Ecosystemic Resilience Relative to an Increasing Population of Unwed Mothers in Korea[†]

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Despite positive changes in the cultural notion of unwed mothers in Korea, they still experience numerous challenges in their child-rearing efforts. In this research, we explored unwed mothers' experiences and perceptions about their own resilience in wider contexts and the facilitative factors that may contribute to it through interviews and community genograms. Participants included 18 unwed mothers raising one or more children with the youngest child aged 0 - 6 years. Results revealed six themes in which these mothers drew on their resources to overcome challenges when navigating new social contexts as unwed mothers. Based on these findings, we proposed the Korean Unwed Mothers' Ecosystemic Resilience model to conceptualize resilience and its facilitative factors. Implications on social programs and policies, as well as implications for the training of and support for counselors and health professionals, are discussed.

Keywords: ecosystemic resilience, child-rearing, unwed mothers, qualitative research, community genograms

Family structure and functioning, family relations, and marriage patterns are changing at a rapid pace in South Korea (hereafter *Korea*). The number of single parents, single-person households, and childless couples has increased over time, accompanied by lower fertility rates, a decrease in family size and marriage rates, and an increase in divorce rates. Nevertheless, only the traditional nuclear family continues to be considered *normal* in Korea (Yi, 2012).

Under the influence of Confucian patriarchy (Shim, 2001), Korean unwed mothers are more likely to be marginalized and treated as social outcasts. The widespread social stigma and shame regarding unwed motherhood play a significant role in socially excluding unwed mothers (Han et al., 2021). The term *unwed mother*, a direct translation from the Korean word *mihonmo*, reflects social discrimination, literally meaning *not yet married mother*, and includes negative implications that woman is unable to marry, irresponsible, and unworthy of being a parent in Korea, where childbirth is strongly expected to occur within the institution of marriage (Noh et al., 2015). Accordingly, unwed mothers in Korea have been reported to face more social discrimination and prejudice than other single mothers, such as widows or divorcees (Kim, 2013). For this study, given that the preponderance of individuals who are members of this population prefer to be described as unwed mothers to challenge social stigma (Lee, 2016), we intentionally use the term *unwed mother* rather than *single mother* to demonstrate our regard for this population.

Many barriers have forced unwed mothers to relinquish their children: discrimination, prejudice, financial stress, social exclusion, and adoption practices. Unwed mothers have also reported on many other challenges—from accessing healthcare to relationships with neighbors, school systems, employers, and healthcare providers—that further marginalize them (e.g., Kim, 2013; Kwon, 2015). Even in the face of adversities, the percentage of unwed mothers who choose to raise their own children has increased dramatically, from 5.8% in 1984 to 31.7% in 2005, and 66.4% in 2009 (Lee, 2012). Nevertheless, since most of the adoptees (73.9% of domestic adoptees and 99.5% of international adoptees) in 2021 came from unwed mothers (Ministry of Health and Welfare [MOHW], 2022), it can be seen that unwed mothers are still under pressure to put their children up for adoption. Considering the hardships and a growing number of child-rearing unwed mothers in Korea, it is crucial to understand the ways in which the resilience of unwed mothers is built using resources within and across the families, neighbors, and communities. *Resilience* refers to "the capacity of a dynamic system to adapt successfully to challenges that threaten the function, survival, or development of the system" (Masten, 2021, p. 2). Evidence

shows that resilience accounts for better adaptation in contexts of adversity. Resilience science has particularly focused on understanding how systems adapt and providing applications to promote positive adaptation (Masten et al., 2021). Therefore, focusing on positive criteria of adjustment may offer concrete, promising directions to protect against the effects of adverse experiences and to promote health and development. However, few studies have given unwed mothers an opportunity to describe their experiences and adaptation processes that focus on their

resilience. Uncovering and tapping into existing and potential resources and competencies can be an initial step in identifying how successful adjustment can be facilitated across all domains of the ecosystem. Equally important, gaining increased awareness of resilience will help professionals design and implement services to improve adaptive capacities for both unwed mothers and their communities.

Theoretical Framework

An ecosystemic perspective (Rigazio-DiGilio

Figure 1.
An Ecosystemic Life Span Perspective
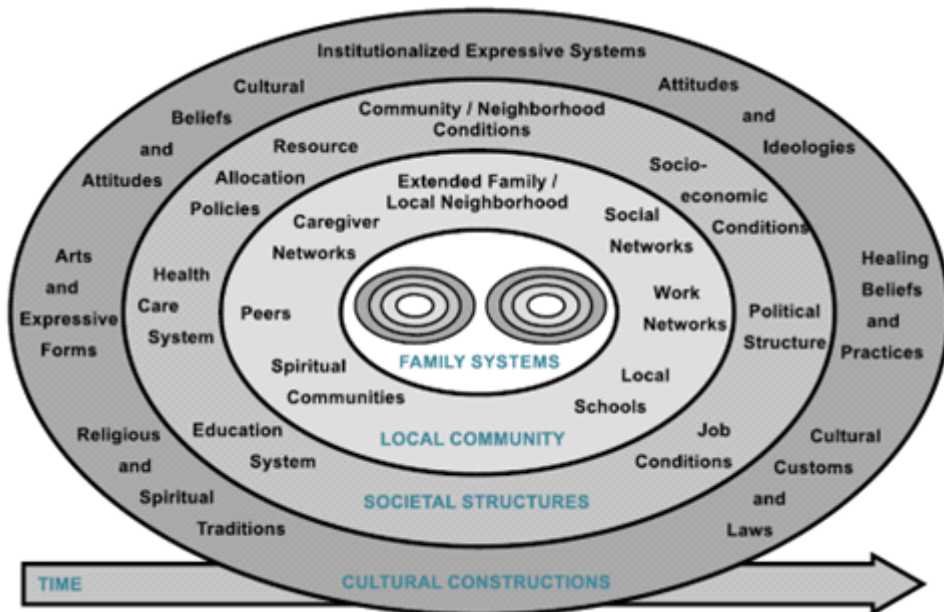
Note. From *Using Community Genograms to Position Culture and Context in Family Therapy* (2[nd]ed.,p.30), by S. A. Rigazio-DiGilio and H. Kang, 2021, John Wiley & Sons. Copyright 2021 by John Wiley & Sons.

et al., 2005; Rigazio-DiGilio & Kang, 2021) served as a framework to explore the multiple levels of resilience (see Figure 1). This framework can be used as one way to elucidate individual, familial, communal, societal, and cultural factors, as well as the transactions within and between these multiple factors that contribute to ways resilience develops and is sustained for unwed mothers both over time and across contexts.

Based on the ecosystemic perspective, individuals develop within four domains: family systems, local communities, societal structures, and cultural constructions. The family system is the primary domain that shapes individuals' sense-of-self, self-in-relation, and self-in-context, and serves as the mediating context for human development. The second domain, the local community, represents the multiple life spaces in which family members reside and interact. The third domain comprises the societal structures, which refer to external forces, including political, educational, institutional, and economic systems. Prevailing social policies determine how resources are allocated and communities are treated, which then shapes individual and family experiences and constrains or enhances individual and family development and functioning. The fourth domain, cultural constructions, involves a set of dominant ideologies, shared beliefs, and cultural legacies held by a society. Beyond these domains, the ecosystemic perspective includes the element of time as well. Resilience is dynamic and changes over time, so a developmental perspective is also essential to understanding the evolving nature of resilience.

In sum, the ecosystemic perspective attends to the transactional processes between individuals and wider social contexts over time. Notably, the ecosystemic perspective provides a dynamic framework that can be used to investigate the direct, indirect, and mutual influences of multiple systems and players in unwed mothers' lives over time.

Study Objectives

This study aimed to explore unwed mothers' resilience within and across all four domains of the ecosystemic framework over time and the facilitative factors that may have been contributing to the formation and maintenance of that resilience. Our intention was to gain insight into these unwed mothers' strengths, adaptive processes, and approaches to overcoming challenges when navigating new social contexts.

The following research question guided this study: What are the lived experiences perceived by Korean unwed mothers that contributed to their developing and sustaining resilience over time and across contexts?

Method

The current study was part of a larger mixed-methods research project on ecosystemic resilience relative to increasing populations of unwed mothers in Korea (Kang, 2018). Qualitative interview data were collected to explore unwed mothers' experiences of and perspectives toward intrinsic and extrinsic factors that help promote healthy adaptation and well-being among unwed mothers. During the interviews, community genograms (Rigazio-DiGilio et al., 2005) were also created. These qualitative data were analyzed using thematic analysis (Braun & Clarke, 2006).

Participants and Recruitment

The inclusion criteria were as follows: (a) unwed mothers, (b) mothers' age of 18 years or older, and (c) raising one or more children with the youngest being aged 0‐6 years. For this study, mothers of children aged 0‐6 comprised the sample population, which allowed us to not only focus on a similar age group to reduce the number of contexts considered but also conduct a more in-depth investigation. By setting this limit, we could comprehensively address similar contexts, such as health care systems and early educational systems. All necessary Institutional Review Board approvals were obtained (Protocol #H17-131).

Participants were mainly recruited through an organization for unwed mothers (Korean Unwed Mothers and Families Association), an online forum for unwed mothers (http://cafe.naver.com/missmammamia), and referrals. Interview participants were informed that their participation was voluntary. Any possible benefits and risks of participating in the study were explained. Upon agreeing to participate, participants were given a packet that contained a recruitment letter, a consent form to sign, and instructions for creating a community genogram.

Semi-structured Interview

Semi-structured interviews were guided by an interview protocol derived from the relevant literature on various predictor variables that contribute differently to resilience. When engaging participants, we would use this interview protocol, in conjunction with microcounseling questioning strategies(Ivey & Ivey, 2007) such asactive listening, attending, and tracking probes to enable participants to safely share their experiences and perceptions about resilience(See Appendix A for the interview protocol and questioning strategies).

Community Genogram

The community genogram is a graphic assessment device used to "explore clients'

cultural legacies, important episodes in clients' contextual and developmental histories, and untapped resources for change" (Rigazio-DiGilio et al., 2005, p. 11). The community genogram is based on two concepts: genogram and community. The term *genogram* emphasizes family legacies and dynamics over time, while the term *community* positions these traditions within a wider dynamic system. By using the community genogram, we could examine and visualize family and social connections in a contextualized fashion over the life-span and within and across all domains of the ecosystemic framework undergirding this study (Rigazio-DiGilio et al., 2005). Appendix B provides a brief description of the community genogram and the components used in this study.

Data Analysis

The individual interviews and community genograms created during the interviews were analyzed using thematic analysis (Braun & Clarke, 2006) and an iterative approach (Miles et al., 2013; Tracy, 2013). For this study, the primary researcher collaboratively developed a codebook driven by the interview data, theory, and discussion with research assistants and the auditor. The primary researcher was a Korean counselor with a history of working with mothers and newborns in home visit programs in the United States and Korea. Her work focused on evidence-based, multicultural interventions aimed at bolstering resilience among Korea's underserved populations. A Korean graduate student and a Korean undergraduate student served as secondary coders, and each research team member coded all the interviews. The auditor was an American professor and conducted research on cultural and contextual factors in therapy and supervision using a range of qualitative methodologies, which laid the foundation for rich discussions regarding data analysis.

First, the primary researcher and the two research assistants first transcribed recordings. Second, all transcribed data were then read multiple times by all researchers to capture the basic essence of the interviewees' words. The primary researcher created a general guideline for the primary-cycle coding and trained these two research assistants. Then, this team of three researchers independently coded the same transcripts. Using the constant comparative method (Charmaz, 2014), the team met weekly and talked through discrepancies until everyone agreed on the meaning and expression of the codes. Based on that, the team modified code definitions or code names. This process was repeated using six random transcripts. Third, the primary researcher developed a preliminary codebook by integrating main ideas and consensus into it. Using Dedoose Version 8.0.39

(2018), the team tested the codebook on more data by coding 2-3 of the same transcripts each week to make relevant revisions in the codebook. The codes changed over time, and the team connected data with the new codes. This consensus coding practice was intended to promote rigor and was repeated until all discrepancies were resolved. Fourth, the primary researcher grouped codes to construct major categories and created analytic codes by drawing from disciplinary concepts. Fifth, the team wrote analytic memos for each transcript and documented noticeable patterns. Along with the analytic memos, the primary researcher created a loose analysis outline and engaged with the two research assistants in open discussions to examine emergent claims and relevant codes. This loose analysis outline was then used to guide the analytic focus and the writing process (Tracy, 2013). To establish reliability, any discrepancies between our codes were discussed until at least a 90% agreement was reached, at which point the codebook was revised accordingly. The auditor reviewed and assessed each step of the research process.

Results

Six resilience themes emerged from the interviews and community genograms. Following a description of the population demographics, each of these themes is described in detail, including quotes and community genogram drawings to illustrate the findings. As suggested by Hill et al. (2005), frequency labels are used to characterize the number of subjects whose responses led to the construction of each theme: (a) *general* includes all or all but one of the participants (17 - 18 subjects), (b) *typical* applies to more than half of the participants and up to the cut-off for general (10 - 16 subjects), (c) *variant* covers at least four participants up to the cut-off for typical (4 - 9 subjects), and (d) *rare* means 2 - 3 subjects.

Demographic Information

Participants included 18 unwed mothers ranging in age from 22 to 45 years old, raising one or more children with the youngest being aged 0 - 6 years old, and living in Seoul (50%) or Gyeonggi province (50%). The age of mother at the birth of the first child spanned from 19 years old to 43 years old, with the average age of 28 years old. Regarding education level, 33.3% of mothers completed high school, followed by some college (22.2%), a bachelor's degree (16.7%), and an associate degree (21.0%) (See Appendix C).

Theme One: Context of Challenges

Generally, mothers described a variety of

challenges in their efforts to raise children. Exposure to prejudice and discrimination, lack of financial stability, precarious housing situations, and relationship distress emerged as the most common forms of adversity reported. In addition, mothers' experiences of challenges varied across the motherhood trajectory, as described in the following subsections.

Prenatal and Perinatal Periods: Fear of Criticism and Rejection

The mothers were asked what happened to them upon making the choice to give birth and how others responded to that decision. Typically, mothers described initial fearful expectations of being criticized for choosing to become unwed mothers, so they often kept their pregnancies secret. For example, one mother shared: "I had a prejudice toward unwed mothers. … I thought that they were 'floozies' who led a promiscuous life. ⋯ I did not want anyone to know I was an unwed mom. That's why I didn't go to hospital." (P15).

The mothers stated, with variant representativeness, that they faced rejection from family members because of the choice to be an unwed mother, which in turn temporarily or permanently resulted in a "cut-off" of family relationships: "I was kicked out of the family home and went to give birth by myself. ⋯ I felt like I was dying. I even thought it would be better to disappear [die] with my baby."

(P3).

Another variant finding was that some mothers were told to abort or give up their babies for adoption by not only members of the mothers' families-of-origin and the babies' biological fathers, but also the mothers' obstetricians: "When I first went see an obstetrician ⋯ the first thing I heard was to seriously consider an abortion." (P10).

0-3 Years of Age: Financial and Social Hardships

After giving birth to their babies, many mothers discussed new challenges that emerged. Specifically, mothers typically reported experiencing economic distress and housing instability. Being treated as inferior or being judged by others was another common experience typically reported, which collectively increased their subjective feelings of belittlement, disrespect, fear, and alienation. Below are the mothers' most noteworthy vivid reports:

- "The society was favorable to me, but after being identified as an unwed mom, I felt like I was being put on a stage for all to see . . . People saw us as pathetic . . . I felt strange, fearful, and scared." (P17)
- "A social worker at the community service center once very rudely scolded me saying, 'Why did you give birth without the baby's father? Are you after the government

money?'" (P1)

resource for mothers to survive and thrive.

3-6 Years of Age: Pervasive Social Stigma

During this period, childcare settings could be excellent sites for providing regular caregiving support for unwed mothers. Unfortunately, in childcare facilities, a variant number of mothers encountered negative comments on a single-parent household. One mother shared that a child teased her daughter about not having a father. The daycare director minimized this harmful behavior, making statements such as "That's just what your child has to go through in life." (P1).

Theme Two: Individual Resources

Information

In general, knowing how to find and use information emerged as a foundational asset. The consensus among participants was the disparity of information access: "Every unwed mom should know about policies and benefits related to them and their children. The big problem is the complete separation between those who know what is available and those who don't." (P16). Mothers generally reported that, upon learning about welfare information or being connected to key informants (e.g., other mothers, social workers), their access to a variety of resources increased dramatically. Namely, connection to information was a main

Grit and Commitment

Mothers generally reported that they actively pursued goals with determination. For example, mothers reported that they had educational and career goals, as well as parental aspirations, and that they utilized opportunities for growth, education, or employment. Despite all reported challenges perceived and experienced, these mothers shared how they actively took parenting classes and/or obtained training to earn licenses for employment: "In the name of 'MOM,' there is nothing I can't do." (P2).

Hope, Self-Efficacy, and Agency

Typically, having a sense of hopefulness and competence was cited as a primary coping mechanism. Mothers believed in themselves and used positive self-talk during stressful times, such as, "That's OK, that's good enough." Mothers also reported that they were aware of their strengths, talents, and accomplishments and that they applied these abilities when confronting prejudice against unwed mothers.

A sense that mothers could impact their own environment was typically reported as key elements that contributed to unwed mothers' sense of resilience. Mothers discussed how they have gradually developed a sense of agency by engaging in social activism or proactively sustaining some linkages with family members

and/or significant others outside their family system: "I decided to become an activist who actually made something happen. I needed to be more proactive in urging people to help me while also showing that I'm doing my part." (P5).

Self-Reflection

The mothers stated with typical representativeness that they took time to think about their thoughts, feelings, and actions. These mothers paid attention to all resources and supports that they experienced and tried to be compassionate to themselves and others. For example, one participant elaborated on how her high expectations of others affected significant relationships:

I realized that I was demanding too much of my child because I set a higher standard for her. Before realizing this, I frequently lost my temper in front of people. Finally, I got to know that my higher standards triggered trouble with others. I demanded too much. So, I became more generous by setting more realistic standards and putting some limits on my demands. (P18)

Meaning-Making

Meaning-making emerged as an essential contributor to unwed mothers' resilience, and raising children was described as the turning point of the mothers' lives; this theme showed typical representativeness. Mothers struggled to understand what has been changed and how to build new lives as unwed mothers. They attempted to make sense of the situation and integrated it into their life passage. Children contributed to creating a sense of meaning and purpose in these mothers' lives. Mothers saw their situations as an opportunity for self-improvements and/or reconnection. One mother expressed her gratitude for her daughter: "Now people call me 'teacher'—something that I never expected. I really thank my daughter. She made me try new things and change everything." (P1).

Externalizing Problems

A variant finding included externalizing problems (White, 2007). The concept of externalizing problems is clearly expressed in the phrase, "The person is not the problem, the problem is the problem." (Carey & Russell, 2002, p. 76). Some mothers described the challenges they have faced as something separate from themselves—oppressing them but not belonging to them. Rather than internalizing destructive social messages, these mothers externalized their challenges. In other words, the mothers interpreted the cultural stigma they experienced as a separate entity. Their capacities to transform their culturally labeled position of an *abnormal family* to a *different family* emerged as a key process in fostering

the mothers' sense of resilience:

Sometimes people say, "Why didn't you have an abortion?" or "Poor baby…" But I give them my answer without any hesitation, "It's just a different type of family." I try to be more confident for my baby. I don't want him to feel as if what they say is true or has anything to do with who he actually is. (P2)

Theme Three: Family Systems

Child's Contribution to the Formation of Maternal Identity

Becoming a mother redirected the participants' lives. All mothers reported their lives being transformed from an initial sense of loss to the new development of a mother identity. When asked about their personal identity, participants typically first mentioned "mother." This relational identity prevailed among many participants and was typically accompanied by a willingness to devote themselves to childrearing. For these mothers, children were the fundamental motivation for adapting to altered conditions and an essential source of great well-being and personal happiness (See Appendix D).

Supportive Relationships with Mother's Family-of-Origin

More than half of the participants discussed the importance of support from their families-of-origin. Two factors that were typically reported by this subgroup of participants were emotional and instrumental support. These factors are most closely associated with statements reportedly made by their families-of-origin: "Don't worry. We've got your back." Notably, these mothers indicated that when members of their families-of-origin had validated their pregnancies and parenting, relational repairs were sought. Also noteworthy among this subgroup were variant reports regarding flexible boundary-making with their families-of-origin that facilitated mutual support among family members.

With variant representativeness, mothers not represented in this subgroup reported not having any financial or psychological resources. Instead, these other mothers reported that their parents or siblings not only felt ashamed of the mothers' decision to raise their children but also refused to acknowledge either the mothers or their children as family members. This shame and lack of acknowledgment served, in part, as an impetus for unwed mothers and their families-of-origin to cut all ties with one another, which tended to be a contributory factor in the dearth of instrumental and emotional support from family members.

Greater Paternal Involvement Needed

It was typical for mothers to have no access to their children's fathers or paternal families,

all of whom did not serve as potential support. The meaning typically constructed by mothers was that children's fathers "do not take responsibility at all." Only two mothers reported having maintained contact with their children's fathers. The rareness of such reports reflects the lack of financial and emotional support provided by biological fathers in Korea, a fact often cited in the literature (e.g., Lee et al., 2018). Another variant finding was that mothers believed their children's fathers should exercise more responsibility for the children and that government intervention should be reinforced on this matter.

Theme Four: Local Community

Community connections and resources through institutions or people outside the family were typically reported as essential, especially when mothers did not have supportive family networks. At the same time, the lack of availability of such local community support was illustrated.

Offline and Online Social Networks

Both offline and online communities were reported and displayed as networks that helped mothers feel connected, supported, and included. Typically, mothers were engaged in offline social groups (e.g., play date groups, self-help groups). On various occasions, mothers reported having shared information on the Internet and receiving support through online communities. Notably, mutual support among single mothers —including divorced mothers and unwed mothers —stood out as valuable resource. Participants typically reported that they felt "safe and accepted" by other single mothers. Often, the joining of a self-help group was a vehicle for building solidarity among mothers (e.g., "like sisters"), which, in turn, contributed to normalizing their experiences: "Other single mothers understand me. They are my child's aunts. We support one another." (P15). In essence, such offline and online social networks contributed to helping mothers advocate for themselves and others, share in essential daily living tasks, and serve as role models for one another.

Other Supportive Networks

On variant occasions, participants discussed the ways in which friends, spiritual communities, work networks, local neighborhoods, and/or teachers of children contributed to maintaining the quality of life for the mothers and their children. Significant members of such supportive networks contributed to mothers' sense of "being welcomed and not being judged" and helped enable them to further engage with allied people and communities. For example, mothers indicated that living in open-minded neighborhoods helped them feel

comfortable, normal, and capable of making selective disclosures of their unwed-mother identity.

Theme Five: Societal Structure and Policies

When asked to describe who and what systems were most helpful, all mothers reported that they benefited from both civic organizations and government. Participants generally stated that various policies and procedures mitigated financial and psychological burdens, especially when mothers lacked support from family members.

Government Policies and Procedures

Most participants shared that government and public welfare services for unwed mothers (e.g., counseling services, financial support, centers for unwed mothers, childcare services, provision of welfare facilities) helped reduce financial and psychological pressures for themselves. It was typically shared that, once being connected to various welfare systems, alternatives emerged that, in part, contributed to mothers' sense of hope for the future of living as an unwed mother.

Civic Organization Policies and Procedures

In general, mothers discussed the ways in which civic or grass-roots organizations for unwed mothers provided comprehensive support, ranging from family events to advocacy groups. Notably, all participants stated that support from civic organizations was multifaceted, providing camaraderie and promoting self-empowerment across the lifespan. The meaning generally constructed by mothers was that these grass-roots organizations validated the experiences of motherhood and made a critical difference in the mothers' lives. One mother's narrative and community genogram drawing characterized civic organizations as a tree root (See Appendix D): "I drew myself as a tree. A tree needs its root to grow up. My root is the civic organization." (P13). Participant narratives explained how civic organizations provided nurturing beyond meeting just basic needs: "Civic organizations provide not only the necessities of life but also the emotional and psychological support that enables us to achieve a better quality of life." (P8). Civic organizations for unwed mothers have been a pioneering force in identifying mothers' needs and carrying out various projects to advocate for the rights of unwed mothers and their children, practices that have been identified as essential components of culturally competent social, health, and mental health service delivery systems.

Theme Six: Cultural Constructions

Cultural Competence: Honoring Diversity for Respectful Inclusion

Notably, 16 of the 18 mothers interviewed reported feeling more resourceful and secure when interacting with health and human services (HHS) professionals the mothers perceived to be culturally competent and as being genuinely dedicated to helping unwed mothers. It was typically reported that a mother's sense of security increased when she felt hospitality and support, as exemplified by staff attitudes toward the mothers, staff recognition and respectful understanding about the mothers' unique circumstances and needs, and staff expertise to address those unique circumstances and needs—all components of culturally competent practices. Namely, when mothers consistently felt validated and supported by HHS professionals, especially by counselors or obstetricians, it contributed to not only an increase in access to needed care, but also an increase in the mothers' own resource-seeking behavior. As such, culturally competent professionals were reported to supply both instrumental and emotional support, functioning like a "family-like" community.

Changing Beliefs and Attitudes

Beliefs about unwed mothers are changing. A variant number of participants experienced greater acceptance of unwed mothers and diverse families in various venues of public opinion. One mother's narrative and community genogram drawing identified positive social beliefs about unwed mothers as essential components of well-being (see Appendix D). She spoke of amplifying those positive comments and recognizing her allies who advocate for unwed mothers (P8). Variant participants reported having internalized this new cultural image of "responsible, brave mothers," which has enabled them to contextualize the adversity. The mothers decided to be more visible, hoping that, by doing so, their single action might contribute to reducing the cultural stigma and facilitate necessary change.

Positive Messages in the Media

A variant finding was that the media was cited as the primary mechanism to challenge and change images about unwed mothers and their children. Mothers emphasized the need for the increased use of media to "educate the public about the reality of diverse families." Further, mothers described their efforts to "find positive media representations to foster self-esteem and hope." These mothers took initiatives such as seeking out supportive messages and role models, which then became a source of pride and relief.

Discussion

The present study provided the first known research findings on Korean unwed mothers' resilience in wider contexts. Central to the findings was how unwed mothers navigate and negotiate access to internal and external resources that support their well-being. Based on the results, we propose the Korean Unwed Mothers' Ecosystemic Resilience (KUMER) model (see Figure 2). This proposed model provides opportunities for comprehensively investigating the direct, indirect, and mutual influences of multiple systems and players in unwed mothers' lives. Consistent with an ecosystemic perspective, the KUMER model consists of five domains with an arrow timeline to represent potential challenging experiences across the lifespan.

At the individual level, connection to information and resources, commitment, hope, self-efficacy, agency, self-reflection, meaning-making, and externalization contributed to building resilience. This finding is consistent

Figure 2.

Korean Unwed Mothers' Ecosystemic Resilience (KUMER) Model
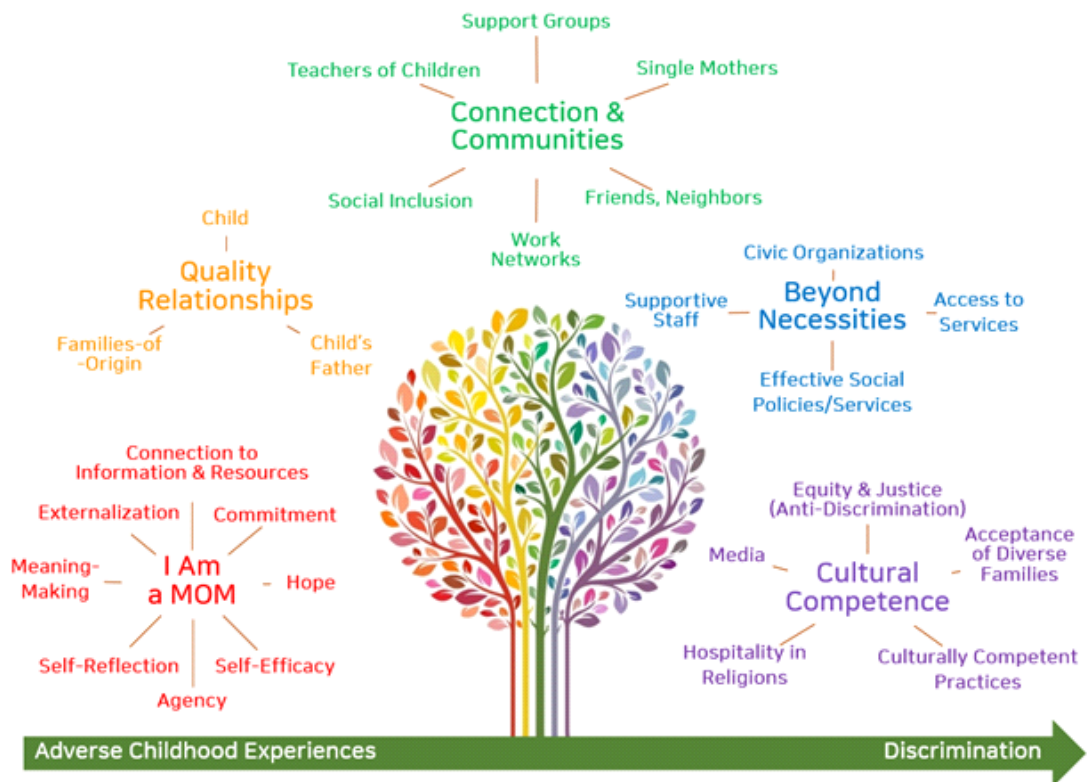
with the resilience literature that identified the common list of individual ruggedness, such as help-seeking, motivation/perseverance, optimism/hope, self-efficacy, critical thinking, and meaning-making (Ungar & Jefferies, 2021). The results regarding help-seeking (e.g., information-seeking behavior) and externalization deserve special attention. Mothers who felt ashamed often delayed or did not seek needed care (e.g., antenatal care) due to concerns about prejudice. Instead, the mothers kept their pregnancy "secret" and isolated themselves from others. In comparison, mothers who proactively externalized destructive prejudices engaged in help-seeking. These mothers were willing to navigate welfare systems, community resources, and social policies, which, in turn, contributed to the mothers' well-being. The current study provides evidence that, while internalized social stigma was a contributory factor in preventing unwed mothers from navigating available resources and receiving appropriate support, externalized social stigma was a contributory factor for seeking and utilizing such resources. Previous research has documented that internalized stigma can increase stress and negatively affect health (e.g., Banford Witting et al., 2020). Since internalized stigma can decrease help-seeking through the process of isolation, helping mothers counteract this influence may increase access to information and services available to them. Therefore, the potential internalized stigma related to unwed motherhood needs to be addressed. Given that the internalized stigma is reinforced by society, interventions that help mothers separate themselves from social stigma and better understand the impact of discrimination based on marital status are warranted. Also key is contextualizing stigma by targeting not only mothers' internal capacities to deal with social stigma, but also their access to external resources. The R2 Resilience program (Ungar & Jefferies, 2021) provides a promising direction for designing contextualized resilience interventions. This program extends the strategy of resilience building by focusing on both individual and environmental changes.

At the family system level, family relationships were reported as resources that strengthened unwed mothers' resilience. Children had the most important influence on motivation, providing a source of hope and meaning in life. Raising children made mothers "stronger" and fortified their motivation to improve their own lives. Unwed mothers' connection to members of their families-of-origin were another important resource that can contribute to promoting resilience. It has been clearly documented that support from family members contributed to single mothers' well-being and promoted positive parenting behavior of single mothers (e.g., Taylor & Conger, 2017).

However, in the Korean cultural context, such supportive family arrangements are very limited and only available to unwed mothers whose families-of-origin validated their pregnancies and parenting. In this study, only a small number of mothers had supportive family networks, while others were isolated or had cut all ties with family members. Thus, assessing family relationships and acknowledging the potential difficulties of the process may be the first step toward effectively managing family issues. Furthermore, interventions that help unwed mothers negotiate multiple challenges in family relationships are crucial to facilitating resilience.

At the local community level, community connections and resources through institutions or people outside the family emerged as valuable resources, especially when mothers lacked access to support from family members. In this study, social networks, particularly communities for unwed mothers, enabled mothers to withstand severe societal stigma and other ordeals. Literature reiterates that social support reduces psychological stress through the mechanism of buffering the negative impact of stressful events (Cohen, 2004). Being connected to supportive social networks was an overarching and foundational component that provides access to resources, services, education, training, and advocacy. Furthermore, joining or forming support groups emerged as personally

transformative experiences and as a means of building connections that empowered mothers to engage in advocacy. As such, identifying advocacy resources and connecting mothers with advocacy groups within the community need to be at the forefront of counseling process.

At the societal structure level, societal structures, policies, and practices that improve access to basic needs emerged as foundational resources when overcoming challenges. Most mothers reported having benefited from both civic and government policies and procedures. The mothers reported that changes in government welfare policies enabled them to make informed choices—now more mothers choose to raise their children, instead of placing them up for adoption. Civic organizations were another essential venue that mitigated mothers' financial and psychological burdens. Particularly, many mothers reported that grass-roots organizations responded with sensitivity to their individual needs, providing not only the necessities of life but also the emotional support that enabled the mothers to achieve a better quality of life.

At the cultural level, unwed mothers valued nonjudgmental, respectful, knowledgeable, and caring practices. These culturally competent practices were essential for getting mothers to both enter and return for services and care. This finding aligns with how culturally

competent practices can effectively address the needs of individuals and families with diverse backgrounds (Sue et al., 2019). Concomitantly, culturally competent HHS professionals – including public officers, doctors, nurses, therapists, teachers, and volunteers – are expected to possess expertise and skills related to the welfare of society. Relevant competencies include the ability to (a) acknowledge, accept, and demonstrate respect for the ways in which all relevant factors interact to influence the attitudes, standards of wellness and distress, coping strategies, expressions of needs, and help-seeking practices of the populations they serve, and (b) provide culturally sensitive and appropriate prevention, outreach, assessment, and intervention services (within their scope of practice) that effectively meet the specific needs of those with whom they work (Rigazio-DiGilio & Kang, 2021; Sue et al., 2019). In this study, HHS professionals, with high levels of personal contact and accessibility, were identified as an important source of initial referrals and motivators for the continuation of relevant services, especially for unwed mothers without family support. For example, public officers at local community centers were front-line staff who supported unwed mothers at critical moments. Equally important, how services are delivered by HHS professionals and experienced by unwed mothers can affect unwed mothers' future help-seeking behavior and potential for

social isolation. Substantial literature documents the negative effects of stereotypes on health and mental health outcomes, and the disparities of those outcomes. For example, Dovidio et al. (2008) noted that implicit or unconscious prejudice endorsed by health professionals is linked to actual poor medical treatment. Taken together, the most beneficial support for unwed mothers can be provided when HHS professionals utilize culturally competent practices in which mothers' rights, choices, circumstances, and needs are respected. The Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2015) and the American Psychological Association's multicultural guidelines (2017) provide specific guidance on how counselors and psychologists can establish safe and affirming practices with culturally diverse and marginalized clients.

Implications for Counseling

Our results present implications for counselors who work with unwed mothers. First, the results suggest that marital status can play a major role in mothers' childrearing decisions and efforts. In particular, for some mothers from cultural backgrounds where Confucian patriarchy or normal family ideology dominates, the various forms of oppression can exist owing to marital status. Marital status, however, has been less utilized in counselor

education or counseling process compared to other cultural classifications such as race, ethnicity, social class, gender, and sexual orientation. Therefore, counselors may invite mothers to discuss the intersection of marital status and gender with other cultural identities, while contextualizing challenges and connecting mothers' cultural identities.

Also important is that community genograms allow for a deep understanding of the complexity of intersectional experiences and cultural contexts, which can create pathways for counselors to normalize struggles and to connect with clients. Interestingly, mothers reported that they became more aware of these new paths and learned how social context relates to their challenges and development while co-constructing community genograms with the interviewer. Using a graphic representation of mothers' experiences can be one way to implement a multicultural contextual approach in counseling and research in that this process helped mothers see themselves in wider contexts.

Before concluding this study, we must first note its limitations. First, the narrow inclusion criteria based on the ages of children could have hindered revelations of more compre-hensive and valuable information. Therefore, including unwed mothers across different parenting trajectories (e.g., unwed mothers of adolescents) can be a focus of future studies.

Additionally, the results of the present study are limited to unwed mothers' perspectives. Adding multilayered perspectives may provide additional insight into the ecosystemic resilience of unwed mothers. For example, further studies are needed to understand to what extent nonresidential fathers' engagement affects resilience of the whole family system, including outcomes for children. Processes that facilitate or hinder fathers' willingness to engage in childcare need to be explored as well.

In this study, we identified individual qualities of unwed mothers and external resources that support resilience. We hope the findings of this study will help advance the current understanding of how public policy and professional practice might better promote unwed mothers' resilience through a multisystemic approach. Despite the long-held cultural stigma, unwed mothers are emerging from the shadows and are now more visible in society. Notably, the overall increase in the representation of unwed mothers in society was partially enabled with affirmative support from unwed mothers themselves and their allies. These warrior mothers paved the way for the next generations, resulting in a paradigm shift in social policies for unwed mothers. Ultimately, the proposed multidimensional resilience model (KUMER) demonstrates how tapping into individual, family, and community

resources plays an essential role in how mothers can cope with inevitable challenges.

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미혼모의 생태 체계적 회복탄력성[†]

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미혼모에 대한 사회문화적 인식이 긍정적으로 변하고 있지만, 한국 사회에서 미혼모들은 여전히 자녀 출산과 양육 과정에서 많은 어려움을 겪고 있다. 본 연구는 인터뷰와 공동체 가계도를 통해 미혼모의 회복탄력성을 촉진하는 요소를 다양한 수준과 맥락에서 질적 분석하였다. 연구 참가자는 만0-6세의 자녀를 양육하는 18명의 미혼모였다. 분석 결과 6개 주제를 발견하였으며, 각 주제는 미혼모로서 마주한 새로운 사회적 맥락과 역경, 이를 극복하는 데 도움이 되는 자원으로 구성되었다. 이를 바탕으로 회복탄력성과 촉진 요인을 개념화하기 위해 한국 미혼모의 생태 체계적 회복탄력성 모형(the Korean Unwed Mothers' Ecosystemic Resilience model)을 제안하였다. 나아가 미혼모의 회복탄력성 촉진에 기여하는 사회 프로그램 및 정책에 대한 시사점과 상담자 및 건강 분야의 전문가를 위한 교육 및 지원 방법에 대해 제안하였다.

주요어: 생태 체계적 회복탄력성, 자녀 양육, 미혼모, 질적 연구, 공동체 가계도

Appendix A

Interview Protocol and Questioning Strategies Used to Guide Semi-Structured Interviews

Opening Questions

How did you decide to participate in this interview?
Is there anything that you would like to know about me, the interviewer, before we begin?

Theme 1: Choice, Expectation, and Experiences during Pregnancy

What was life like for you and your family before you had your first baby?
How did you learn you were pregnant?
What were your first thoughts/feelings?
What did you consider your options to be once you learned you were pregnant?
    If participants say that they knew they would have the child and be a mother:
- Can you tell me a bit about this? How did you know without question?
- How did you make sense of what it would be like, how your life would change, and what you would need to do?

    If participants say that they were confused and anxious and did not know what to do at first:
- What did you see as your options?
- Who did you talk to for help or advice? What help or advice did you get?
- How did you reach your final choice?
- How did you make sense of what it would be like, how your life would change, and what you would need to do?

What happened to you once you made the choice to give birth and raise your child?
How did others respond to you once you made this choice?

Theme 2: Child-rearing Experiences as Unwed Mothers

In general, what has your experience as a mother been? (infancy, toddlerhood, and early childhood)
- Where and with whom you have lived from the time your child was born?
- How has being a mother changed you and your life/How do you think being a mother changed the way that you feel or think about yourself and your life?
- What have you found out? Did it work as you wanted?
- What were/are your interactions with other people? (family members, child's father, relatives, friends, teachers, day-care providers, supervisors, healthcare professionals, neighbors)

What does being an "unwed mother" mean to you?
What is it like to be an unwed mother in your community and Korea?
- How does your community or Korean culture affect your parenting/parenting practices?

Theme 3: Strengths and Protective Factors

Who and what systems were/are most helpful? What or who helped/is helping you get through?
How have others helped you get through this? What or who helps you the most now? Who else made it through?

- What (kind of) words of encouragement/wisdom would they say to you [about going forward/ during difficult times]?

How are you getting through this? How did you help yourself?

What kinds of things do you do to cope?

What are some of the best ways that you have found to be helpful when overcoming challenges?

How do you get what you need for you and your child?

Can you tell me about the things you do as a parent that you feel good about/What do you like most about being a parent/an unwed mother?

Theme 4: Adversity and Hope for Change

What do you like least about being an unwed mother in Korea?

What struggles have you endured?

- Who and what systems were/are least helpful (vs. most harmful)?
- What is/was your financial situation like?
- What was one particularly telling example or situation when you encountered oppression or discrimination in your life?

What do you hope to change?

What type of advice would you give a parent who decides to raise her own child?

How can you take some action for unwed mothers?

- Are you a member of any unwed mother-related/social activist groups?

Closing Questions

Is there a question that you wish I had asked (or you think I should ask) that would help me learn something really important about you and your experiences in being a mom?
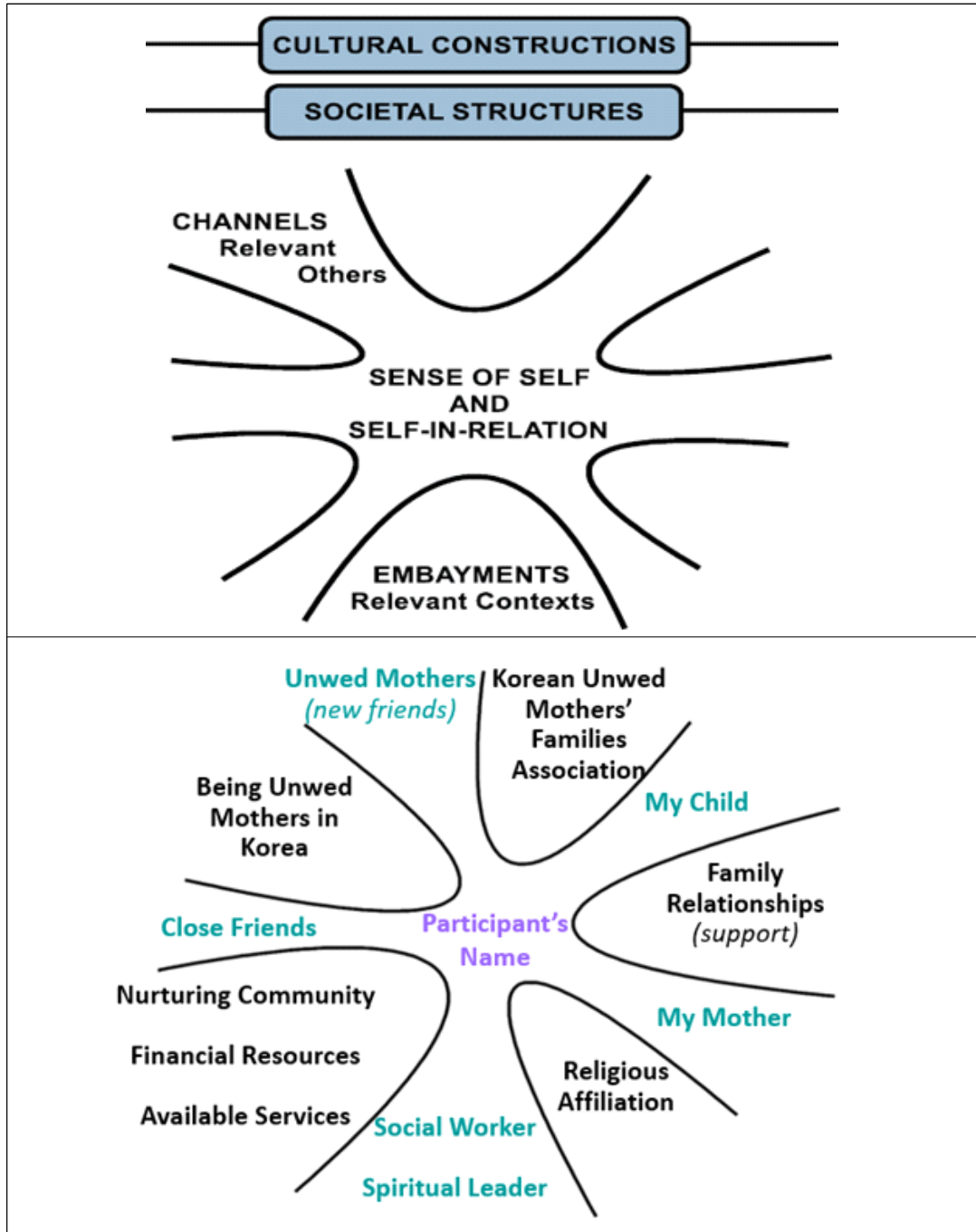
- What thoughts or comments do you have? Anything else you would like to share?
- How has this interview affected you?

Demographic Questions

1. What is your current age?
2. What was your age when you gave birth to your child?
3. What is your ethnic/cultural background?
   (1) Korean
   (2) Other (specify):
4. Other salient cultural identifications or affiliations?
5. What is your highest level of education/what degrees have you earned?
   (1) Some middle school or less
   (2) Middle school diploma
   (3) Some high school or less
   (4) High school diploma or GED
   (5) Some college
   (6) College degree
   (7) Some graduate school
   (8) Graduate study
6. Where do you live?
7. What is your estimated monthly income?

Appendix B

Constructing Community Genograms

Phase	Instruction and Key Prompts
Phase 1: Introducing the Community Genogram	Select a time in your life when you felt resourceful, strengthened, and supported. Draw a visual representation of your community. Place yourself, your own family, the most important influential groups, representing these by visual symbols.
Phase 2: Identifying Individual, Family, Community, and Cultural Strengths	Could you tell me positive stories and images from your community genogram?
Phase 3: Connecting Culture to Self	How have others and your community/society participated/engaged with you in these efforts? How do these systems (e.g., family, community, culture) affect you? As you reflect on your community genogram as a whole, what have you learned about yourself, family, community, and culture? How have you been changed?

Note. Interviewees focus on theme 3 (strengths and protective factors) of the interview to construct the genogram. Top panel: Basic components of individual star diagram. Bottom panel: Illustrative individual star diagram. Adapted from *Community Genograms: Using Individual, Family, and Cultural Narratives with Clients* (p. 58), by S. A. Rigazio-DiGilio, A. E. Ivey, K. P. Kunkler-Peck, and L. T. Grady, 2005, Teachers College Press. Copyright 2005 by Teachers College, Columbia University.

Appendix C

*Demographic Characteristics of Participants (N = 18)*

Characteristic	*n*	%
Age at time of interview (years)		
20 - 24	3	16.7
25 - 29	2	11.1
30 - 34	5	27.8
35 - 39	4	22.2
40 - 44	3	16.7
45	1	5.6
Age at time of giving birth to first child (years)		
19	1	5.6
20 - 24	6	33.3
25 - 29	5	27.8
30 - 34	2	11.1
35 - 39	3	16.7
40 - 44	1	5.6
Number of children		
1	14	77.8
2	3	16.7
3	1	5.6
Age of youngest child (years)		
0	3	16.7
1	1	5.6
2	4	22.2
3	4	22.2
4	1	5.6
5	2	11.1
6	3	16.7
Highest education level completed		
Some high school	1	5.6
High school diploma or GED	6	33.3
Some college	4	22.2
2-year degree (associates)	2	11.1
4-year degree (BA, BS)	3	16.7
Some graduate school	1	5.6
Master's degree	1	5.6
Monthly income (10,000 Korean won[a])		
0 - 99	6	33.3
100 - 124	7	38.9
125 - 149	1	5.6
150 - 174	2	11.1
174 - 199	1	5.6
200+	1	5.6
Residential area		
Seoul	9	50.0
Gyeonggi province	9	50.0

Note. [a]₩1,000,000KRW=$895 USD

Appendix D

Figure D1

Illustrative Community Genogram Description: Civic Organization as a Tree Root
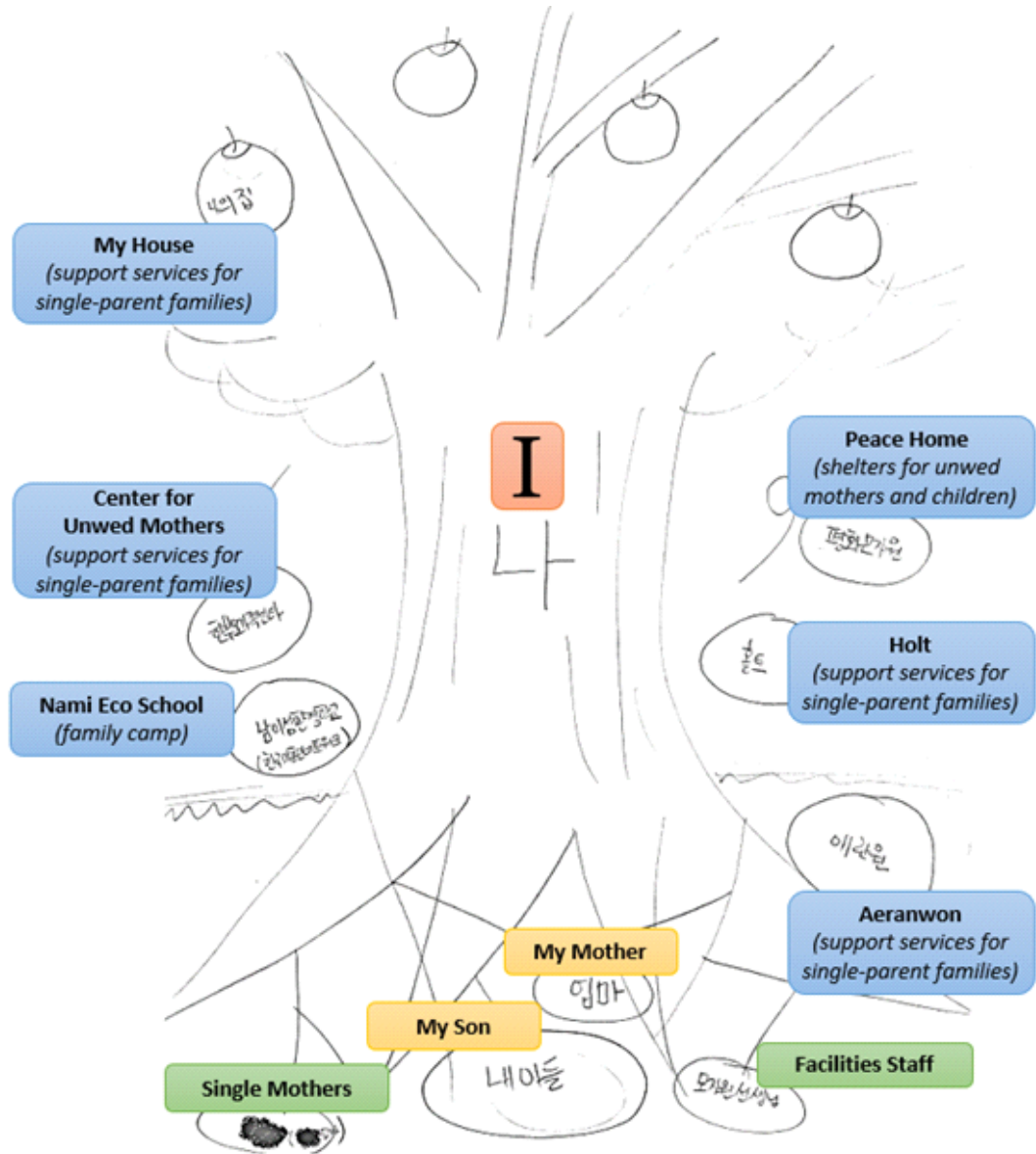
Note: Identifying information has been deleted due to confidentiality.

Figure D2

Illustrative Community Genogram Description: Greater Acceptance Towards Diverse Families

Note: Identifying information has been deleted due to confidentiality.