in Korean culture, as she recognised that this is a common experience of other Korean women and she had observed this model from her mother who has lived this way as a woman even though her physical condition was not good. In spite of Yoojin feeling compassionate towards her mum and noticing that her mum didn’t look after herself properly but held her feelings inside, Yoojin still followed this same attitude of a Korean woman by ignoring her tiredness and giving priority to others rather than herself. This is in contrast to the ideas she held as a young single woman. As a young woman she said that experiencing gender inequality in Korean society led her to be
extremely independent to prove that she was better than men. In Yoojin’s feedback below, we can see how her experience of extreme independence had occurred in the context of Confucian ideas of gender inequality. As noted in the literature review, these ideas, which have influenced social life in Korea since the 14th century (Kim & Hoppe-Graff, 2001), impact on the lives of Korean women today even in a migrant context.

Yoojin’s cultural background influenced her to seek a Korean speaking counsellor. She said that she had experienced counselling with a Kiwi counsellor a few years ago, and the reason she sought a Korean counsellor this time was because she thought this would be better for getting cultural understanding and helping her to explore her concerns freely. Yoojin provided the following statement for this study in response to the question, “Could you share your impressions of any link between your experiences of depression and Korean cultural norms?”:

From my early childhood, I came to know the meaning of life as a woman in Korean culture, and started to have negative perspectives on my gender identity. Until I became a mother, my gender identity was distorted and I tried to live my life to prove that I was better than men. I always resisted the patriarchal culture of Korean society, and fought for equal rights in my whole young life. Because I disliked the idea of a female figure that was dependent on a male, I got extremely independent, and tried to work out any tasks or issues on my own. The cultural norms towards women and my negative ideas about them affected my life badly and I had to live hard to show that a woman’s life could be determined by her own will, not by the father’s or the husband’s. Even though I accepted my gender identity as a blessing as I gave a birth to my first child, this life style stayed the same in my later life. I could not stop the ways I had been living until I got depressed.

Furthermore, I realized that I had been living like my mother who sacrificed her life for her family as a mother, wife, and daughter-in-law because children learn from seeing. As time passed, I followed the ways my mother had walked through. I treated the family as more precious than myself and I was the last person to be taken care of. Eventually, I made myself sick, and I had to write my life story again not to keep putting myself through the same pathway.
Now that the link between depression and Korean cultural gender norms has been established from Yoojin’s story, the next question is how has this link been manifested in her life? The following conversation shows the effects of cultural ideas about women’s roles that Yoojin experienced and that shaped her depression:

Cl: This might be because my life is so tight. If I get time, automatically I do something that I need to do for my family or others. For example, my brain is filled with concerns about my mum’s problems, my sister’s problems, my family’s problems, and my children’s educational concerns etc.

Co: Mmm

Cl: So, even when I drive a car, I am scheduling the day and thinking this kind of thought, ‘What do I have to do for these concerns today’. Even though thinking is needed for our life, too much thinking requires energy, doesn’t it?

This conversation shows that cultural ideas about a woman’s role have led Yoojin to live a busy life during the day, taking on supporting roles as a mum, a wife, and a daughter with ideas of ‘I have to do this’. When she was driving, her thoughts were filled with these concerns and questions about how she would be able to fulfil her family’s needs, taking responsibility for their life problems, and she came back home late after finishing work. Even though she had felt burdened and a lack of energy from this hard work, she blamed herself that she could not live her normal life. This blaming herself by feeling guilty was one of the major factors contributing to her experience of depression. Too much focus on her family as a woman also led Yoojin to feel uncomfortable when she was given opportunities to eat food at restaurants without her family. Therefore, she hardly went out to eat or shop just for herself. She said:

Sometimes, my friend calls me at night and says, “Come out and let’s have free time for ourselves”. I feel excited at first, thinking ‘Is this ok for me to go out at night time just for myself?’, but soon I respond, “Sorry, I am tired”. But the real reason was because I felt guilty about having time just for myself, leaving my family as a mum and a wife. I may not enjoy the time to myself even if I went out.
Because Yoojin focused on ‘supporting roles’ for others, she was prevented from enjoying her present, having relationships with her friends freely, and spending time or money on herself. Yoojin explored another piece of a story that showed she ignored her physical pain by giving priority to her family:

Cl: When I had an X-ray because of a painful tailbone, I was surprised to find out my condition because the tailbone was broken. Even though I had felt a lot of pain, without accepting how serious it was, that day, I went out to keep a promise which I had made to my mum.

Co: Did you? (surprisingly)

Cl: Yes, because I had promised, “Mum, I am going to go to see you so let’s go shopping.” So, when I was in a cafe with her, I tried to endure my pain even though I felt like screaming ‘Ah’ so many times, but I was pretending I was ok.

Co: Mmm.

Cl: My mum knew that I was uncomfortable because I had already told her that I slipped down at home but she didn’t know how serious my condition was because I said I was ok. At the next table was one of my church members, and she said “It looks like you are ok. If it is a broken tailbone, you may not even be able to sit on the chair”.

Co: Oh, you were really trying to pretend you were ok even though this was really painful.

Cl: Yes, that’s why I was surprised when I met the GP and he said my tailbone was broken. The funnier thing was that I asked him “Then, does it mean I cannot do anything from now?” He said “It takes time to recover, but it is ok to live your normal life as long as you are ok. In this case, it just needs time to recover”, and he didn’t give me specific treatment, because in this case, there is nothing a GP can do.

Co: Mmm.

Cl: So, I was happy to hear that and thought ‘Oh, is it ok to live my normal life if I am ok?’ (laugh). Then, I didn’t reduce my work much but I stayed patient as I used to do.

Co: You focused on your GP’s saying “It is ok to live your normal life” while minimizing “as long as you are ok” and “It needs time to recover”?

Cl: Yes, I did (laugh), how silly I was. So I did as many things as I could. That’s why I think I still feel pain a bit even though it happened more than 5 months ago.
This conversation shows that Yoojin endured her physical pain to keep a promise to her mother. Because she didn’t reduce her work enough, she noticed her recovery was very slow. She also said that she did not feel physical hunger because it had become a habit not to think about her own meals. Yoojin’s experiences are an example of how cultural ideas about the role of women can lead Korean women to ignore their needs by over valuing ‘patience’ and placing priority on family rather than themselves. As I discussed in the literature review, Bernstein et al. (2008) state that Korean migrant women’s depression is often perceived as “emotional entrapment, shame and failure as women, disappointment at not being able to live a normal life and emotional restraint” (p.393). The following conversation shows how this busy life without enough space for herself as a woman impacted on her self-worth:

Co: I am curious what it is like for you to notice that you have ignored your needs until now?
Cl: I feel like crying. (pause and tearful sounds)
Co: (Wait with silence to allow her to cry)
Cl: I remember that someday I said to someone “I think I don’t love myself”. It might have been at a seminar which was about ‘boundaries’. At that time, I felt like crying like this from noticing that I do not love myself. How could I live that way?
Co: It sounds like you don’t like this way of life which has a lack of love for yourself?
Cl: Yes, it is not easy for Korean mums to live for ourselves, is it? So, when I thought I needed to care for my needs, I felt guilty about this because I was thinking about other people who I should care for first rather than myself. So, I hardly shop for myself. I think it is as if I have abused myself.

In a later (3rd) session, Yoojin also said she was struggling with the thought ‘I am not good enough’ even though there were no specific memories of failure in her life, and this caused her to not enjoy her achievements because she was thinking of the next tasks that she needed to do. These are clues to the negative impact of cultural ideas about the role of women on her self-image. Yoojin provided the following statement for this study in response to the question “Can you please briefly describe your experiences of depression e.g. how it influenced your thoughts, feelings, and experiences?”:

The symptoms of depression came to me in the middle of my busy life, and made me confused and surprised because I had never been in situations that I could not control
myself. I felt stuck because even though I knew I had to finish lots of tasks, my body did not work properly. Previously, I was diligent, self-motivated, passionate, and independent, but one day, I found myself irresponsible and careless. I could not understand my behavioural changes (discussed below), and just let them happen; as a result, feelings of guilt overwhelmed me. During the counselling sessions, I could not fix the problematic behaviours, but gradually decreased my level of guilt and accepted my laziness because I realized that I had been getting exhausted by my busy and energy-consuming life style. The feelings of being stuck were like depression to me. I had never grieved for the loss of joy and happiness for myself, but focused on others’. Without caring for my feelings, I was busy making others satisfied and happy. In the end, I got lost and stuck.

b) In what ways can narrative therapy make a contribution to Korean migrant women who struggle with depression to regain hope in their lives and enhancing their sense of self-worth?

Clients come to counselling with their problem experiences of feeling, for example, failure, frustration, or despair. Narrative therapists call descriptions of these experiences “problem-saturated” (Payne, 2006, p.11), considering that they reflect clients’ present ‘dominant story’ of their lives (White, 2007; Payne, 2006). One of the ways of providing a framework for building clients’ alternative stories—which stand against the dominant problem story—is by using ‘landscape of identity questions’. These questions inquire about clients’ feelings/actions/events and what they suggest about what is important for clients’ lives (Morgan, 2000). The following conversation shows how this narrative therapy intervention contributed to Yoojin building her alternative storyline. Yoojin talked about her new experience of watching Korean TV programmes at night and feeling guilty about this, which started her thinking about satisfying her own needs:

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<tr>
<td>Co: Mmm. If you watched TV even though you think it is wasting time and it is not good modelling for your children, I am wondering if this somehow helps you? I mean if you get something important from this time?</td>
<td>Asking a landscape of identity question to invite her to see if there are unnoticed desires/needs which are important but neglected in her life</td>
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</table>
Cl: Mmm (pause).
I think I do it because I am able to laugh without thinking at this time. Yes, my brain can have a rest while I am watching funny programmes.
I hardly watched TV before, but if I did, I chose a programme like a documentary or something educational like that rather than comedy or talk-shows. But now I watch programmes where I can just laugh and I don’t need to think about anything.

Co: Sounds like you needed space for yourself so that you can laugh while having a rest? What do you think?

Cl: Yes, I think so. Because I came back at night time after working, I think I chose to watch TV because it was not a good time to do other things for me such as meeting people or going for a walk, and this is the only time for me to have a rest. So, I think I just chose programmes where I can just laugh without thinking.

(She explores more about how busy her life is in the day time, full of thinking about her duties to support her family)

…It is interesting to know that that’s why I have watched TV (laugh). Because while I am watching it, I don’t need to think about anything.

Co: Is it a new discovery to see this need?

Cl: Yes, it is.

… Now I remember that there was another good thing about allowing myself time to laugh without thinking. I was able to understand when I met students (as a English tutor) who didn’t do their homework due to watching TV programmes or

| She becomes aware of her ignored need |
| She notices that she has needed time for herself which was ignored in her busy life by taking on multiple roles as a woman to support her family |
| Highlighting her neglected desires/needs while clarifying if my understanding is right |
| She opened up another benefit that she experienced from watching TV programmes which was considered just problematic under the influence of dominant cultural |
This conversation between Yoojin and myself created space for Yoojin to attend to her neglected needs and/or desires by looking at her actions and feelings closely. When Yoojin discovered her neglected need of allowing space for laughter and rest, she said “It is interesting to know that that’s why I have watched TV”. She laughed and I could feel her sense of relief a bit, because before this conversation she had just blamed herself for her lack of energy and spending time resting. Discovering and accepting her need to allow herself time to be free from the stresses of life and embracing her imperfection was the first step of her journey in overcoming depression, because her experience of depression was related to dominant ideas of a woman’s life that led her to work too hard without having enough space for herself.

This conversation helped her to reduce her guilt about imperfection and embrace her limitations. However, she did not think watching TV was the best way to have a rest from her burdens because it took up too much time late at night and this resulted in physical tiredness the next day. White (2007) encourages therapists to assist clients to stretch their minds, exercise their imaginations, and recruit their lived experiences for building their preferred stories. The following conversation shows how our narrative therapy work contributed to Yoojin discovering her preferred way of allowing time to reduce her burden:

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<tr>
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<tr>
<td>(Previously, she talked about why watching TV is not the best way to rest even though there are some benefits from this)</td>
<td>Summarising what she cares about</td>
</tr>
<tr>
<td>Co: Right. Sounds you want to allow time for a rest</td>
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</table>
for yourself without losing ownership of your life and also being a good model as a mum for your children. Is my understanding right?

Cl: Yes, that’s right.

Co: I am curious if there have ever been moments when you have been able to have a rest, have fun and be energized while feeling ok about yourself?

Cl: Mmm. Yes, I had that moment. Actually, I love the time most when I am with my children. (Comfortable voice).

Co: Having time with your children?

Cl: Yes, they are so precious. When I am with them, I can laugh without any reason, and I am happy and become energized. But I have lost this time because I come back home late due to doing many things and also caring for others. That’s why I think I chose the alternative way of having fun and resting through watching TV, because my children were sleeping when I came back and I didn’t have energy.

Co: Right. It sounds like regaining more time with your children and not taking on responsibilities beyond your limitations is important for your overcoming depression, doesn’t it?

Cl: Yes, I am pleased to recognise this today (tearful voice then pause). Because I haven’t known this, I just have blamed myself up until now.

As this conversation shows, even though Yoojin had lived under culturally dominant ideas which led to her working too hard to support others, she had also had alternative experiences when she allowed herself time to become energised by spending quality time with her children, which gave her pleasure and wellbeing. Payne (2006) states that discovering clients’
preferred accounts often leads them to “a natural pause” (p.7). Yoojin had this moment, and then she talked about how this discovery was important to her with a tearful voice. In a later session, Yoojin explored more about how this unique outcome experience—spending time with her children—was special for her:

Some people say they feel stressed from children, but I am different. My children are so precious, so I can laugh and relax when I am with them, and they love having time with me as well. I have loved the moments when my little child waves his hand when he goes into school. I feel really happy to see it, so I don’t feel stress or burdens at that time. So, I think it is God’s blessing for me.

Discovering unique outcome experiences has enabled Yoojin to engage with her preferred identity: a woman who is able to spend time on herself while not losing the role of a good mum who cares for her children. White (2007) holds that constructing new identity stories through re-authoring leads clients to preferred actions, producing “a sense of agency in the client” (Lee, 2004, p.225, see also Winslade, 2005). When Yoojin came back again one week later (2nd session), she explored some of the changes that she had been experiencing even though her energy levels were still low:

Cl: (She talked about her experience of depression and her progress with it) And because it is school holidays now, my children are at home. I cannot do as many special things for them as before because I am still uncomfortable as my broken tailbone has not recovered fully, but I’ve been to the library with them which we love, and we had a lovely time there. It might be progress compared to before (voice still low but a calmer voice than before).

Co: Right. Your body still needs time to recover from a broken tailbone and the depression, but you were able to focus on study a little bit and allow quality time for yourself by spending time with your children?

Cl: Yes, I was.

…

Co: I am wondering if there are other things that you were able to do for yourself?

Cl: I ate toast this morning (laugh), and I tried to have milk during the last week to care for my health thinking this might be helpful for the recovery of my tailbone.
As Yoojin discovered neglected ideas and moments that reflect her preferred identity, this empowered her to make changes in her life in the direction she wanted, which she could not do when under the influence of the culturally dominant problem idea about women’s roles.

Narrative therapy encourages therapists to take up a “decentred and yet influential position” (White, 1997, as cited in Morgan, 2002, p.86), which means inviting clients to be ‘experts’ in their lives while therapists are influential to help “deconstruct, reproduce, or reconstruct a client’s story” (Anderson, 1997, p.96). According to Anderson, a therapist is not a “blank screen” (p.97); rather, from a learner position, we use our knowledge and understanding without prejudice. The following conversation shows how using extending questions, having an open and curious stance and also connecting directly with the client’s culture as an ‘insider’ led me and Yoojin to a deeper understanding about herself, which was another factor in helping her on her journey to overcome depression.

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<td>(Previously, Yoojin talked about how noticing the relation between supporting others too much and her experience of depression last week helped her to accept her need for allowing space for herself and caring for herself)</td>
<td>She talked about the moments when she noticed her need for self-care previously in a migrant context, and also opened up her discovery about what was helpful for her to make changes in her life</td>
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<td>Cl: Actually, it was not the first time I noticed that I need to allow space and care for myself. Sometimes, I have noticed this need especially when I came to know about ‘self-care’ which Kiwi society values, but this challenge remained in my thoughts rather than me doing something about this. So, I have thought about why I was able to start doing something for me this time after we met last week, and I’ve found the reason for this. Co: I am curious what was helpful for you to take</td>
<td>Showing curiosity about her discovery</td>
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action yourself?
Cl: I think having a conversation with someone about my thoughts and feelings was helpful. Because I was able to express these with you, I think this created a genuine willingness to change with the thought ‘Ah, it is really important for me’.
Co: Expressing your feelings and thoughts freely and being understood in our conversation was helpful for you?
Cl: Yes, it was. When I tried to do it by myself, I couldn’t do this. And actually there were moments when other people suggested to me “take care of yourself”. Especially, kiwi people whom I know sometimes said things like that to me. They might have said this to help me, but this was not helpful, it just caused more stress.
Co: This created stress? (curiously)
Cl: Yes, this is because they don’t know how hard it is to take care of myself as a Korean woman. They say this so easily: “Do something for yourself. Do self-care for yourself”. However, because I cannot do this in my situation when there are many things I have to do as a woman, so I considered their words as putting pressure on me.
Co: Right. Cultural differences limited their understanding about you, so you could not feel understood by them but felt pressured even though they wanted to help you?
Cl: Yeah.
Co: So expressing your struggles freely as a Korean woman and being understood about this last

| She talks about the value of expressing her feelings and thoughts in conversation with others |
| Clarifying and highlighting her discovery |
| She talks about how culture is an important factor in understanding her experiences, and how others’ attempts to help, which were not based on this understanding, were not effective |
| Summarising her discovery that could be crucial for her journey to overcome |
week was important for you to be able to take actions for yourself which were not easy before?
Cl: Yes, I think that was helpful for me.

This conversation shows how dealing with cultural struggles was important for Yoojin as a Korean woman who experienced depression, because this depression was related to cultural ideas about the role of women. As she said, without this cultural understanding, she didn’t experience being fully understood but rather felt pressured. Yoojin’s account supports the idea that providing space for Korean migrant women to talk about their experience of depression within their own cultural context can help them in counselling.

Narrative therapy can contribute to this need because it does not encourage therapists to provide solutions to problems, but rather, they (even ‘insiders’) help clients from ‘a learner’ position, and also assist clients to see problems in the wider context of cultures (Anderson, 1997; Anderson & Gehart, 2006). This is “the decentred and yet influential position” (Morgan, 2002, p.86) noted above. Sometimes as an insider to Korean culture, I am joining with clients directly around the content they present. For example, regarding Korean cultural norms of gender: in the conversation above, my being an insider is very important, but in this case I am adopting a curious and not-knowing stance, allowing the client to fully express her own experience of the importance of cultural understanding. Brown & Augusta-Scott (2006) explain this way of situating knowledge and power in the therapeutic relationship in narrative therapy:

While clients can be politicized through dialogue, ethically, our politics or worldview should not be imposed. Thus, we must be positioned without forcing our clients into our positions. Accepting one’s positionality means acknowledging, not denying, therapists’ knowledge and power. In acknowledging their knowledge and power, therapists are more likely to be accountable for them. (p.14)

The transcript above also shows how Yoojin’s expressing feelings and thoughts freely in relationships where she could be heard was helpful for her to make changes in her life. As she said, she had already noticed the need for having space for herself as an immigrant by
encountering the western cultural value of ‘self-care’, but thinking about this alone without talking with others did not bring change in her life. She said having conversations within the therapeutic relationship, which acknowledged dominant cultural influences on her life, helped her to have a genuine willingness to change. This might be evidence of Winslade’s (2005) argument that “Everything we say has no meaning in itself but only in response to other utterances in a dialogue or in the history of dialogues in a particular genre of conversations” (p.352). This idea is related to the assumption of narrative therapy about human identity as relational, contextual, and communal (Madigan, 2011). Yoojin opened up her discovery of this need for space to be heard in her life. This conversation contributed to our having a clearer understanding of what circumstances are important for her to gain agency, and as a conversational partner, I assisted her in exploring the discovery.

As a narrative therapist who believes “no one story can possibly encapsulate the totality of a person’s experience” (Russell & Carey, 2004, p. 21), to help her develop her alternative story line, I assisted her to reflect on her life and think about whether there were moments when she felt this kind of deep understanding in relationships outside of therapy. Yoojin explored a recent experience in which she felt understood in a relationship. When Yoojin returned a call as she was asked to do by her friend, from the beginning of their conversation, her friend had noticed the tiredness in Yoojin’s voice even though Yoojin had not talked about her condition. Yoojin said she felt better and relieved from being understood by someone, and this allowed her to freely express her feelings and situation. Even though Yoojin didn’t initially want to call her friend due to lack of energy and tiredness, she said she really enjoyed talking with her friend. From exploring this experience, Yoojin identified again the need to take care of herself and the value of being understood in relationships (which had been ignored during her hardworking life), and having people in her life who could help take care of her needs.

The following transcript is the last part of our conversation during our second session and it was crucial in ‘thickening’ (Russell & Carey, 2004) her preferred story, which helped change her moods and led her to engage with her preferred idea/position more firmly.

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<tr>
<td>Cl: Of course, there is a moment that they (my</td>
<td>She opened up about her unique</td>
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<td>family) cared for me because they allow me to study even though this means I cannot focus on supporting them as much as I did before.</td>
<td>outcome experience, where she made a choice for herself and her family supported this</td>
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<tr>
<td>Co: Oh, doing study means you took an action for yourself and your family members supported you?</td>
<td>Showing curiosity about her unique outcome experience</td>
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<tr>
<td>Cl: Yes. Co: It is interesting to know that there is a moment where you made a choice for yourself. I am curious how you were able to do that for yourself?</td>
<td>Inviting her to explore further to develop her alternative story line (‘landscape of action’ and ‘landscape of identity’ questions)</td>
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<td>Cl: I think I was able to do that because it is very important to me. I really wanted to study so I can grow and be prepared to do something for the future. And also I believed that God wants me to do this study.</td>
<td>She explores what factors were crucial for her to make a choice for herself.</td>
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<tr>
<td>Co: If you think something is very important to you and God also values this, you are able to care for your needs and ask for support from others?</td>
<td>I highlighted the conditions in this case that enable her to make a choice for herself.</td>
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<tr>
<td>Cl: Yes, I had wanted to know what God wants for me in my life because living in His plan is important to me, and I found that He wants me to study. So, because this is a clear and firm belief of mine this led me to share what I wanted to do with my family, and they understood my desire which is important for me.</td>
<td>She justifies why these conditions are important for her</td>
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<td>Co: I am wondering what ‘caring for yourself’ would mean for God? Cl: Mmm. If I do not care for myself and my health, I may not able to study continually or do valuable things anymore including supporting my family, so I think God also values me caring for myself. Oh (surprisingly), for this reason, maintaining a healthy life by caring for myself is very important.</td>
<td>Open questioning which can lead her to deeper reflection about her preferred idea</td>
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<td></td>
<td>She justifies her preferred idea of ‘caring for herself’ more firmly by engaging her Christian belief which</td>
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for everything, isn’t it? (laugh).
How silly I was to ignore this? I think I need to write about this so I can remember it (laugh).
Co: Right. Sounds like finding meanings for your choices in your Christian faith is very important for you?
Cl: Yes, it is.
Co: In terms of this understanding, I would like to ask a question. I am curious what He would say about you noticing the importance of caring for yourself and starting to take small actions for this?
Co: (Pause and tearful sounds)
Cl: I think He would say “It’s going to be ok.”
Everything about my anxieties that I have about studying, my family and about my mum.
He would say “It’s going to be ok”
Co: What is that like for you to engage with His words ‘It’s going to be ok’?
Cl: It’s like some heavy things which were in my mind have gone away. Wow, it is really good and brings relief. (surprised and also calm voice).
Co: Mmm
Cl: God is pleased not from my hard work but God is pleased with me as I am, but I think I have lost that until now so I tried to handle everything by myself. God might already know my anxieties and the burdens that I have carried, and may want me to give all these to Him. Realising this, there is a place I can put my burdens and anxieties, and thinking of Him saying ‘It’s going to be ok’ causes me to feel peace and comfort amazingly now.
Co: Wow, it is amazing to see your experience of supports her alternative idea.

<table>
<thead>
<tr>
<th>Using a question to create supportive voices in her preferred experience and ideas</th>
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<tbody>
<tr>
<td>Allowing her to touch her feelings</td>
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<tr>
<td>She engages the supportive voice</td>
</tr>
<tr>
<td>She feels deeply touched by the idea that God already knows the struggles/burdens that she has</td>
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<tr>
<td>Encouraging her to engage with the supportive voice (‘Remembering conversation’) creates huge relief</td>
</tr>
<tr>
<td>She engages with Christian discourse which supports her alternative idea</td>
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<tr>
<td>This creates peace and comfort for her</td>
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relief now, and your peace and comfort from engaging with your God, His words and heart.

Cl: Yes, I have needed His help in my life rather than trying to do my best. How important it is for me to seek help (laugh).

(She talked about another moment when her anxieties and burdens were reduced and she experienced comfort and peace in the relationship with God)

Another discovery, of a preferred idea (seeking help) comes out

This conversation shows that there was a ‘unique outcome’ experience in Yoojin’s life where she was able to express her desires to her family to get their support, and they understood this and supported her to take this path for herself. Exploring this moment when there was less or no influence from dominant problem ideas, and assisting her to explore how she was able to do this led us both to know that finding meaning for her actions/desires in her Christian faith is very important for her to gain a sense of agency. In their discussion of how to talk with people about their spiritual lives, Griffith & Griffith (2012) state that:

In a community, each individual operates with a dual sense of identity, as oneself and as a member of the community. For some religious people, God may be a key member of every other community in which the person participates. Person-God conversations can help sustain the integrity of human communities, as well as the integrity of a person’s sense of self. (p.109)

Narrative therapy holds that our stories are “socially situated” (Brown & Augusta-Scott, 2006, p.11), and this conversation shows that Yoojin’s relationship with God was significant for her. This discovery led me to assist her to engage with God’s voice in her alternative idea of ‘caring for myself’, and this helped her to feel huge relief, peace and comfort.

After finishing this second session, Yoojin decided to focus on her study for three months without coming to counselling because she wanted to finish her study as she felt less depressed than before both physically and emotionally. She came to our third session having completed her study successfully, and talked about how God helped her to finish her study by
providing energy, people and resources to do it. Yoojin felt better than before as she had finished her studying and developed her self-care by engaging with her preferred idea of ‘allowing space to care for myself’. However, this did not mean she was entirely free from the depression because recovery is a journey that takes time, and this led her to come to three more sessions to carry on her journey of overcoming depression.

The main issue we explored during the third to fifth sessions was her marital relationship which was one of the main areas where she had suppressed her feelings and thoughts: she and her husband had experienced stressful immigrant transition issues; her husband had a deficit of relationships with others; and he also experienced difficulty finding a job as a migrant. Yoojin said that these transition issues influenced her level of feeling depressed but she has felt more burdened by taking responsibility for her husband’s emotional needs. She said “If he would handle his issues, I could feel less burdened or depressed”. To assist her in taking a position on this problem experience, I asked her why this relationship, where she takes on more burdens while suppressing her feelings, was not ok for her (Map 1 questions of narrative therapy). This led her to justify why this was not ok for her as follows:

This is because my children could not have opportunities to learn about how husbands and wives deal with struggles or problems through healthy communication. Because I handle my struggles by myself pretending I am ok, maybe my children think there are no big problems between their dad and mum. But it is not genuine human life, is it? Moreover, sometimes, our voices get louder at an unexpected time in front of our children, then I feel really sorry that we do not show a good model for dealing with struggles in a healthy way.

This conversation led Yoojin to engage with her preferred idea, ‘developing a mutual loving relationship with him in which both of us are understood by the other’ rather than her taking a position of being patient while suppressing her feelings. When she came to the fifth session after two weeks, she explored a story that showed some changes were taking place between her and her husband. The following conversation shows how her change in position, from accepting Korean cultural ideas of women’s roles, to holding her own idea of ‘a mutual loving relationship with her husband’, allowed her to start making changes in their relationship:
Cl: We went to a cafe yesterday, and we were able to have a good talk even though it was not a long conversation (calm and pleasant voice).

Co: Oh, did you? Can you tell me more about that? (curiously)

Cl: I don’t know how this happened, but I think I was able to be truthful with him rather than pretend I was ok, and he was also open with me, showing his genuine attitude. Even though it was not a long conversation, at some point, this openness led us to feel touched deeply by each other. And I was able to understand more about him than before, things which I hadn’t known.

Co: Mmm

Cl: This caused the negative feelings that I have held towards him to reduce, and I felt sorry that I also didn’t know him very well (tearful voice).

As a conversational partner who knew Yoojin’s desires and hopes, I felt a sense of hope about her journey to overcome depression in the future, because she had started to experience ‘a mutual loving relationship’ in which both of them are understood by each other, which she wanted to build on. She had previously ignored this desire for mutual loving and she had now discovered that this was important for her.

We closed our counselling after this session by talking some more about the value of building a mutual loving relationship in her life. With her agreement, after closing our counselling, I sent her a therapeutic letter which included a summary of discoveries that she had made through our counselling conversations and some more questions that could thicken her preferred story line. The use of therapeutic documents (letters, memos, certificates, etc.) is one of the devices of narrative therapy for providing an opportunity for clients to consolidate their discoveries (Payne, 2006). Payne notes that “The person may keep them for future reference, or use them in any other way she may decide” (p.15).

At times, clients respond to therapeutic letters. In her response letter, Yoojin said she was developing self-care, respecting her desires/needs more than before and supporting her husband without losing her personal happiness. She also said that sometimes she shared her ideas about equality between men and women with her children so that they could learn about
this mutual loving relationship in their childhood. The following is part of her response to my letter that illustrates these changes she was experiencing after closing counselling:

After I realised that I had taken on too many responsibilities in the relationship with my husband by believing that this sacrificing is love as a Korean woman, I have tried to let him handle his own issues. It was not easy for me because he looked unhappy about my changed attitude, but now I think I’ve done well. I was exhausted when I tried to fulfil his needs pretending I was ok, but now I am able to love him in a healthier way without losing my energy but with a more genuine heart. I also attend small group meetings at my church and serve as a Sunday school teacher at my church. If I focused on my husbands’ needs as I did before, I could have not been able to start these activities for myself. But now I want to respect his needs without losing my needs. As my heart becomes healthier and bigger, I might be able to love him in a better way.

Now I feel like already I have passed a big struggle in life, like a mountain or a river which was in front of me, and now I have more confidence about myself and have a sense of hope about my marital relationship. I think we will get older together beautifully because he is also making efforts. So we have planned a family trip to Korea in the coming holidays, and I feel like God is blessing us in our family journey in the future.

In her letter, Yoojin also said that her children liked the changes in her life as well because she was spending more time with them than before and she allowed them more freedom. I was pleased to hear about the on-going development of her preferred story, her journey of loving/supporting her family without losing caring for herself, and how she was creating happiness not only in her own life but also in her family. When I contacted her to ask if she would be a participant in this study, she accepted this invitation showing great interest and said, “It looks exactly like my story, doesn’t it?” Yoojin provided the following statement for this study in answer to the question, “Could you share the effects of the therapy and how the counselling conversations have helped reduce the effects of depression?:

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I did not know I was depressed. When I came to see the counsellor, I told her I did not know why I acted like that, and I knew what I should have done, but I could not. She gently touched my feelings hidden somewhere in me exploring my distorted beliefs and faith and letting me face them. The conversations with a counsellor gave me opportunities to feel okay even though I am not perfect- I don’t have to try my best all the time but can spend time just doing fun stuff. She also helped me explore what made me feel happy, and step by step, helped me do something for myself. I eventually learnt that looking after myself could be the best way of caring for my family because all of them sought my happiness and well being as I did for them. I got to know that nobody had been asking me to carry the heavy burden, but myself. I grew up with the culture strongly influencing my way of life, but learnt that I could choose my own way of life. The questions and explorations the counsellor tried helped me look deep inside of me and find the values I had held. I did not need to put my old versions of myself into a rubbish bin for spring clean-up, but accepted all the stories I had had in my life as precious because they were always stepping stones to move forward.

The work of examination and exploration, awareness and acceptance and retelling life stories set me free from the symptoms of depression and it has been helping my life so far. In addition, when she sent a letter after the sessions, it refreshed me, and let me realize that life was interesting and fun because looking back at my past life and its stories provided a chance for me to minimize life’s problems and maximize its beauty.

4.2 Discussion of findings and recommendations for future research

Similarities between Korean migrant women’s experiences of depression

As previously discussed, this research asks the following questions: what ideas shape the conditions of Korean migrant women’s depression, how is Korean migrant women’s depression manifested when there is a link between it and Korean cultural norms of gender, and in what ways can narrative therapy be used by practitioners to support women who are in this situation.

The three participants’ experiences of depression were similar, in spite of the differences amongst the participants (their ages, the length of their experiences of depression, etc). Not only are their experiences of depression linked with Korean discourses of women’s roles, but
also the manifestation of these discourses evidences similar patterns. For example, Korean cultural ideas about the role of women had led them to value highly taking a position of ‘supporting roles’ for the sake of family/others, and this position led them to develop a behavioural pattern of ‘suppressing/ignoring their own needs’ as women. According to Monk et al. (1997), “The same words can be used with different meanings in different contexts, and different people make meaning differently, sometimes using similar words” (p.34). Sarah, Jaehee and Yoojin often used the term ‘patience’ when they described their experiences, meaning ‘suppressing their own needs’ or ‘sacrificing themselves’. The table below shows how these cultural values of Korean migrant women led them to ignore their needs:

<table>
<thead>
<tr>
<th>Sarah</th>
<th>“I have tried to ignore this need (desire for freedom) before especially when I lived with my dad. The thought, ‘I have to be patient’, has really affected my life”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“I couldn’t use money without being anxious or confident until now”</td>
</tr>
<tr>
<td></td>
<td>“I have tried to suppress feelings while ignoring my needs…”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jaehee</th>
<th>“I tried to fulfil his (her ex-husband) demands by being patient as I used to do…”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“My thought was to focus on the responsibility of what I have to do rather than to care for myself”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yoojin</th>
<th>“Even though physically and emotionally I became tired and exhausted from the pattern of working hard in my life, I have tried to ignore my feelings because I have lived this way thinking I am ok”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“I had never grieved for the loss of joy and happiness for myself”</td>
</tr>
<tr>
<td></td>
<td>“Even though I had felt a lot of pain, without accepting how serious it was, that day, I went out to keep a promise which I had made to my mum…”</td>
</tr>
</tbody>
</table>

Table 1. Korean migrant women’s common experience of ‘patience’ or ‘ignoring their needs’

Jaehee said that her childhood experience of hearing her parents’ clear conceptions of gender roles which were shaped by Korean culture influenced her to be ‘patient’ when she experienced power relations with her ex-husband after marriage. Sarah and Yoojin said that their behavioural pattern of ‘patience’ was influenced by their mothers as role models. Even
though they felt sad or compassionate about their mums who had lived sacrificing themselves by focusing on the family’s needs too much, they followed this culturally accepted way of women’s lives in Korea. These are examples of Berry’s (1997) argument that “individuals generally act in ways that correspond to cultural influences and expectations” (p.6). Just as Jaehee’s father ignored his daughter’s pain by believing that this way of patient living is women’s destiny in Korean culture, Korean women today still tend to endure their life’s burdens without finding a place to be understood about how hard this is for them, and this condition can cause depression as per Sarah, Jaehee, and Yoojin’s experiences.

There are additional similarities in Sarah, Jaehee, and Yoojin’s experiences of depression in its impact on their lives, as the table below shows:

<table>
<thead>
<tr>
<th></th>
<th>Sarah</th>
<th>Jaehee</th>
<th>Yoojin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor self-image/feeling guilty about their imperfections</td>
<td>“When I got bad results on exams, I thought I didn’t deserve to eat”</td>
<td>“…I couldn’t think any positive thoughts about myself and my life”</td>
<td>“I think I don’t love myself…I felt like crying like this from noticing that I do not love myself”</td>
</tr>
<tr>
<td></td>
<td>“This has made me think ‘I am not good enough’”</td>
<td>“I used to blame myself because I couldn’t endure that situation more due to my pain from it”</td>
<td>“So, when I thought I needed to care for my needs, I felt guilty about this …So I hardly shop for myself. I think it is as if I have abused myself”</td>
</tr>
<tr>
<td>Working hard beyond their limitations</td>
<td>“I feel pressured to reach perfection in everything I do even though I am not perfect”</td>
<td>“So I used to tell myself ‘Do more! Do your best’. And if I didn’t, I wasn’t satisfied with myself including in”</td>
<td>“When I had an X-ray because of a painful tailbone, I was surprised to find out my condition because the tailbone was”</td>
</tr>
</tbody>
</table>
my parenting role”

broken. Even though I felt a lot of pain, without accepting how serious it was, that day, I went out to keep a promise which I had made to my mum”

“Actually I am not good at saying ‘no’ when other people ask me for help… I say ‘yes’ even though I am not in a good situation to help them”

“As I said before, he (ex-husband) still has tried to pressure me in many ways, and I tried to fulfil his demands by being patient as I used to do…”

“Actually I am not good at saying ‘no’ when other people ask me for help… I say ‘yes’ even though I am not in a good situation to help them”

“Lack of boundaries”

“As I become more patient, I lose ownership of my life”

“As I said before, he (ex-husband) still has tried to pressure me in many ways, and I tried to fulfil his demands by being patient as I used to do…”

“Actually I am not good at saying ‘no’ when other people ask me for help… I say ‘yes’ even though I am not in a good situation to help them”

“Negative impacts on relationships (i.e. avoiding relationships, over-protecting herself, feeling angry, burdened, or experiencing conflict)”

“I used to hurry to eat food because I wanted to go into my room before he (my dad) came out to the kitchen”

“I tend to over-protect myself when I was with them”

“I have anger inside of me which is suppressed…”

“Actually I am not good at saying ‘no’ when other people ask me for help… I say ‘yes’ even though I am not in a good situation to help them”

“If he (her husband) would handle his issues, I could feel less burdened or depressed”

“Moreover, sometimes, our voices get louder at an unexpected time in front of our children”

“I feel distant from him (my father)”

“...depression impacted me by making me over-sensitive, critical, and often angry towards them (my children)”

“Depression made me avoid relationships with others as well”

“Actually I am not good at saying ‘no’ when other people ask me for help… I say ‘yes’ even though I am not in a good situation to help them”
Table 2 shows how Korean migrant women’s depression-shaped by cultural gender norms-causes similar patterns in Korean women’s lives: poor self-image, working too hard, a lack of boundaries, and negative impacts on their relationships. This is evidence of Maynes (2011)’s discussion of the negative impact of gender roles in Korean women’s lives and on their self-worth.

The significance of ‘culture’ in understanding Korean migrant women’s experiences of depression, and the contribution of ‘insider’ research

Because cultural ideas/values were underlying Sarah, Jaehee, and Yoojin’ experiences of depression, they often expected me to understand their cultural struggles in our conversations because we share the same cultural identity as Korean women. For example, when Sarah explored the relation between the role of women in Korea and Confucianism, she said to me “as you may know” (p.43). Jaehee also used the phrase “because as you know” (p.77) when she described about the possibility of a negative impact of a parent’s divorce on the marriage of their children in Korea, and this shared meaning of culture in our therapeutic relationship helped her freely to explore her guilt and the struggles that she was experiencing. Yoojin expected me to understand the difficulty of looking after her own needs as a Korean woman, when she normalised her experience by saying “It is not easy to look after my needs as a Korean woman as you know. It might be not only my experience but also that of other Korean women, right?” (p.90). She also talked about how culture was an important factor in understanding her experiences, and how others’ efforts to help which was not based on this understanding had not been helpful to her (p.102).

This significance of cultural understanding of participants’ experiences of depression led them to seek a female Korean counsellor. Of particular note was Yoojin seeking a Korean counsellor this time even though she could speak English very well as she was an English tutor and previously experienced counselling with a Kiwi counsellor. Clearly, counsellors understanding cultural context when they work with Korean migrant women who experience depression is important. The evidence above also speaks to the benefits of insider-research that aids in understanding a person’s subjective world by establishing intimacy between researchers and participants (Bonner and Tolhurst, 2002, as cited in Unlnuer, 2012).
Contributions of narrative therapy to Korean migrant women overcoming depression

Narrative therapy interventions contributed to Sarah, Jaehee, and Yoojin overcoming depression in many ways. One of the contributions was made through externalising the problem story. As discussed in the literature review, the main purpose of externalising conversations is to separate the person from the problem while discovering dominant ideas that sustain the problem in the person’s life (White, 2007). The purpose of this intervention is based on the assumption that “…problems only survive and thrive when they are supported and backed up by particular ideas, beliefs and principles” (Morgan, 2000, p.45).

By assisting Sarah, Jaehee, and Yoojin to reflect on the ideas that were underlying their problem experiences of depression, as well as the effects of these ideas on their lives and where these ideas come from, they started to see the problem not only as individual suffering but in the wider context of cultures. They identified that their dominant problem ideas which shaped their experiences of depression were influenced by cultural ideas of the role of women in Korea. This awareness through “objectifying the problem” (White, 2007, p.9) led them to examine cultural gender discourses. They were then encouraged to take a position on how they want to be in relation to those dominant discourses as follows:

Sarah: But if I live in this way (keep suppressing her feelings as a Korean woman and try to be perfect) continually, this may mean I am never happy, because this will cause huge stress as it has up until now…I don’t want to live that way continually. (p.51)

Jaehee: I think I was standing in an extreme place of ‘patience’ where I couldn’t see other values and needs. (p.79)

Yoojin: I think that recognising why I was depressed was helpful for me. I tried to live my life doing my best, whatever situation I was in. (p.89)
I feel like crying…from noticing that I do not love myself. How could I live that way? (p.95)

This gaining distance from dominant ideas and re-positioning themselves in relation to them helped to decrease their feelings of guilt or failure as women, and this process also opened up possibilities for their own alternative ideas/values to come out from the shadow they were in due to the power of dominant cultural ideas. As Yoojin put it, “The questions and
explorations the counsellor tried helped me look deep inside of me and find the values I had held” (p.111). The following table shows Sarah, Jaehee, and Yoojin’s alternative ideas that they discovered from our narrative therapy conversations:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sarah</strong></td>
<td>• Allowing space and time for me</td>
</tr>
<tr>
<td></td>
<td>• Respecting personal boundaries as well as not losing “responsibility for others” in relationships</td>
</tr>
<tr>
<td></td>
<td>• Pursuing healthy and respectful relationships</td>
</tr>
<tr>
<td><strong>Jaehee</strong></td>
<td>• Re-gaining my life by hearing my desires</td>
</tr>
<tr>
<td></td>
<td>• Setting boundaries around my ex-husband’s controlling of my life</td>
</tr>
<tr>
<td></td>
<td>• Being a good mum by becoming happier and healthier rather than enduring a difficult situation</td>
</tr>
<tr>
<td><strong>Yoojin</strong></td>
<td>• Doing self-care by allowing time for fun and laughter in my life as well as caring for my family</td>
</tr>
<tr>
<td></td>
<td>• Developing mutual loving relationships rather than putting too much priority on family/others by sacrificing my needs</td>
</tr>
</tbody>
</table>

*Table 3. The alternative ideas that Sarah, Jaehee and Yoojin discovered from narrative therapy conversations*

Furthermore, discovering their alternative ideas which fitted their desires and hopes led our therapeutic conversations to move on to develop new narratives, which were additional significant factors contributing to these clients overcoming depression. Through exploring why these alternative ideas were important for them, where these come from, and if they had had life experiences where these ideas were supported (tracing ‘unique outcome’ experiences), Sarah, Jaehee, and Yoojin’s alternative story lines which reflected their preferred identities were developed/thickened. This deconstructing of Korean migrant women’s personal narratives through assisting them to develop their alternative story lines often created laughter or a bright atmosphere in our conversations (as indicated in the transcripts: pp.53, 82, 106) and this is evidence early in the counselling process of the good effects of narrative therapy in supporting them.
Sarah, Jaehee, and Yoojin’s stories also lead us to realise that migrant experiences, or expectations surrounding them, can be one of the factors that enable Korean migrant women to see alternative roles for women which are different to Korean cultural ideas. When Sarah experienced a form of equality at her workplace, she was attracted to its difference from power-relationships that she experienced in Korean culture. Jaehee decided to immigrate hoping to escape cultural expectations of women in Korea, and Yoojin learnt the concept of ‘self-care’ from relationships with her Kiwi friends.

Of significant note was that their alternative ideas did not belong to dominant Korean ideas or ideas from the host country in their migrant situation. These were their own unique ideas, as a result of their integrating and adapting ideas from both cultures. Even though they wanted to start to care for their suppressed needs by engaging with their alternative ideas, they did not ignore the Korean cultural value of ‘responsibility for family/others’ in the process. For example, Sarah’s desire was to connect with her dad while respecting each others’ boundaries rather than wanting to be separate from him. Jaehee also still highly valued being a good mum to support her adult children while she was developing/allowing her own happiness. Yoojin said that caring for her needs was important not only for herself but also to support her family. When I met Sarah to give her the opportunity to read the final draft of this thesis, she called this Korean cultural value of ‘responsibility for family/others’, ‘Jeong’ (a culturally-specific emotion which is shaped by Korean culture as discussed in the literature review).

Narrative therapy conversations contributed to these clients discovering their own ideas which best fit them by assisting them to hear from their hearts rather than quickly leading them to take up another opposing idea or ignore their cultural identity/values. This is evidence of another benefit of using narrative therapy to support Korean migrant women: the usefulness of therapists adopting a genuinely curious stance and viewing clients’ knowledge as prominent (Anderson & Gehart, 2006). By viewing clients as experts in their lives, narrative therapy enhances their sense of agency (White, 2007; Lee, 2004). As discussed in the literature review, this respectful therapeutic relationship can empower Korean women who tend to minimise their own voices due to the influence of traditional male dominated culture.
Another narrative therapy intervention that helped Sarah, Jaehee, and Yoojin overcome depression was creating the space for external voices in counselling conversations. As discussed in the methodology section, ‘re-memembering’ conversation encourages clients to think they are able to consciously invite other people as members into their preferred versions of their lives (Morgan, 2000). This process is one of the ways that narrative therapists work towards “recruiting an audience” (White, 2007, as cited in Allen, 2012, p.118) to assist clients to engage their preferred identities in relational contexts (White, 1999). This intervention has been developed because narrative therapy views reality in social terms and has a “relational/contextual/anti-individualist view of people and relationships” (Madigan, 2011, p.4). It is different from a modernist perspective which sees persons as separate selves and which has influenced people in western culture to believe that the goal of human development is to become autonomous. Cognitive behavioural therapy and psychiatric approaches tend to view clients in more modernist ways; therefore, it might be beneficial for therapists using these models to keep in mind that the concept of external voice is culturally appropriate for Korean clients.

When Sarah identified that the significant people in her life who would be most pleased about her positive changes were her friend and her mum’s two close friends, she engaged their supportive voices of “Well done” when she was attending to self-care. This engaging with the voices of significant people created a different way of speaking about herself to herself as well. Therefore, when she came back again after this conversation, she explored how her changed view about herself helped to reduce depressed feelings (p.55). For Jaehee, her daughter was the one who knew best about her courage and encouraged her in her journey of developing her own happiness. For Yoojin, engaging with God’s heart and voice, identifying that He knew her struggles and wanted to comfort her was significant for her and brought huge relief. These three stories show evidence of the helpfulness of narrative therapy’s view of persons as ‘interdependent’. This view fits well with Korean culture (as with other Asian countries) which leads people to see individuals in relationship with others.

Through externalising problem discourses, inviting clients to be ‘experts’ in their lives, viewing people as ‘interdependent’, and assisting them to construct new narratives that reflect
their preferred identities, the telling and re-telling process of narrative therapy conversations created many changes in Sarah, Jaehee, and Yoojin's lives as apparent in the table below:

<table>
<thead>
<tr>
<th></th>
<th>Sarah</th>
<th>Jaehee</th>
<th>Yoojin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotions and physical symptoms</strong></td>
<td>“I felt accepted and that my feelings and situations were understood”</td>
<td>“The new thoughts have really helped me to feel lighter, and given freedom from the burden and depression that I had, and gives me hope to live my life”</td>
<td>“It’s like some heavy things which were in my mind have gone away. Wow, it is really good and brings relief”</td>
</tr>
<tr>
<td></td>
<td>“I feel less guilty and less pressure when I can’t satisfy people with their needs or demands”</td>
<td>“These new thoughts have reduced my headaches, worry and stress about the future that I had…”</td>
<td>“The work of examination and exploration, awareness and acceptance…set me free from the symptoms of depression and it has been helping my life so far”</td>
</tr>
<tr>
<td></td>
<td>“All these changes have given me freedom and helped reduce depression and fear in me”</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Thoughts</strong></td>
<td>“Knowing my desires and allowing them a little bit more than before in my life helps reduce the burden, the thought ‘I have to do it’”</td>
<td>“I want to re-gain my life which I had lost for a long time rather than remaining in the past experiences”</td>
<td>“If I do not care for myself and my health, I may not be able to study continually or do valuable things anymore including supporting my family” (a new realisation)</td>
</tr>
<tr>
<td></td>
<td>“I am freer than before from the thought ‘I need to”</td>
<td>“Even though I am not perfect, I can be a good mum again as I become happier not as a mum who is”</td>
<td></td>
</tr>
<tr>
<td><strong>Behaviours (Allowing space to care for their needs &amp; setting healthy boundaries)</strong></td>
<td>“These experiences of acceptance and understanding have encouraged me to respect my needs which I haven’t cared for before”</td>
<td>“I am beginning to notice my needs more than before, and I feel joy when I allow myself to do something that I wanted. Travelling is an example of this” (Pleasant voice).</td>
<td>“…now I am able to love him in a healthier way without losing my energy but with a more genuine heart”</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>“Even if he (my dad) blames me with anger as he used to do, I think I won’t ignore my choices due to his response as I did before”</td>
<td>“As I become myself, I am also able to respect my children’s choices…”</td>
<td>“I also attend small group meetings at my church and serve as a Sunday school teacher at my church. If I focused on my husband’s needs as I did before, I could have not been able to start these for myself”</td>
</tr>
<tr>
<td><strong>Relationships</strong></td>
<td>(Due to some changes she has made): “He is trying</td>
<td>“…when I visited my daughter recently, she really liked my</td>
<td>“I was able to be truthful with him (my husband) rather</td>
</tr>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Ways of seeing themselves</td>
<td>“I feel better about myself (bright voice)”. “The counselling helped me become aware that I am also an important person, improving my self-esteem”</td>
<td>“This might be because I started to love myself and care for my needs”</td>
<td>“I have more confidence about myself”</td>
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</tr>
<tr>
<td>Hope</td>
<td>“It felt like I was in a dark cave without knowing where I was going, but now I feel like I’m finding a way to go outside which leads me to the light. I think I am working towards that place where I am”</td>
<td>“….these days I think positively about my future as I allow myself to rest and care for my needs”</td>
<td>“Now I feel like already I have passed a big struggle in my life, like a mountain or a river which was in front of me…I think [my husband and I] will get older together beautifully because he is also”</td>
</tr>
</tbody>
</table>
seeing the light (confident voice)”

between green and red. Red means passion, and I think I am entering the passion stage now. I am excited to imagine travelling more in the world…”

making efforts…and I feel like God is blessing us in our family journey in the future”

<table>
<thead>
<tr>
<th>Table 4. The effects of narrative therapy conversations in participants’ lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>The similarities between Sarah, Jaehee, and Yoojin’s experiences from narrative therapy conversations are: a decrease in physical symptoms of depression, reduced feelings of guilt/burdens and creating brighter and freer emotions, setting healthy boundaries, experiencing satisfying relationships with others, gaining hope about their future and a positive view of themselves. In addition, narrative therapy had a positive impact on their spirituality through engaging with Christian discourses which fitted with their alternative ideas or images of God that encouraged their new journey to finding their preferred identities. Sarah, Jaehee, and Yoojin also hoped their new ideas of women’s roles and/or values in their lives would flow on to the next generations. These participants’ changes offer strong evidence that narrative therapy contributes to Korean migrant women who struggle with depression regaining hope in their lives and enhancing their sense of self-worth.</td>
</tr>
</tbody>
</table>

**Strengths and limitations of this study, and recommendations for future research**

The findings of this research are based on a small sample size (three participants) because this study uses a qualitative case study method, which contributed to drawing out in-depth information about the effects of cultural factors shaping Korean immigrant women’s depression and ways to use narrative therapy to support Korean women. Given the strong evidence presented in this thesis, it is recommended that narrative therapy be used by other practitioners working with Korean migrant women who experience depression.

A qualitative approach using a case study method is useful for investigating a unique area of study as I have done. As discussed in the methodology section, at the same time the researcher’s bias can be a limitation if there is a sole reliance on his/her interpretation
(Riessman, 2005; Gregory, 2006). Therefore, I managed my own views by checking my interpretations with my clinical supervisor, and used journaling during the analysis of cases in this study. A reflective journal was used to reflect on my world and responses to participants’ stories as a researcher and counsellor. According to Ortlipp (2008), keeping a journal is an effective way to create “transparency in the research process, and… critical self-reflection on research design” (p.295).

The finalised research documents also were viewed by participants for the purpose of inviting them to be editors of their stories. This opportunity fits with narrative therapy ideas, because using therapeutic documents (i.e. writing, letters, statements) is one of narrative therapy’s ways of thickening clients’ preferred identity stories (Payne, 2006). In this way, my project intentionally engages a form of research that is consistent with narrative practice. Sarah, Jaehee, and Yoojin enjoyed the chance to read their stories in written form, which provided another opportunity for telling and re-telling. This not only contributed to the validity of findings in this study, but also provided an opportunity to offer potential or direct benefits to participants from participation in co-research in the areas of counselling/health (see National Academy of Engineering, 2006).

Future study might examine how the roles of women in Korean culture contribute to Korean immigrant women’s depression using larger groups of participants. Undertaking such research may further support other counsellors’ understandings of Korean migrant women’s worlds in their wider cultural contexts.

As a researcher, I also hope that this study and future research in this area will contribute to encouraging other Korean migrant women to seek counselling services when they need help rather than remaining in ‘patience’ with their problem experiences. Further, I hope it will increase awareness of gendered power relations in the Korean community and their impacts on women’s depression, and that this awareness will then create a climate of societal change for Korean women so they can take on a variety of roles beyond ‘traditional’ role expectations.
References


Assimilation. (2013). Retrieved December 14, 2013, from Wikipedia:  


http://isites.harvard.edu/fs/docs/icb.topic551691.files/Berry.pdf


http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414713/

Biculturalism. (2013). Retrieved December 14, 2013, from Wikipedia:
http://en.wikipedia.org/wiki/Biculturalism

http://benefitof.net/benefits-of-immigration/


http://www.qualitative-research.net/index.php/fqs/article/view/822/1784


Six different types of depression: Deepen your knowledge of ‘what is depression?’ (n.d.). Retrieved from http://www.what-is-depression.org/different-types-of-depression/


Wilson, J., & Giddings, L. (2010). Counselling women whose lives have been seriously disrupted by depression. *New Zealand Journal of Counselling, 30*(2), 23-39.


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Appendices

Appendix A

Participants’ feedback

1. Can you please briefly describe your experiences of depression e.g. how it influenced your thoughts, feelings, and experiences?

2. Could you share your impressions of any links between your experiences of depression and Korean cultural norms?

3. Could you share the effects of the therapy and how the counselling conversations have helped reduce the effects of depression?
Appendix B

The following are examples of the questions that I used in therapeutic conversations with my clients (Statement of position maps 1 & 2):

**Map 1 (Map of the influence of the problem)**

| Naming the problem | “Where does your story begin?”  
|                    | “When has the problem been the strongest?/When was it weakest?”  
|                    | “Can you tell me what would be the name of the problem?”  
|                    | “I am wondering where does this idea come from?”  
| Effects of the problem | “What influence do you see (the problem) having on your life?”  
|                      | “Is (the problem) affecting your relationships? In what ways?”  
|                      | “Is it impacting on how you see yourself in ways you don’t like?”  
|                      | “As you look at these problem effects in your life, what possibilities might the problem produce in the future?”  
|                      | “What would be the problem’s purposes/plans?”  
| Taking a position on the problem | “Is this ok with you?”  
|                             | “How do you feel about this?”  
| Justifying that position | “Could you tell me why this is not ok for you?”  

**Map 2 (Map for re-telling/constructing a client’s new story)**

| Discovering their ‘unique outcome’ experiences and naming of this alternative story | “Can you recall a time when you could have given in to this problem but did not?”/“What do you remember before the problem entered your life?”  
|                                                                                   | “If you were to try to name this experience, what name might fit?”  
|                                                                                   | “How did you manage that?”/“What made this difference?”  
|                                                                                   | “What would this suggest to you about your purposes/desires in doing this?”/“I am wondering what values or desires are a concern to you?”  
|                                                                                   | “I am wondering where does this idea come from?”  
|                                                                                   | “Are there any other stories that could help me understand how this is important for you?”  
|
| Map effects of the ‘unique outcome’/alternative story. | “What influence do you see this valuing or idea as having on your life?”
“As you look at these influences on your life, what possibilities might it produce in the future?”
“Does this affect the way you see yourself?” |
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<td><strong>Taking a position</strong></td>
<td>“Is this ok with you?/ How do you feel about this?”</td>
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| **Justifying that position** | “Why is this ok for you?/“Why do you feel this way about this development?”
“Who would have known about this and would have appreciated what you were standing for in doing what you did?” |

(Brown & Augusta-Scott, 2006; Etherington, n.d.; Morgan, 2000; White, 2005; White, 2007)
Information for Participants

The title of the project: Korean migrant women’s experiences of depression in New Zealand: Cultural understanding and change through a narrative therapy lens.

Hello!
I am Minkyeong Kwon, a Master of Social Practice student at Unitec. I am inviting you to participate in a study that will lead to my Master’s thesis. This information sheet is for clients who have undertaken and completed counseling sessions with me, and are subsequently being invited to participate in this study. The thesis will explore how the roles of women in Korean culture contribute to Korean immigrant women’s depression, and how narrative therapy can help Korean women overcome depression.

What I am doing
I want to find out how cultural factors especially the roles of women in Korea impact on Korean migrant women’s depression, and investigate how narrative therapy conversations can help Korean women who struggle with depression enhance their self-worth and regain hope in their lives. It is hoped that this research will increase awareness of gendered power relations in the Korean community and their impacts on women’s depression. Such awareness may contribute to a change in women’s lives, including creating a climate of societal changes for Korean women to take on a variety of social and emotional roles beyond ‘traditional’ role expectations for them. I also expect that this research might encourage other Korean migrant women who experience depression to seek counseling services, which may help them to be able to experience more fulfilled lives and overcome depression more effectively.

What it will mean for you
Data for this research thesis will be collected from field notes (that have already been taken in sessions with you), and from the audio taped counselling conversations that were created in counseling sessions with you for the purpose of my supervision and my own reviews. I will use only those audio tapes for which transcriptions have not yet been done. You will also be asked to write a brief statement about your experiences of depression, the effects of the therapy, and your impressions about links between your experiences of depression, Korean cultural norms, and Korean ideas about women’s roles.

Confidentiality:
A pseudonym will be used so you will not be identified in the reports, and confidentiality will be maintained at all times. All information collected from you will be stored in a secure place without your name for protection, and full verbatim transcriptions that I complete (with pseudonyms) will be viewed only by me, the supervisors, and two therapists who will be checking my interpretations. The final report will fully protect your confidentiality. You can
view the final draft report, and you can ask me to delete or revise any parts with which you are not comfortable. Recordings will be erased once the transcription is done.

**What will we do with this information**
This research project will aim to increase understanding of cultural impacts on Korean migrant women’s depression, and the contribution of narrative therapy conversations on their overcoming depression. This project will potentially help therapists and practitioners in the mental health field to develop cultural sensitivity in their work with Korean clients. The data will be published as a master’s thesis and also potentially in conference presentations and journal articles.

**Consent**
If you agree to participate, you will be asked to sign a consent form. This does not stop you from changing your mind if you wish to withdraw from the project or any part of it. However, because of our programme deadlines, any withdrawals need to be done within two weeks of your submission of a brief statement about your experiences of depression and counselling.

Please contact us if you need more information about the project:

Student name: Minkyeong Kwon  
student phone number: 021-150-8891  
student email:juliacounseling@gmail.com

At any time if you have any concerns about our research project you can contact my supervisors: Helen Gremillion, 815 4321 ext. 5137 or David McNabb, 815 4321 ext. 5124

Thank you!

**UREC REGISTRATION NUMBER: 2013-1072**

*This study has been approved by the Unitec Research Ethics Committee from 25 / 9 /2013 to 25 /9 /2014. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretariat (Ph: 09 815 4321 ext. 6162). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.*
Appendix D

Participant consent form

The title of the project: Korean migrant women’s experiences of depression in New Zealand: Cultural understanding and change through a narrative therapy lens

Name of participant:

Name of researcher:

I have had the research project explained to me and know that the research will draw on how the roles of women in Korean culture contribute to Korean immigrant women’s depression. I understand that I don’t have to be part of this research project if I don't want to. I have previously undertaken and completed counselling sessions with the researcher prior to being asked and agreeing to participate in the research. I understand that my participation in this project means the following:

- It is completely voluntary and I may withdraw my participation, but withdrawal needs be done within two weeks of my submission of a brief statement about my experiences of depression and counseling, because of the programme deadlines.
- The counsellor’s field notes (that have already been taken in sessions), and audio taped counselling conversations that have been recorded for the purpose of the counsellor’s supervision and for checking of her own reviews, will be used for the research thesis.
- The audio tapes will be deleted once the transcription is done, and the field notes and full transcriptions will be viewed only by the counsellor, her supervisors and two therapists for checking my interpretations.
- A pseudonym will be used so I will not be identified, and my confidentiality will be maintained at all times.
- I will be able to view the finished research document, and upon my request, any parts of it relating to me will deleted or revised.
- I will provide a brief written statement about my experiences of depression, the effects of the therapy, and my impressions about links between my experiences of depression and Korean cultural norms.

I agree to participate in this project under the conditions set out above.

Participant Signature: ________________________________  Date: __________________

Project Researcher: ________________________________  Date: __________________

UREC REGISTRATION NUMBER: 2013-1072

This study has been approved by the UNITEC Research Ethics Committee from 25.9.13 to 25.9.14. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretary (ph: 09 815-4321 ext 6162). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Appendix E

Peer debriefing consultations (Feedback from a narrative therapist, Aileen Cheshire)

Participant1 (Sarah)

1. There is a careful pace of moving with the client that is established by checking your understanding through small summaries and often a question then moving out to give a wider perspective by asking a question.

2. What is very notable is your use of the client's words in checking out your understanding - you are positioning yourself as the non-expert in her life and enabling her to make meaning through the questions you ask.

3. Consider how you hold your own experience and how you might use that experience as part of what informs your practice thinking and questions and yet not impose your experience.

4. One way of thinking about this is how you go to the edge of her world (connection) and yet remain detached enough to be useful as a counsellor.

5. I think one of the distinguishing factors of narrative therapy is working with an awareness of discourse and power relations. What your questions do is enable the client to examine the gender and cultural discourses that have shaped and are shaping her experiences in her family and then she is able to evaluate how she wants to be in relation to those discourses. This is agency in the making.

6. So what you are doing is working with identity in the social constructionist understanding of identity being always in construction. Hence in these counselling conversations you are storying preferred identity with your client.

7. One of the aspects in this work that stands out is the way you avoid the 'demonisation' of the father. It could be very easy to set up a binary here of 'bad father' but your client is able to renegotiate this relationship through an understanding of how culture/gender ideas have also shaped her father. I think the key here is how you are working with the relationships and the discourses that shape those relationships rather than singular identities. Again what that does is offer your client a place to reflect on relationship and evaluate her preferences. (Michael White's maps at work here).
**Participant 2 (Jaehee)**

1. An important theme in this work is re-authoring the story of keeping alive the client's resistance and ideas of valuing herself as a woman that were counter to dominant discourse. This resistance was hidden from others for her own safety. In her current situation what is important is the fit of her hopes/wishes for the changed mother/daughter relationship. She has perhaps made meaning of her experiences by seeing the impact of her changes for her daughter and future generations.

2. I think you could well draw more on positioning theory (Winslade reference given) to theorise the changes made. What you are also doing is positioning the client in a position of agency in the counselling conversation itself.

3. Noticing moving between the landscape of action and the landscape of meaning in re-authoring experience and storying preferred identity.

4. More could be made of how you are working to create an audience for these developments - or as White puts it, developing a 'club of life'. You do this by highlighting what her children are noticing and appreciating in their mother.

**Participant 3 (Yoojin)**

1. The overall structure of the piece keeps the central question in focus and is tied together carefully so your 'case' for narrative therapy develops step by step.

2. A stand out from the transcripts is how you 'scaffold' the conversation. A sequence that enables this to happen is movement from a summary to checking in to a question that opens space for the client's reflection and discovery. Worth referencing scaffold to Michael White.

3. The non-expert position you take up is seen particularly in meaning-making questions where you invite the client to make her own meaning. I think this is especially significant when you are of the same culture as you still position yourself as non-expert in her life and there is the added element that your client speaks of, that you do have understanding of the Korean context. De-centered practice in action.

4. The way you engage with the client's relationship with God is also worth noting as your questions invite God as an ally. Note the Griffith and Griffith book as a theorising resource here.