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# Enhancing the Rehabilitation Counseling Process: Understanding the Obstacles to Asian Americans' Utilization of Services

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**Abstract** - Improving rehabilitation services for Asian Americans with disabilities through the rehabilitation counseling process remains as an ongoing challenge. Despite being the fastest growing ethnic group in the United States, past studies have reported low utilization rates of vocational rehabilitation and mental health services among this population. This article (a) describes Asian American views on disabilities from religious, philosophical, and spiritual perspectives; (b) reviews factors that may contribute to their being underserved in the rehabilitation; (c) discusses the influence of family dynamics on the rehabilitation process; (d) underscores unique employment challenges facing the Asian immigrant community; and (e) draws out the implications of such an analysis for rehabilitation counseling.

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Asian Americans first began coming to the United States in the nineteenth century; however, their number did not increase exponentially until the 1965 revision of the Immigration and Nationality Act. Despite being the fastest growing ethnic group in the nation, underutilization of vocational rehabilitation and mental health services by Asian Americans remains a pressing issue and challenge for rehabilitation professionals. Asian Americans are three times less likely than European Americans to use mental health services (Matsuoka, Breaux, & Ryujin, 1997). Other researchers have echoed their findings about Asian Americans' underutilization of and unfamiliarity with available services (Herrick & Brown, 1998; Lin & Cheung, 1999). Although most Asian Americans have made efforts to assimilate into U.S. society, they commonly retain certain cultural values that are unique to their ethnic identification (Glenn & Yap, 2000; McAdoo, 1999). For example, the structure of the traditional Asian American family is somewhat different than that of European Americans. One is more likely to see multiple generations of family members living under the same roof in an Asian American family than in its European American counterpart. Reasons for this large household size include the need for mutual aid, close ties between generations, economic self-sufficiency, and the concept of family as a large and inclusive circle of significant kin (Glenn & Yap, 2000; Kibria, 2000; Lin & Liu, 1999; McAdoo, 1999). This article examines Asian

American views on disabilities from religious, philosophical, and spiritual perspectives. It also reviews specific factors, such as family dynamics, that may contribute to their being underserved in the rehabilitation process. Finally, this article underscores the unique employment issues facing the Asian immigrant community and examines implications of these various factors and issues for rehabilitation counseling.

## **The Influx of Asian Immigrants into the United States**

Several events contributed to the influx of Asian immigrants to the United States. In the mid-1800s, colliers from China's impoverished southeastern coastal provinces became the first members of an Asian ethnic group to appear in the western frontier. They were brought to this country as a source of cheap labor to work on farms, excavate mines, and construct railroads. The stream of Chinese laborers continued to flow into this new land until the passage of the Chinese Exclusion Act of 1882—a racist response to the European American workers' fear of massive job losses. Although this law banning the immigration of Chinese laborers was slated to end after 10 years, it was renewed and signed as permanent legislation to exclude the Chinese (M. Wong, 1998). Ironically, European-American employers contracted thousands of Japanese men in the late 1890s to fill the labor void left by expulsion of Chinese immigrants. About the same time, the first major

wave of Korean farm hands arrived in Hawaii to toil on the sugarcane and pineapple plantations (M. Wong, 1998).

Pursuit of economic prosperity, however, was not the sole reason Asians came to reside in the United States. Many also migrated here to escape from political persecution. For example, hundreds of thousands of Koreans fled the war-torn Korean Peninsula for the United States after Congress passed the Refugee Act of 1953 to expedite refugee settlement. The displacement of Vietnamese, Cambodians, Hmongs, and Laotians from their homelands in the aftermath of the 1975 Indochina Peninsula War also impacted the surge of the Asian American population.

In contrast with popular belief, Asian Americans are a very heterogeneous group, consisting of approximately 28 racial subgroups with 32 linguistic groups (Inouye, 1999). Prior to the 1960s, the Chinese and Japanese constituted the two largest Asian ethnic groups in the United States. Since then the demographic composition of Asian Americans has become increasingly more diverse, as evidenced by the expansion of the number of designated census categories from four in 1970 to 12 in 1980 (Woo, 2000). The total Asian Pacific population has increased from 7.3 million in 1990 to 11.5 million in 2000 (U.S. Census Bureau, 2000).

#### **The Prevalence of Asian Americans with Disabilities and Their Utilization of Services**

Despite a sizable Asian American population, information regarding its access to public services, specifically rehabilitative services, is scarce. According to the *Chartbook on Disability in the United States* (1996), Asian Americans comprise about 9.9% of the entire population of persons with disabilities. Past studies have reported Asian Americans' low utilization rates of vocational rehabilitation and mental health services, regardless of their population density in various parts of the country (Hampton, 2000; Sue, 1993). Zhan (1999) named language, financial difficulty, transportation, and power relationships between service provider and patient as common barriers to seeking health services among Asian ethnic groups. Counselors' lack of sensitivity toward and unfamiliarity with minority cultures further contribute to Chinese Americans' underutilization of social services (Chap, Lam, Wong, Leung, & Fang, 1988).

The underrepresentation of Asian American clients in the rehabilitation and mental health service systems has always been a great concern. Zhang, Snowden, and Sue (1998) examined the patterns of Asian Americans' help seeking and utilization of mental health services in a major metropolitan area located in southern California. In their study, survey participants were reluctant to use mental health services of any type. The 1992 National Health Interview Study reported that of all major ethnic groups, Asian Americans indicated the fewest limitations in work activity at 2.3%. However, this seemingly low number may reflect how Asian Americans define having a disability.

This also redounds to the low numbers of Asian Americans accessing services. Asian Americans as a group made up 8.7 percent of the total Los Angeles County population; nevertheless, they represented only 3.1 percent of the clients served by the service delivery system (Sue, 1993).

There are several reasons why Asian Americans may be disinclined to utilize the public service systems. Those who are illegal aliens fear deportation; others worry that it may jeopardize their applications for permanent residency or citizenship (Ma, 1999). Although these pressing issues have received some attention from rehabilitation scholars and policy makers, there is still a lack of understanding about what obstacles Asian Americans encounter when accessing services. In addition to researching the service barriers that Asian Americans face, there needs to be more studies about the rehabilitation service providers who work to assist this population. In order to develop a working alliance with Asian American clients, rehabilitation counselors must understand their own personal cultural beliefs and then sort out their biases toward different cultural milieus.

#### **Asian Views on Disability: Religious, Spiritual, and Philosophical Perspectives**

Culture is a body of objective and subjective knowledge constructed by human beings to give agreed meanings to their worldviews, norms of behaviors, values, and hierarchy of social roles (Cushner, McClelland, & Safford, 2003). Although educators and social scientists do not completely concur on how culture should be defined, Cushner and his colleagues argued that history, ethnicity, language, geography, and religion are the basic ingredients that determine a culture. Asian Americans are a very heterogeneous group; each ethnic cluster has its own distinctive linguistic, cultural, and social traits that set it apart from others. For instance, East Asians (e.g., Taiwanese, Japanese, Korean, Chinese), Southeast Asians (e.g., Vietnamese, Filipino, Thai, Cambodian, Indonesian), and South Asians (e.g., Indian, Pakistani, Nepalese, Bangladeshi) have divergent belief systems, caste systems, family structures, values, and schemas. This discussion focuses only on the Asian Americans who trace their cultural origins to the Far East—the Chinese, the Japanese, and the Korean. These three ethnic groups share numerous commonalities—family structure and dynamics, geographic location, hierarchical structure of power, religious traditions, and a collectivistic culture (Bryan, 1999; Hampton, 2000; Kim & Markus, 1999).

As in the case in many civilizations throughout history, disability is a sensitive subject about which few Asians can talk openly. As a result, individuals with disabilities are routinely shunned and treated as outcasts in society. Although many countries on the Pacific Rim evolved economically during the last three decades of the past millennium, discriminatory practices to deny people with

disabilities the rights to seek gainful employment, inclusive education, and social integration have remained staunchly intact. All this leads society to overlook what people with disabilities must endure on a daily basis as the disabled community attempts to find ways to voice its concerns.

Given the plethora of rich Eastern philosophies, it is impractical to delineate all the great thinkers and their works that have helped shape Asian cultural values. For the purpose of explicating Asian views on disability, the scope of discussion in this section is limited to the three most influential determinants: (a) Buddhism; (b) Confucianism; and (c) Taoism (Hampton, 2000; Kim & Markus, 1999; Moody, 1996). Acquiring a keen understanding of Asian Americans' attitudes toward disability from their religious, spiritual, and philosophical perspectives will considerably enhance the rehabilitation counseling process and improve its outcomes.

#### *Buddhism*

The doctrine of Buddhism can be succinctly summarized as the permanent seeking of path to supreme enlightenment (Hampton, 2000). In other words, the pursuit of materialistic satisfaction and hedonic pleasures in the mundane world is the antithesis of emancipation from anguish and suffering. Reincarnation is an esoteric concept to non-traditional East Asian religions such as Judeo-Christianity and Muslim. Chinese Buddhists believe that the cycle of human suffering begins at the moment when the baby leaves its mother's womb. The newly born wails because it realizes it has no choice but to embark on a long journey of misfortune, pain, grief, sickness, despair, hunger, insanity, and eventual death. Only a righteous person who has achieved the state of nirvana is spared from eternity of misery and suffering. Performing good deeds such as feeding the hungry and sheltering the poor earns a person merits, whereas committing immoral acts such as lying, stealing, and killing entails demerits. The number of merits and demerits accumulated over one's lifetime has an ultimate bearing on the outcome of his or her reincarnation to the next life. Buddhists consider having a disability to be a result of divine intervention-punishment for one's transgression in the previous life. Thus, it is easy to see why people with disabilities are stigmatized in a Buddhist dominant environment.

#### *Confucianism*

Confucianism is perhaps the most revered Eastern philosophy to people of Asian ancestry. Filial piety and obedience are the basis of all social connections between people within the Confucian discourse (Lin & Liu, 1999). Duties and responsibilities to uphold a collectivistic accord take precedence over individual rights and self-interest. In short, absolute subordination to a person of superior status is expected. For example, the wife obeys her husband; the son respects his father; the proletariat shows deference to

the noble class (Glenn & Yap, 2000). The hierarchical structure of power is not to be altered if the world is to maintain continuing peace and order. The Confucian interpretation of disability holds that deformity is a dissonance in an otherwise ideal state of harmony. Parents with a disabled child suffer the ignominy of bringing enormous shame to their family lineage of past, present, and future generations. It is therefore not unusual for Asian American families to hide family members with disabilities from outside contacts. As such, persons with disabilities tend to internalize rejection, discrimination, unworthiness, hopelessness, and low self-esteem. Hence, Asians with disabilities who are raised in a Confucian upbringing may appear submissive and too timid to challenge the status quo. Put another way, disempowered individuals with disabilities are oblivious to their rights to demand equal access to opportunities.

#### *Taoism*

Contrary to popular belief, Taoism is not an enigmatic religion. Tao, the way of universe, stresses maintaining a balance of natural energies, that is, heaven (yang) and earth (yin). Legend has it that a man is created by heaven and earth; a state of peace and tranquility thus can only be attained through mirroring nature in all aspects of his personal and social life (Chang, 1996). The philosophy of Taoism discerns disability very differently than Buddhism and Confucianism. In a Taoist world, a human being strives to maintain an equilibrium of yin and yang forces in order to keep a sound mind and healthy body. If the two energies are out of sync with each other, the body becomes susceptible to illnesses and diseases. Simply stated, a disability resulting from sickness or impairment is viewed as a disharmonious fusion of nature and man. Thus, the crucial goal of the healing process is devoted to restoring harmony to the individual whom has lost the balance. Taoism appears to attach fewer stigmas to persons with disabilities, compared with Buddhism and Confucianism. This more benign outlook toward disabilities can be an asset in working with Asian Americans with disabilities to achieve better rehabilitation outcomes. Bear in mind that it pays for rehabilitation counselors to understand Asian American family dynamics, individual and collective values and their impacts on the rehabilitation process.

In addition to Buddhism, Confucianism, and Taoism, membership in Asian American Christian churches also has experienced rapid growth in recent decades; this is especially true in the Chinese and Korean immigrant enclaves. One possible explanation for Asian Americans' conversion to Christianity is the desire for complete assimilation into mainstream U.S. society. Moreover, the church is often the cornerstone of an ethnic minority community that provides spiritual comfort, opportunities for fellowship, counseling, employment referrals, translation and interpretation assistance, and teaching of language and

culture to second generation immigrant children (Kim, 1993).

### The Influence of a Collectivistic Orientation

The philosophies and religions mentioned thus far are deeply ingrained in East Asian cultures and are still upheld by many Asian Americans who now reside in the United States. In contrast with the individualistic orientation of European American cultures, Asian American cultures are more collectivistic (Hampton, 2000; Lam, 1993). Observance of the hierarchical structure of power is strongly encouraged and strictly enforced at times. Loyalty, respect, and obedience toward parents, elders, and society are deemed desirable characteristics and virtues. Moreover, an individual's perceived capability and worthiness correlate to how much he or she contributes to the group. Decisions are usually made in the group's best interest, rather for that of a single individual. In compliance with strict conformity, self-sacrifice for the welfare of family, society, and nation is honored and expected (Kim & Markus, 1999). These firmly held cultural values make discussion of vocational rehabilitation with Asian American clients a complex matter.

Sue and Sue (1999) noted several salient characteristics that are especially vital to the Asian American community—deference to authority, emotional restraint, explicit roles, hierarchical family structure, extended family orientation, and a collectivistic culture. Group solidarity and cohesiveness cannot be attained unless its members are willing to give in when a conflict between individual and group interests arises. Asserting individuality and self-interest are often regarded a disruption to the group's well being.

Due to a strong emphasis on harmony and group interest, Asian Americans with disabilities are not only concerned about their physical and emotional struggles, but also with how their disabilities will affect their capacity to fulfill familial roles and duties (Hampton, 2000). As a result, the person with a disability might worry about whether he or she will become a burden to others and whether the disability will disgrace the family. In their study of the quality of life among Chinese Americans with physical disabilities, Hampton and Chang (1999) found that most participants indicated the importance of their roles in contributing to society as well as family. Such findings reaffirm the prevailing concept of sacrificing individual needs for the benefit of the group within the Asian American community. Therefore, rehabilitation counselors must acquaint themselves with this cultural value in order to build a good rapport with Asian American clients.

### Family Dynamics in the Rehabilitation Process

More than a decade ago, Leung and Sakata (1988) were among the first in the field of rehabilitation counseling to call to attention the issues facing Asian Americans with disabilities. Hampton (2000) noted that the societal atti-

tude toward people with disabilities has improved since that time; however, the development and implementation of racially appropriate rehabilitation interventions to address the needs of this under-served population still lag behind. This is evidenced by an iota of literature of Asian American family dynamics and their impacts on rehabilitation outcomes (Chan, et al., 1988; Hampton, 2000; Hampton & Chang, 1999; Lam, 1993).

Family influence and support affect the adjustment and attitude of a person who has a disability. A well thought-out rehabilitation plan should comprehensively address not only a person's disability, but also his or her existing support systems found in the immediate family and extended kinship network. As family structure certainly differs from family to family, culture also plays a critical role in understanding family dynamics. Thus, rehabilitation professionals need to know how aspects of Asian culture embedded in family structure, coping strategies, and familial influences affect the rehabilitative process.

### *Coping Strategies*

Four coping strategies commonly used in Chinese families to provide support for a family member with a disability are (a) self-reliance; (b) support network; (c) spiritual relief; and (d) passive acceptance (Lam 1993). Self-reliance is a strategy that works well with the traditional concept of "face" or dignity better known to the European Americans. The Chinese prefer solving a problem internally rather than soliciting external assistance from strangers. This approach begins with taking on the problem, then figuring out a solution to ride through the difficult situation with perseverance. In addition, mental toughness and determination are needed in order for the family to overcome challenges associated with the disability. When the problem's magnitude is beyond the core family members' means and abilities, the next logical step is for them to form a support network, consisting mostly of close relatives and friends. In the backdrop of caring for a person with a disability, this support network plays an extremely important role in helping the family to locate community resources and receive guidance and suggestion emotional support. Although a strong support network helps alleviate the family's constant pressure and frustration, there will be times when facing the problem alone is inevitable. Therefore, spiritual relief provides the disabled person's family with an additional sense of hope and security. Praying to God or appealing to a supernatural power for blessings is something many Chinese do to change the course of their fate to a more desirable or bearable one. The latter alternate is particularly prevalent in places where people observe more folklore-like religions. The last strategy is to resign oneself to a passive attitude or view of accepting a disability. The "do nothing" philosophy implies letting destiny take over the course of the disabled person's life.

It is crucial for rehabilitation counselors to grasp the underlying concepts of these strategies. They should not only

remain cognizant of these cultural values during the counseling process, but also be flexible about modifying rehabilitation plans to suit clients' expressed needs.

### ***The Significance of Family Structure in the Rehabilitation Process***

Asian societies are more closely knitted than Caucasian ones. The strong linkage between immediate family members and extended kin is a salient characteristic in their cultures. Maintaining a strong bond is viewed as an expression of dignity and pride (Hampton, 2000). As a result, interdependence is often valued more than independence within the Asian American community (Rokach, 1999). Asian American cultures also obligate individuals to contribute to their families. Sacrifice of personal interest for the well being of the large group is encouraged and receives approval. Due to the gregarious nature of the Chinese family unit, the relationships among family members tend to enmesh indiscriminately. Their upbringing cues them to blend into the community, which varies greatly from the mainstream American culture that stresses gratifying and satisfying individual needs (Hampton & Chang, 1999). As discussed earlier, persons with disabilities are concerned about whether they *will* bring shame to their families and become a burden to other members. Paradoxically, most Asian Americans with disabilities would rather receive assistance from their family members than from professionals (Lam, 1993). In Asian American culture, displaying stoicism under adverse situations is a sign of strong will and inner strength; to the contrary, seeking outside help projects an image of personal failure and inadequacy. Asking for public assistance is always the last option, only after having exhausted all of the available personal means and resources. It is imperative for rehabilitation counselors to understand this dynamics and how it may surface during the course of the rehabilitative process. Asian American clients may not only invite their family members to become involved in devising a rehabilitation plan, but they also take family needs and concerns into consideration in deciding their rehabilitation goals.

### **Employment Issues in Asian Immigrant Community**

A wide spectrum of conditions, from language proficiency, job skills, cultural assimilation to gender role expectations should be considered when addressing employment issues of Asian Americans, particularly the recent immigrants. New immigrants with little or no English proficiency often perceive themselves as people with multiple disabilities. Their sensory functions are "impaired" due to an inability to (a) understand conversation; (b) read text materials; and (c) express ideas and thoughts in English. In addition to having to learn a new language, cultural shock also makes seeking employment in mainstream society a less viable option for many newly arrived Asian immigrants.

Disability-related legislations such as the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act (IDEA), and the Rehabilitation Act of 1973 and its subsequent amendments, have given people with disabilities hope and that they can participate in every aspect of life: social interaction, health care, education, and employment. However, Asian immigrants from countries where the disability rights movement has not taken root may be unaware of their constitutional right to gain access to an accommodating workplace, housing, transportation, and so forth. Thus, rehabilitation counselors need to collaborate with Asian American community leaders to reach out to their targeted service population.

For those who are fortunate enough to find jobs in mainstream society, many first-generation Asian Americans are met with the reality of underemployment. Many governing professional licensure bodies in the United States do not recognize new immigrants' years of stringent training in law, accountancy, medicine, education, social work, and nursing (just to name a few) at foreign universities. Consequently, it is not unusual for experienced foreign-trained attorneys to work as paralegals, school principals to work as teacher's aides, and physicians to work as laboratory technicians. Underneath underemployment lies a potent mental health crisis—a gradual buildup of simmering frustration and anger. Asian men from a traditionally patriarchal society may find it particularly difficult to enter a new occupation of less social prestige and reduced earning power. Without proper counseling and support, these former primary breadwinners may sink into chronic depression. If depression goes untreated, family violence, substance abuse, and child negligence will likely emerge.

Rather than face poverty and unemployment, new immigrants may choose self-employment to pursue economic prosperity. Restaurants, laundries, martial art schools, garment factories, grocery stores, and retail shops are known to most first generation Asian Americans as the lifeblood of the community (Min, 1998; B. Wong, 1998). Entrepreneurship, as a possible alternate option for Asian Americans with disabilities, deserves to be explored more fully in the rehabilitation counseling process.

Asian Americans are entrepreneur-minded. Indeed, the self-employment rates of Asian Americans are higher than those of their fellow Americans. Fairlie and Meyer (1996) estimated that the self-employment rates of Korean men and women respectively were 27.9% and 18.9%; Chinese 13.5% and 9.1 %; Asian Indians 11.7% and 7.4%; Japanese 11.1% and 6.1%; Vietnamese 8.3% and 8.7%; and Filipinos 5.1% and 3.3%. In the same survey other notable ethnic groups reported the following self-employment rates: Mexican 6.8% and 4.4%; African American 7.1% and 3.2%; Middle Easterners 23.1% and 10.2%; and the national averages were 10.8% and 5.8%. Self-employment provides not just an alternative of meeting rehabilitation goals, but it also affirms the value of self-perseverance held by Asian Americans clients.

## Implications

Growing diversity in the U.S. population has compounded the complexity of rehabilitating persons with disabilities. Some of the rehabilitation counseling skills that have been developed by rehabilitation scholars and educators, comprised mostly of European Americans, may not be applied to work with ethnic minority clients. How to address the rehabilitation concerns of Asian Americans is less clear than how to work with European Americans. Although many rehabilitation professionals assert that possessing knowledge and respect for Asian American cultural values is critical to achieving the desired rehabilitation outcomes, few researchers have provided empirically proven techniques to cater the specific needs of this special population. A plausible response for eradicating this shortcoming is to stimulate more interest among universities and think tanks to research minority- and disability-related rehabilitation issues. More grants must go to support these research projects in order to generate the most up-to-date knowledge and techniques that will better equip practicing rehabilitation professionals to meet their clients' goals.

In addition to striving for successful job placement, rehabilitation counselors should also be aware of the disparity in perceived job prestige between Asian Americans and European Americans. In Asian American culture, a person's choice of career is a reflection of family achievement (Tang, 2002). Parents often work long hours to give their children a chance to receive a good education hoping that they will eventually transcend into a career of respectability and high earnings such as law, medicine, engineering, or business. As a result, Asian American rehabilitation clients may feel tremendous pressure to shoot for lofty goals to avoid disappointing their families. It is, therefore, imperative for rehabilitation counselors to help their clients analyze their job skills and the current job market objectively, so that vocational goals are established within the realm of reality.

Desirable rehabilitation outcomes are harder to accomplish when rehabilitation counselors fail to assess their clients accurately in an appropriate cultural context. For example, Asian Americans' inclination to include family members in the rehabilitation process may be misunderstood as indecisiveness and dependence. Adding ethnic minority family dynamics and relationships to the content of rehabilitation education would certainly augment rehabilitation counselors' competency to serve Asian Americans with disabilities. In a survey conducted by Accordino and Hunt (2001), the researchers discovered that 28% of 47 rehabilitation counseling programs offered no training in family counseling as even part of their curriculum. This matter deserves immediate attention from rehabilitation educators, as the family dynamics of Asian Americans and other ethnic minority groups tend to differ than that of European Americans. Developing of a course or a partial course in family counseling would prepare pre-service

students to deal with rehabilitation clients more effectively in the future.

## Conclusion

Asian Americans are a racially, linguistically, religiously, and culturally diverse group. Most of them reside in metropolitan areas such as New York City, Boston, Los Angeles, San Francisco, Houston, Chicago, and Seattle. Although they are becoming the fastest growing ethnic group in the United States, Asian Americans tend to be under-represented in rehabilitation and mental health services. The reasons cited for such low rates of utilization of services include language barriers, financial difficulty, unfamiliarity with the system, counselors' insensitivity, lack of transportation, fear of deportation, and concern about jeopardizing future application for permanent residency or citizenship.

This article also discussed Asian views on disability from religious, spiritual, and philosophical perspectives. Three of the strongest influences that have helped shape Asian cultural values are Buddhism, Confucianism, and Taoism. In contrast with the individualistic orientation of European American cultures, Asian American cultures are collectivistic. Moderation in behavior, self-sacrifice, humility, and respect for elders are deeply embedded in their cultures (Bryan, 1999; Hampton, 2000; Ina, 1997; Lam, 1993; Sue & Sue, 1999).

Family dynamics and relationships play an important role in the rehabilitation process for Asian Americans with disabilities. To build a good working alliance with Asian American clients, rehabilitation counselors must adapt their coping strategies to accommodate the influence of family structure on individual decision-making in an appropriate cultural context. Interdependence is often valued more than independence within the Asian American community; hence, adherence to sets of obligations is expected (Ina, 1997).

Asian Americans are more entrepreneur-minded than their fellow Americans (Fairlie & Meyer, 1996). Due to language proficiency, job skills, foreign licensure issues, and gender role expectations, many newly arrived immigrants from Asia find seeking employment in mainstream society a less viable option. They may instead choose self-employment to provide financial support for their families. Rehabilitation counselors need to understand that self-employment affirms Asian Americans' belief in self-perseverance.

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