

Asian Americans and Rehabilitation Some Important Variables

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Rehabilitation counselors will come increasingly into contact with Asian Americans as part of their workload. This article describes and discusses the Asian Americans with the purpose of setting aside myths and stereotypes as well as providing some information helpful to understanding the Asian Americans within the rehabilitation process.

In his landmark work on rehabilitation, Wright (1980) pointed out the importance of cultural variables in the rehabilitation process. Especially underscored was the need for rehabilitation counselors to recognize the negative effects of stereotyping and culture bound attitudes (Wright, 1980).

Rehabilitation practitioners will increasingly encounter Asian Americans who are in need of rehabilitation services, as well as those who will, as fellow professionals, work side-by-side with them in providing rehabilitation services. It should be noted from the outset that there are counselors practicing in major metropolitan areas, such as Los Angeles, Seattle, Honolulu, and New York City who have already encountered and provided services to Asian Americans and who are quite familiar with the rehabilitative needs of this segment of the American population. This paper is intended more for those counselors who have yet to have extensive experience with serving the Asian American.

The reader might speculate why the need for this paper given the awareness of the multiethnic and multicultural nature of American society. However, there seems to be no lessening of racism, prejudice and discrimination despite the extended presence of Asian Americans in the United States since the 1800s. The stereotyping and expectations of Asian Americans by the larger majority in the United States is particularly significant because of the relatively small numerical size of the Asian American population in relationship to the majority population. The vast majority of the American population has had very little contact with Americans of Asian descent and many times what contact occurs is only through the popular media. Even now television, movies and advertising continue

to portray Asians with heavy accents and pigtails, or as Charlie Chan, mysterious and inscrutable, or as Suzie Wong, an exotic sex object. At the other extreme, Asian Americans have been pitted against other minority groups and held up by the majority to be the "model" minority able to succeed and to achieve.

The purpose of this article is to introduce the reader to the current status of the Asian American population. It is hoped that the result will be an understanding by rehabilitation practitioners of Asian Americans and a sensitivity in serving them. Just as increasing numbers have made Asian Americans more visible in the political arena (*Wall Street Journal*, 1988), Asian Americans are becoming more visible in rehabilitation programs. Some of the variables that have impact on perceptions of Asian Americans as well as those variables that have had influences on Asian Americans today are discussed.

Fast Growing Minority

Americans of Asian descent are the fastest growing minority group in the United States both from births by residents and through continued immigration. One and a half million or .8% of the population were of Asian or Pacific Island descent as identified by the 1970 census. By 1980, the census count was 3.7 million and 1.6% of the total population. During the past year, in California, Asians surpassed the number of blacks making up 9.3% of California's population (*Asian Week*, 1988). Another significant factor in the growth of the number of Asians is the admission of large numbers of refugees from Southeast Asia. One estimate has this number at about 4,000 per month (U.S. Commission on Civil Rights, 1986). The distribution of Asian Americans in the United States is uneven. The 1980 census shows that 60% reside in three states: California, Hawaii, and New York. The majority of the Asian American population is concentrated in the West where they make up 5% of the total population and in the Northeast where they constitute 1.2% of the total.

Diversity

It is significant that Asian Americans are not a homogeneous group even though it is often said that one cannot "tell them apart." This is even more evident when Pacific Island peoples are included. It has been suggested that the category Asian American and Pacific American includes at least 32 distinct ethnic or cultural groups. In alphabetical order they are: Bangladesh, Belauan (formerly Palauan), Bhutanese, Burmese, Chamorro (Guamanian), Chinese, Fijian, Hawaiian,

H'mong, Indian (Asian or East Indian), Indonesian, Japanese, Kampuchean (formerly Cambodian), Korean, Laotian, Malaysian, Marshallese (of the Marshall Islands, which include Majuro, Ebeye, and the U.S. Missile Range, Kwajalein), Micronesian (of Federated States of Micronesia, which include Kosrae, Ponape, Truk and Yap), Nepalese, Okinawan, Pakistani, Filipino, Saipan Carolinian (or Carolinian from the Commonwealth of the Northern Marianas), Samoan, Singaporean, Sri Lanka (formerly Ceylonese), Tahitian, Taiwanese, Tibetan, Tongan, Thai, and Vietnamese (Wong, 1982).

The ethnic and cultural differences are complex and great between these groups. Not only are there vast geographical distances between the many countries cited earlier, but language and an ancient cultural heritage rich in unique customs and traditions separate these various populations as well. It would be misleading to lump them together as one homogeneous group.

Historical Experience

Asians have been in the United States since the early 1800s. Some would argue that their presence would predate that to the much earlier time when a land bridge connected the two continents. Regardless, Asians have faced persistent racial discrimination since their arrival, with restrictions on their entrance not lifted until 1965. For example, the Chinese Exclusion Act was passed by Congress in 1872 and reinstated in subsequent years which prevented the immigration of the Chinese. And in 1924, wives of Chinese males already in the United States were specifically barred from entry.

Other discriminatory events included the humiliation and incarceration of the American citizens of Japanese descent during the Second World War. Then President Franklin Roosevelt signed an executive order authorizing the detention of Japanese Americans in relocation camps. No other minority group which manifested peaceful coexistence has experienced similar treatment in U.S. history.

Current Discrimination

The third and fourth generations of Asian Americans still carry the onerous hyphenated label of Asian-American. Present day immigrants from Europe or Great Britain are not categorized in the same manner. More recent immigration by the South Koreans to the United States has again perpetuated the "need" to provide them with a hyphenated label, Korean-American. In another curious twist of cultural logic, the Tongans, Samoans, and Fijians do not suffer the same hyphenated labeling; but nevertheless, suffer similar exclusionary, outgroup status. Social psychological theory of cognitive consistency seems to provide some basis for understanding the need for labeling (Kitano, 1973).

There have been a number of incidents in the past few years indicating that overt discrimination continues against Americans of Asian descent. The beating death of Vincent Chin, a Chinese American, in Detroit in 1982, was the result of two laid-off automobile workers believing Chin to be Japanese and blaming Chin for what has happened with the automobile industry. Other incidents of a more current nature include problems between Vietnamese fishers and other fishers in the Gulf areas, tensions between Korean businesses and other resi-

dents in the Los Angeles and New York areas, and the death of a Chinese American woman pushed into a subway train in New York by a man who said he had a "phobia about Asians." Though often touted as a minority group that has achieved, these events clearly indicate that discrimination against Asian Americans is not a thing of the past.

Noting that racism persists, the most benign form seems to be racial tolerance and passive discrimination. Kitano (1973) theorizes that discriminatory behavior by a "normal" group can be understood by its relationship to a cohesive, identifiable subculture and the resultant restrictions (real or assumed) of their outgroup interactions. He contends that the insulation of subgroups in our pluralistic society provides a perhaps unwanted, but nevertheless powerful structure that fosters discriminatory behavior against outgroups. The person who is fully integrated into a subculture is the person most likely to discriminate. The person less fully integrated into the subculture is less likely to discriminate.

Model Minority?

Perhaps the most prevalent view of Asian Americans is that they have made it. An initial look at the statistics would seem to bear this out. The mean earnings for workers of Asian descent between the ages of 25 and 54 are essentially at parity with whites. The mean income for Japanese American males in 1979 was about 10% higher than for white males. Korean, Chinese, and Filipino males of Asian descent had incomes of 96%, 90%, and 86% of whites. The one group with lower earnings is the Vietnamese with an income level averaging 57% of the white majority. With regard to occupational level, Asian Americans would also seem to have done well. Almost 13% of Chinese and Japanese Americans were executives or managers compared with 11% of whites. However, the figures for Korean Americans were 9.9%, for Filipinos it was 7.7%, and only 4.5% of Vietnamese.

But another real and contrasting view of the Asian American provides a different and distressing picture. The poverty rates for Chinese, Korean, and Vietnamese are considerably higher than for the white majority. Ten and a half percent of Chinese, 13.1% of Korean, and 35% of Vietnamese families are in poverty compared with 6.6% of the white population. Poverty status of the Vietnamese is the lowest nationally (Fujii, 1980).

With the often assumed strong motivation toward high educational achievement by all Asian Americans, the reality of differential achievement is sobering. In spite of high math and science achievement, Sue (1981) cited a study in which 50% of entering students of Asian descent to the University of California at Berkeley did not pass the "bonehead" English examination. Asian American students were twice as likely as whites to fail the English examination. A study in New York City (*Insight*, 1988) found that 17,500 students of Asian descent fell below the cut-off for adequate English language proficiency. This number was about 30% of the overall school population of 57,631 Asians. In the same *Insight* (1988) article, Shirley Hune, an associate professor in educational foundations at City University of New York was quoted as saying, "The stereotype is that all Asian students are excelling. The result is that

teachers and society fail to pay attention to them. Those in need are passed over because we are led to assume all is well."

Another problem area of concern in contemporary American society is drug use. What little data are available regarding Asian Americans seem to indicate drug abuse to be problematic. A report released by the Seattle King County Drug Commission stated:

The evidence presented . . . suggests that drug use within the Asian youth community is much more serious than what is recorded by law enforcement agencies or indicated by the policies of drug treatment programs . . . Asian youth appear to use drugs at a level equal to if not higher than the national average . . . known users tend to begin the use of drugs earlier and continue in a manner and extent far above the national average. (Washington State Commission, 1983, p. 115)

Finally, a recent article appearing in *Asian Week* (1988) highlighted the problems of Southeast Asian immigrants and refugees. These include the severe disintegration of the family structure which forces many Southeast Asians to adopt lifestyles in conflict with their traditional life experience. The results include high divorce rates, family problems especially of the young who have little supervision from parents preoccupied with survival, and incidence of domestic violence.

The idea that Asian Americans are a model minority is a myth. Believing that Americans of Asian descent have made it and do not need help can interfere with providing the necessary support and services to which all Americans are entitled.

Generational Status and Recent Immigration

Ethnic and cultural diversity among the numerous Asian American groups stretches beyond categorization. Each subgroup possesses a number of unique characteristics which should be considered if one is to have understanding of and sensitivity toward that group. More generally, however, there are characteristics, in addition to some of the historical experiences alluded to earlier, which may be useful in understanding a member from any of the subgroups.

Generational status is an important variable to consider in working with a particular individual or family. This refers to the time which the person or family has been in the United States. A fourth generation Asian American has obviously different perspectives of self, culture, etc. than a new immigrant or refugee. This is true for perspectives on family structure as well as the reliance upon support systems.

As with immigrants from Europe, the first generation Asian Americans show greater affinities for ethnic traditions, customs, and methods for dealing with sickness and adversity. The next generation, those born in the United States, show greater acculturation and attenuation towards white, middle-class standards and expectations. The third generation show a further attenuation, but one which appears more ready to confront issues of inequality.

The older generations, i.e., those who immigrated in the late 1800s to early 1900s, represent a small and diminishing group of individuals who are rural in background and not well educated. These elderly are more likely to rely on the traditional ethnic community as the primary resource. More recent im-

migrants are likely to be middle class and more demand services from the greater community.

Recent immigrants, such as the Hmong from Southeast Asia, experience more keenly stressors such as a breakdown of the family, homesickness, lack of information on medical services, loss of job and communication problems at work, and unpleasant work experiences. It seems the more recent the immigration and the smaller the supporting ethnic community, the greater the stress reaction.

The more recent the immigration to the United States, the greater the anxiety about dealing with unknown government procedures and the resultant reluctance in requesting needed public services. It appears that many of the Asian Americans with disabilities do not identify themselves out of fear of dealing with governmental agencies.

Though acculturation or more specifically, Westernization is often cited as an important element in understanding where a person is and how they would describe their values, etc., it is not always linked to generational status. An illustration of this would be a person born in the United States, but due to whatever circumstance lives in a traditional ethnic community insulated from outside contact.

Within any given group, there may be additional differences important to understanding individual and family attitudes and perceptions (Lee, 1982; Smith, 1985). Although Chinese by descent, a person or his forebearers might have come from many different areas not only in China but also from other Asian countries.

Variations in the use of one's "native" language and one's competence and comfortableness in doing so may be an important factor in fostering communication and successful rehabilitation. The difficulty of translated concepts between languages has often been cited as problematic in health care settings. Rehabilitation would be no different. Fluency in English and skills in communication are not exclusively tied to American born Asians, it is often the case that apparent limitations can be found among the second generation, i.e., those born in the United States.

While educational achievement would appear to be a clear predictor of social competence, it is critical to know not only the level of education attained but also where that education was obtained. Whether or not the education was obtained in the United States or in Asia may be vital to understanding and being sensitive to particular styles of thinking and problem solving.

Attitudinal Differences

The differences between white and Asian American students are important to our understanding of the unique help-seeking process of Asian Americans. However, previous comparative studies (Tracey, Leong, & Glidden, 1986) seem to imply that all Asian Americans are alike, that is, that Chinese Americans are similar to Japanese Americans, both of whom are similar to Filipino Americans. This uniformity myth may have some value when whites are the standard of comparison, but each of the Asian American cultures is quite distinct. Asian Americans are often not only not collective, but are subgroups of Chinese Americans or Japanese Americans. Analyzing all Asian

Americans together neglects important self-identified differences among the various Asian cultures (Sue & Kirk, 1973; Sue, 1984) as resources to better understand Asian cultural differences.

Potentially negative social and political attributions have an impact on accessibility and service delivery that is often overlooked. That some Chinese Americans have an affiliation with the anticommunist movement or to have current ties with the Taiwan government versus any identification with mainland China can affect our understanding of them.

Use of Health Resources

Local community networks, whether formal or informal, are important. For first generation immigrants, traditional family associations often wield considerable power in choice and access to health and rehabilitation resources. The organized formal churches where ethnic groups congregate are important for information exchange and knowledge about resources. Informal networks such as "majong" groups that congregate daily or weekly may be useful in education, etc. Ethnic media, newspapers, radio, or television also affect perceptions and attitudes.

The search for relevant health or mental health services first takes place within the local ethnic community, based upon kinship and local associations, it is only when these resources within the ethnic community are exhausted that the older Asian are forced to seek outside public services, interaction with the outside, greater community limits access or utilization of available services.

Within any particular Asian group in the United States, there are a considerable number of factors that influence its members in seeking rehabilitation services. Even among new arrivals, their particular status as either immigrants or refugees may be important. As Liu (1987) has indicated, there are subtle or sometimes not so subtle influences. Refugees may experience an "acute flight" situation where there was little preplanning and they may have entered the country with little knowledge of the destination. On the other hand, immigrants may have spent some time learning about their destination and learning skills that will be needed for successful adaptation.

Age may be another factor of importance. For example, in working with older persons, the professional must be cognizant of the client's frame of reference. Traditions, customs, etc. need to be explored with the client and the support person(s).

Diet preferences, mode of hospital dress, propriety of interview techniques, perception of the sick role, are subtleties in variables which need to be integrated as part of the rehabilitation process. The rehabilitation practitioner might do well to seek the assistance of someone the client trusts and who can facilitate communication. Many elderly are confused by self-directed decision making and choice selection and rely heavily on a medical authority. Clients often view health professionals as ineffective if the client is left with the decision making. Authority by role and professional status are relied upon for decision making.

Rehabilitation professionals need to understand that Asian American clients and their families in fact have many differences among them. These differences are not easy to recognize,

to even catalog or inventory, but knowing that they are there may be equally as important in successfully working with this particular population as the treatment itself. That basic psychological tenet of not generalizing and working with the individual becomes that much more important. The rehabilitation professionals may need to understand their own attitudes and feelings along with their expectations and perceptions of Asians.

In summary, rehabilitation counselors and rehabilitation practitioners who work or plan to work with Asian Americans with disabilities need to understand the diversity of Americans of Asian descent and not attempt to treat them all in the same manner. It is helpful for rehabilitation counselors to be aware of the historical experiences of Asians in the United States and the discrimination they continue to face if rehabilitation counselors are to be sensitive to their Asian American clients' needs. Finally, in spite of the progress that Asian Americans have made, this progress is not reflected equally either in all the Asian American populations or often within each group and rehabilitation counselors would do well not to dismiss Asian Americans as having the capability of solving their own problems. Given a single Asian American ethnic group, its within-group differences in response to severe disability will vary according to status as recent refugees, elderly naturalized citizens and U.S. born citizens all will show differences in the effects of acculturation or Westernization, assimilation, and ethnic identity. Much more research regarding the impact of disability on Asian Americans and ways to work effectively with them is needed. The contemporary Asian American, in contrast to the traditional, stereotyped image, is not well known and difficult to describe. However, rehabilitation practitioners will be increasingly called to provide rehabilitation to Asian Americans. Recognition of Asian American traditions, the individual and family forces impacting on them, their world view and their use of human services will bring about a more effective practitioner.

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