CHAPTER

5

THE ELDERLY

Their Stress, Coping, and Mental Health

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How do elderly Asians adapt to contemporary North American society? This question cannot be answered adequately without addressing broader issues of ethnicity, mental health, stress, and coping. This chapter begins with a discussion of the role of ethnicity in aging and then describes the demographic profile of Asian and Pacific Islander (API) American elderly. The third section presents the Resource-Congruence (R-C) Model of coping as a theoretical framework to investigate major issues of acculturation and adaptation. The main portion of the chapter examines factors affecting the adaptation and mental health of Asian American elderly. These include their cultural heritage, immigration experience/history, and stress and coping. Finally, the chapter discusses methodological issues in cross-cultural and multinational research.

THE ASIAN AND PACIFIC ISLANDER AMERICAN ELDERLY AND THEIR HEALTH NEEDS

API Americans are a highly diverse group. Kii (1984) identified 16 Asian and 6 Pacific Islander ethnic groups. Morioka-Douglas and Yeo (1990) included more than 20 different ethnic groups in the API category. However, because most of the research on Asian American elderly has been on the Chinese and Japanese, these two ethnic groups are the focal point of our analysis. Given the similarities in culture and patterns of Asian immigration in America and Canada, we have drawn on materials from both countries. In the absence of reference to specific

Asian groups, the term "Asian Americans" is used to encompass all API groups in North America.

Kalish and Moriwaki (1973) were among the pioneers in studying elderly Asian Americans. They reported many cultural differences between elderly Asian Americans and their White counterparts. They recommended that culturally appropriate services be made available to elderly Asian Americans. In spite of the continued emphasis on the mental health needs of Asian minority elderly (Cheung, 1989; Sue & Morishima, 1982), very little research has been done on the adjustment patterns and mental health of this group.

Similarly, there has been little progress in terms of mental health services for Asian American elderly. Escovar (1983) observed the paradoxical state of affairs that "the more aware social scientists become of the problems posed by service delivery to clients from different cultural backgrounds, the less they appear to have to say about how to remedy those problems" (p. 789). A similar situation exists in Canada. There has been a lot of lip service regarding the importance of ethnicity in aging. For example, the National Workshop on Ethnicity and Aging (1988) made a wide range of recommendations including that "the concerns and needs of ethnic seniors be given priority in mental health studies for which government funding is provided [and that] funding for culturally appropriate services in the area of mental health for seniors be declared a priority" (p. 26). There is little evidence that these recommendations have been implemented. In fact, given today's social and economic climate, the mental health needs of ethnic seniors are given an even lower priority by government funding agencies as compared to 10 years ago. It is hoped that this chapter will provide the impetus for research support on ethnic aging and will stimulate adequate funding for culturally appropriate mental health services to elderly Asian Americans.

There are several reasons why the Asian American elderly warrant special attention from policymakers, health professionals, and granting agencies. First, the number of ethnic minority elderly will grow much faster than the number of White elderly in the next 50 years (Angel & Hogan, 1991), and Asian groups are growing faster than is any other ethnic minority group (Browne, Fong, & Mokuau, 1994). Second, there is a sharp contrast between traditional Asian cultures and the dominant American culture. When two cultures are drastically different in basic values and beliefs, the potential for conflict and misunderstanding is enormous. Little is known about how cultural transitions of such magnitude affect the mental and physical health of aging immigrants. Research on how the Asian elderly adjust to American society will shed light on their adaptation to the dual challenge of aging and acculturation. Third, the Asian elderly are a group at risk. As a whole, Asian Americans appear to be doing quite well economically. According to the 1990 census, the 1989 average per capita income of Asian Americans was comparable to that of Caucasian Americans ($14,000 vs. $14,900). However, this should not obscure the fact that large segments of the Asian American population remain disadvantaged and poor. For example, the final report of the Pacific/Asian Elderly Research Project (Special Services for Groups, 1978) indicated that Asian American elderly tend to have lower-status jobs and lower

incomes as compared to those of the total aging population. Peralta and Horikawa (1978) reported that many of the Asian American elderly in the greater Philadelphia area had inadequate incomes, had poor health, and lacked information and access to public facilities and other sources of assistance. Yoh and Bell (1987) studied the living arrangements and service needs of Korean elderly in the United States. They identified six major difficulties: inadequate command of the English language, health conditions, loneliness, and problems related to transportation, income, and housing. According to a conference on elder abuse prevention (Nerenberg & Yap, 1986), elder abuse might be worse in the Asian community than in the general population because Asian elders in the United States often lack community support systems and do not want to report abuses to outsiders. In terms of suicide rates, the Asian elderly also are at risk. Baker (1994) reported that API American elders age 65 years or over had the highest rate of completed suicides per 100,000 seniors (11.5), followed by Hispanics (10.3), American Indian/Alaskan Natives (6.7), and African Americans (6.6).

It is important to keep in mind that the Asian American elderly are a heterogeneous group. Lee (1992) studied five groups of Asian elderly living in Chicago: Chinese, Japanese, Filipino, Korean, and Vietnamese. Lee reported that the Asian American elderly as a group are in a better socioeconomic position than other ethnic minority groups; however, there were differences among Asian Americans. For example, Chinese and Vietnamese elderly were more likely to live in poverty than were those of other ancestries. Lee also reported that Asian American elderly were underserved, if not neglected, by non-Asian social agencies. Lee urged social agencies to dispel the myth that Asian Americans represent a "homogeneous model minority." Sue and Morishima (1982) argued,

> Racial conditions also act as stressors for Asian Americans, and research and theory on the mental health of these people have often been based on faulty assumptions. By understanding the problems and needs of Asian Americans, we may be able to gain insight into broader mental health issues. (p. 3)

They considered the elderly, immigrants, refugees, and Chinatown youths as disadvantaged, vulnerable Asian American groups. Unfortunately, the mental health needs of these at-risk groups have long been overlooked by mainstream professionals and policymakers; this neglect can be attributed to the stereotyping of Chinese Americans and/or to a more subtle, unintentional form of racism. This woeful situation will likely only deteriorate in the current climate of fiscal restraints and government cutbacks on health and social services.

ETHNICITY AND AGING

Lifestyles, attitudes, life experiences, social status and affiliations, and values associated with a person's ethnicity can substantially influence aging processes among minority individuals. To fully explore the issues affecting Asian Americans,

we need to have a clear understanding of the meaning and parameters of ethnicity. Ethnicity shapes both subjective perceptions and objective environments. The construct of ethnicity generally encompasses race, culture, and history. To be Chinese means more than just belonging to a race; it also means the combination of a unique set of historical events and cultural characteristics. Ethnicity often is equated with minority status on the basis of race, nationality, religion, or language (Jackson, 1980). Broadly speaking, it is based on "shared history, collective identity, sense of people-hood, unique heritage, tradition, common expectations, values, attitudes, and meaningful symbols" (Holzberg, 1982, p. 254). According to Rosenthal (1986), ethnicity may be viewed in three ways: as social inequality, as traditionalism, and as culture.

The structural perspective considers ethnic influences to be the result of the social stratification processes. Bengtson (1979) argued that "any examination of ethnicity as a factor in social behavior must begin from the premise of social stratification" (p. 15). According to the stratification model (George, 1980; McCallum, 1987), older people with a low social position tend to experience greater distress. McKenzie and Campbell (1987) found that race and socioeconomic status (SES) of older Americans affected their self-assessments of health and the number of problems experienced—which, in turn, influenced subjective well-being. In spite of considerable empirical support, the structural perspective cannot be readily applied to Chinese Americans, who come from all levels of social strata. Many Chinese began their life in America working in restaurants and "sweat shops," but their children often grew up to enter prestigious professions. Recent "investor" immigrants from Hong Kong are wealthy businessmen.

The modernization hypothesis no longer adequately differentiates between mainstream society and Asian minorities. Various parts of Asia, such as Hong Kong, Taiwan, Japan, and Korea, have made great strides at modernization, even though they still maintain their traditional cultures. Furthermore, Asian communities in America have been able to maintain some form of their traditional values over succeeding generations, and there also is some evidence of a resurgence in their cultural heritage and ethnic pride.

Some social scientists have proposed that ethnicity is basically cultural in its origin, characterized by a common heritage (e.g., Haller, 1973). Culture has been shown to be the most prominent factor in ethnic aging (Holzberg, 1982; Kalish, 1971). Discriminant analysis of an Australian sample (Shadbolt & McCallum, 1988) showed that mainstream Australians, British migrants, and non-British migrants, who were mostly from Hong Kong and Southeast Asia, differ on a range of variables. The non-British migrants with poor English skills differ the most from mainstream Australians. This result suggests a simple way of defining ethnic strata in terms of cultural and language differences from the mainstream culture.

Recent years have witnessed a growing interest in the role of ethnicity in aging (Gibson, 1988; Jackson, 1989; Palmore, 1983). Evidence is accumulating that being an ethnic minority does make a difference in the experience of aging in American society (Gelfand & Kutzik, 1979; Holzberg, 1982; Jackson, 1980;

TABLE 5.1. Size and Percentages of Asian and Pacific Islander Elderly (age 65 years or older) by Ethnic Group

Country	Total Population	Age 65 Years or Older	Percentage of Group Age 65 Years or Older	Percentage of All Asians and Pacific Islanders Age 65 Years or Older
United States	248,709,873	31,241,831	12.5	n.a.
Chinese	1,645,472	133,977	8.1	29.5
Japanese	847,562	105,932	12.5	23.3
Filipino	1,406,770	104,206	7.4	22.9
Korean	798,849	35,247	4.4	7.8
Asian Indian	815,447	23,004	2.8	5.1
Vietnamese	614,547	18,084	2.8	4.0
Cambodian	147,411	3,724	2.5	0.8
Laotian	149,014	3,697	2.5	0.8
Hmong	90,082	2,535	2.8	0.5
Thai	91,275	1,416	1.6	0.3
Other Asian	302,209	7,901	2.6	1.7
Hawaiian	211,014	10,233	4.8	2.3
Samoan	62,964	2,047	3.3	0.5
Guamanian	49,345	1,523	3.1	0.3
Other Pacific Islander	41,701	932	2.2	0.2
All Asians and Pacific Islanders	7,273,662	454,458	6.2	100.0

SOURCE: U.S. Bureau of the Census (1995).

Markides & Mindel, 1987). Holzberg (1982) emphasized the importance of learning about cultural expectations of different ethnic groups and how "these expectations and structural pressures actually mold the way in which a person perceives, defines, and seeks solutions to problems associated with aging" (p. 255). It is from this cultural perspective that we examine the adaptation of older Asian Americans.

A DEMOGRAPHIC PROFILE OF ASIAN AMERICAN ELDERLY

The most recent (1990) U.S. census revealed that since the 1980 census, API American populations had more than doubled to nearly 7.3 million or 2.9% of the total population. The percentages of increase during the same period for four of the largest Asian American groups—namely, the Chinese, Filipino, Japanese, and Korean groups—were 104.09%, 81.55%, 20.97%, and 125.07%, respectively (U.S. Bureau of the Census, 1992b). Table 5.1 shows the size and percentage of API elderly by ethnic group. The Chinese, Japanese, Filipino, and Korean elderly remain the largest groups in terms of size or percentage of all API elderly (U.S. Bureau of the Census, 1992a).

These new census figures show that Asians remain the fastest-growing ethnic group in America. This impressive growth has largely been fueled by immigration. According to the U.S. census, more than 60% of the Chinese living in America are recent immigrants. U.S. Immigration and Naturalization Service figures further indicate that the percentages of elderly immigrants from Asian countries are much higher than those from other countries. For example, 13.6% of the immigrants from mainland China are age 65 years or over, whereas only 2.8% of immigrants from non-Asian countries are seniors.

Many Asian elderly have come to America because it is the only way in which to be close to their children and maintain family ties. Based on the statistics provided by the U.S. Department of Justice from 1980 to 1984, Cheung (1989) reported that during this period, total immigrants age 60 years or over numbered 161,679. Of these, 22,317 were Chinese immigrants from China, Hong Kong, Macau, Singapore, and Taiwan. An increase in the elderly Asian population also has occurred in Canada. According to Statistics Canada (1994), an increasing number of immigrants are older. Before 1961, only 2% of the immigrants were age 45 years or over; between 1981 and 1991, 15% of the immigrants were in this age bracket. In 1991, one out of every four persons age 65 years or over in Canada was an immigrant. The data also showed that the source countries for immigrants to Canada have shifted from Europe to Asia and South America. These demographics indicate that Asian elderly in North America are a diverse and growing group and need to be treated as such in both research and interventions. The following sections discuss their stress and coping and mental health needs from the R-C Model of adaptation (Wong, 1993).

RESOURCE-CONGRUENCE MODEL OF ADAPTATION

Issues of adaptation are particularly important in aging because of multiple losses and the decline of resources that occur in old age. Immigration and cultural differences in ethnic aging complicate these issues. Interest in the role of ethnicity in adaptation and aging is a rather recent development (McCallum & Shadbolt, 1989; Rosenthal, 1986; Wong & Reker, 1985). There is a paucity of data and very little theoretical development in this area. This section presents a conceptual framework in which to examine the variables and issues of ethnic aging and adaptation. Currently, the most popular theory is the double or multiple jeopardy hypothesis (Dowd & Bengtson, 1978; Havens & Chappell, 1983; Jackson, 1985), which contends that belonging to an ethnic minority group is an additional source of stress because of the group's disadvantaged condition. For example, many Chinese, Japanese, and Filipino American elders are reluctant and fearful to use public social and health services because of language barriers, lack of information, and past discrimination (Fujii, 1976). Although ethnic minorities, especially immigrants, may indeed experience more adjustment difficulties, the double jeopardy hypothesis proves to be inadequate because ethnicity also can be regarded

as a resource rather than a disadvantage (Black, 1985; Driedger & Chappell, 1987; Holzberg, 1982). For example, ethnic communities have their own systems of support and caring (Kobata, Lockery, & Moriwaki, 1980). Ethnicity can facilitate adjustment to aging because it helps maintain a sense of continuity, identity, and meaning in a foreign land.

Yee (1977) proposed a life-span developmental approach in studying elderly minorities. She suggested that learned helplessness in elderly Asian Americans could be understood in terms of their personal history, their ethnic group history, their cultural values regarding old age, and the very different set of conditions in American society. Gibson (1988) emphasized similar points. She criticized the double jeopardy hypothesis, which "deals inadequately with the personal meaning of aging, the social context of aging, and life domains such as psychological well-being and social support, as Jacqueline Jackson and Kyriakos Markides have frequently pointed out" (p. 559). She then proposed a life course perspective that takes into account personal history, social history, changing social structures, life cycles, and personal coping resources.

The R-C Model of adaptation developed by Wong (1993) promises to be heuristically useful because it takes into account cultural factors and examines both the advantages and disadvantages of ethnic aging. From this new perspective, resources and deficits can coexist (Wong, 1993) and a person can be high in both internal and external locus of control beliefs (Wong & Sproule, 1984). This dualistic emphasis differs from dichotomous thinking so prevalent in American psychological theorizing but is consistent with the Chinese tendency "to try to synthesize the constituent parts into a whole so that all parts blend into a harmonious relationship at this higher level of perceptual organization" (Yang, 1986, p. 148). One of the major issues in current stress research is determining why similar misfortunes lead one person toward distress and another toward satisfaction and resilience. The differential outcomes among individuals with similar experiences suggest the important role of mediating variables. Sue and Morishima (1982) proposed that some individuals have better personal and social resources to cope with stress, whereas others have physiological abnormalities and inadequate coping resources. They suggested the need for a diathesis-stressor-resource model of psychopathology that takes into account constitutional, racial, and cultural factors. They also emphasized the importance of person-environment fit. The present R-C Model follows the same line of thinking.

The R-C Model is an extension of the cognitive-relational model developed by Lazarus and Folkman (1984). Their main thesis was that stress is experienced only when the demands of the environment are appraised by the person as exceeding his or her resources. Wong (1993) contended that the problem does not always stem from person-environment interactions given that an individual's inner conflicts also can be a source of stress. Thus, what is actually appraised by the person is the interaction between available resources and potential stressors, which include environmental demands and intrapsychic conflicts. The importance of culture is recognized for every component of the stress process. A schematic presentation of this expanded cognitive-relational theory of stress is shown

in Figure 5.1. According to this view, stress is an interactive, dynamic process that takes place in a cultural context. Notice that interactions between resources and stressors occur in appraisal, coping, and outcome. The R-C Model, which is based on the cognitive-relational view, posits that sufficient personal resources and appropriate use of these resources are the necessary and sufficient conditions for successful adaptation. A schematic presentation of the R-C Model of effective coping is shown in Figure 5.2. It begins with the development of various types of personal resources in anticipation of potential problems. When a stressful encounter does occur, ideally an individual will rationally assess his or her resources and the nature of the stressor and then use the appropriate coping strategies. The person is able to relax and conserve his or her resources once some level of success is achieved. This cycle may be repeated many times in the case of a serious or chronic adjustment problem.

Personal Resources

The key to successful adaptation, whether it is adjusting to aging or to a new culture, is to develop and maintain a sufficient stock of resources as described in Figure 5.2. Therefore, in studying the adaptation of Asian American elderly, the first question is whether they possess the necessary resources in adapting to life in North America. A related question is whether factors associated with ethnicity enhance or constrain their coping resources. The importance of personal resources in coping has gained increasing attention (Holahan & Moos, 1991; Kobasa, 1979; Moos & Billings, 1982). Most of the research has focused on psychological and social resources.

Psychological Resources

Images and stories about the Olympics have made it clear that the battle is won or lost in the minds and hearts of athletes. In elite competition, many contestants are at about the same physical and technical level, but the winning edge belongs to those who possess greater inner strength. The triumphant are those who can maintain confidence and concentration, can endure pain and fatigue, and have the determination and willpower to win in spite of overwhelming obstacles and odds. The same type of psychological resources are needed to cope with life stress. Kobasa (1979) emphasized three personality characteristics that help people cope with stress: the belief that they can control or influence their life events, the ability to feel deeply involved and committed in life activities that minimize feelings of alienation, and the optimistic anticipation of change as a challenge. Pearlin and Schooler (1978) found that personality characteristics such as mastery and self-esteem are important psychological resources in stress resistance. There is extensive literature on control beliefs and related constructs such as mastery and efficacy (see Wong, 1992, for a review). The health benefits of control in the elderly have received a great deal of attention (Rodin, Timko, & Harris, 1985; Schulz, 1976; Slivinske & Fitch, 1987). The role of optimism in

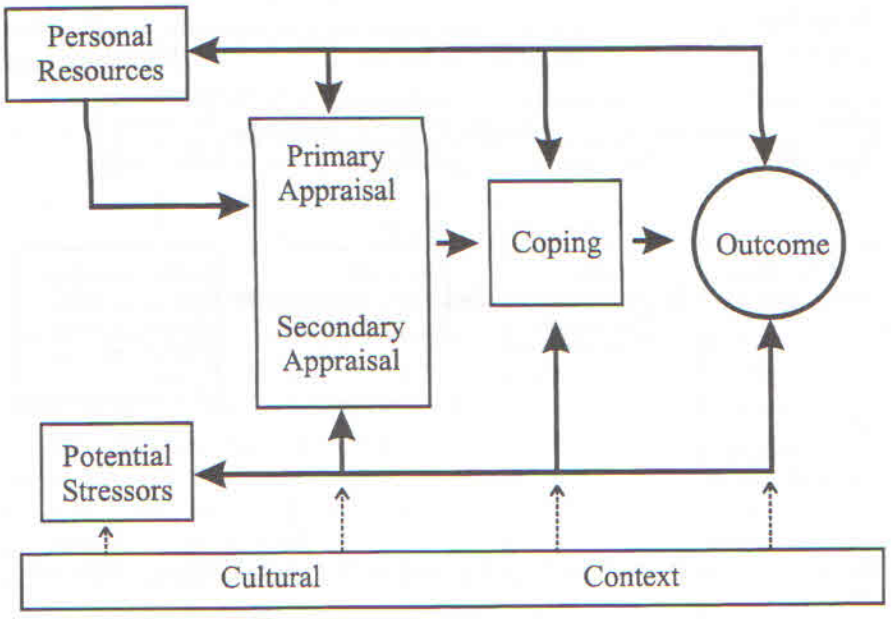

Figure 5.1. Schematic Presentation of Stress and Coping

health promotion also has been recognized (Reker & Wong, 1984; Scheier & Carver, 1985, 1987; Snyder, 1989). The contribution of personal meaning to stress resistance and successful aging is the latest addition to the study of psychological resources (Antonovsky, 1987; Reker, Peacock, & Wong, 1987; Reker & Wong, 1988; Wong, 1989; Wong & Fry, in press).

Social Resources

The role of social support in buffering stress has already been well established (Cobb, 1976; Cohen & Wills, 1985; Gottlieb, 1988). The importance of social support in dealing with life stress in the elderly also has been well documented (Barrera, 1986; Krause, 1987a; Wan, 1982; Wong, 1991). Hobfoll's conservation of resources theory of social support (Hobfoll, 1988; Hobfoll, Freedy, Lane, & Geller, 1990) views social support as a major means of extending personal resources. Social resources include relationships, practical and moral social support, and social validation from significant others; these resources can be cultivated and conserved to supply individual needs. Caspi and Elder (1986), in a longitudinal study of life satisfaction in old age, emphasized that successful aging requires skills and resources. Problem-solving skills include the ability to search for information, to identify difficulties, and to generate appropriate acts to manage life crises. This personal resource was indexed by general intelligence scores and facility of language. Emotional health or resiliency is a source of resistance to the

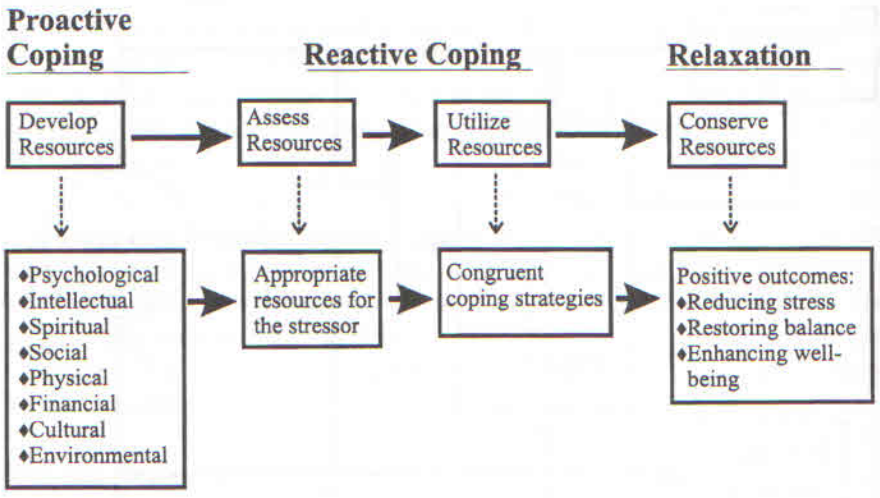

Figure 5.2. Schematic Presentation of the Resource-Congruence Model of Effective Coping

negative effects of successful life problems. Emotional health was measured by interviewers' ratings on cheerful, self-assured, and unworried scales. Social involvement was a composite index of the number of formal groups (including church) in which the individuals participate. Results suggested that the antecedents of successful aging partly involve adaptive personal resources and historical factors interacting with social conditions. Analysis of pathways showed that, for working-class women, intellectual ability predicted life satisfaction indirectly through social involvement, whereas for middle-class women, emotional health directly predicted life satisfaction. Caspi and Elder concluded,

> Adaptive resources consist of any property of the individual (e.g., intellectual ability, emotional health) or the environment (e.g., social network supports) that has the potential capacity to meet demands and lead to adequate psychological functioning. The ideal transaction between individual and environment is represented by a match between demands and resources. (p. 23)

In sum, host resistance depends on the availability of resources. One becomes vulnerable to stress to the extent that coping resources become deficient. However, it is important to realize that resources and deficits are not necessarily opposite poles on the same continuum. For example, positive and negative psychological factors are assumed to coexist in a state of dynamic tension as depicted by the Chinese symbolism of Ying-Yang. Self-confidence and self-doubt might be waging a constant tug-of-war, whereas hope and fear are vying for ascendancy. The net resources available to the person depend not on the actual amount of resources

possessed but rather on the balance between resources and deficits. To enhance host resistance, one must aim at enhancing resources and reducing deficits at the same time.

The question of whether ethnic factors constitute resources or impediments to adjustment for the elderly can be more fully addressed using the R-C Model. For example, family, friends, and ethnic ties are assets in terms of social resources, whereas intergenerational conflict in an extended family and separation from ethnocultural communities are liabilities. Thus, whether ethnicity is a resource depends on factors such as the extent to which traditional values are practiced in one's family and whether one is connected with an ethnic community in the host country. In terms of psychological resources, ethnic associations or experiences can be assets and/or liabilities. For example, self-esteem is important for maintaining psychological well-being (Kaplan, 1975; Krause, 1987a; Thoits, 1983). Pride in one's heritage culture and traditional family values can contribute to a sense of self-worth and facilitate adjustment. However, self-esteem depends on self-validation and social validation (Ishiyama, 1989; Ishiyama & Westwood, 1992). Immigration threatens both types of validation because moving to a new country often means a loss of social status and supportive networks. Deficiencies in cultural competence further diminish one's self-worth, making the individual vulnerable to stress. Therefore, we need to know a great deal about the resources and deficits of Asian American elderly to determine whether ethnicity facilitates or hinders adjustment.

Potential Stressors

Accurate diagnosis of life stress is a prerequisite to its resolution. To cope effectively, one needs to know what the problems are and where they originate. Prior stress research has focused on major life events (Holmes & Rahe, 1967). This stems from the environmental bias of mainstream psychology. Unfortunately, the widely used list of major life events devised by Holmes and Rahe (1967) hardly contains any items relevant to acculturation stress. The inadequacy of the traditional measures of major life events has been critically evaluated (Wong, 1990). A comprehensive assessment of life stress was proposed by Wong (1993). The major domains of stress for such an assessment are shown in Figure 5.3. Most of the potential stressors of Asian American elderly are either intrapersonal or interpersonal. For example, unresolved conflicts between traditional beliefs and the values of contemporary society, existential crises regarding one's identity and social role, and memories about past racial abuse and concerns about discrimination are just some of the common inner tumults that might be experienced by Asian American elderly. The interpersonal domain includes common experiences such as having difficulty relating to mainstream society because of language/cultural barriers, perceived and actual prejudice, and discrimination. Stress researchers in the West have focused almost exclusively on individuals and overlooked the systemic and structural aspects of stress.

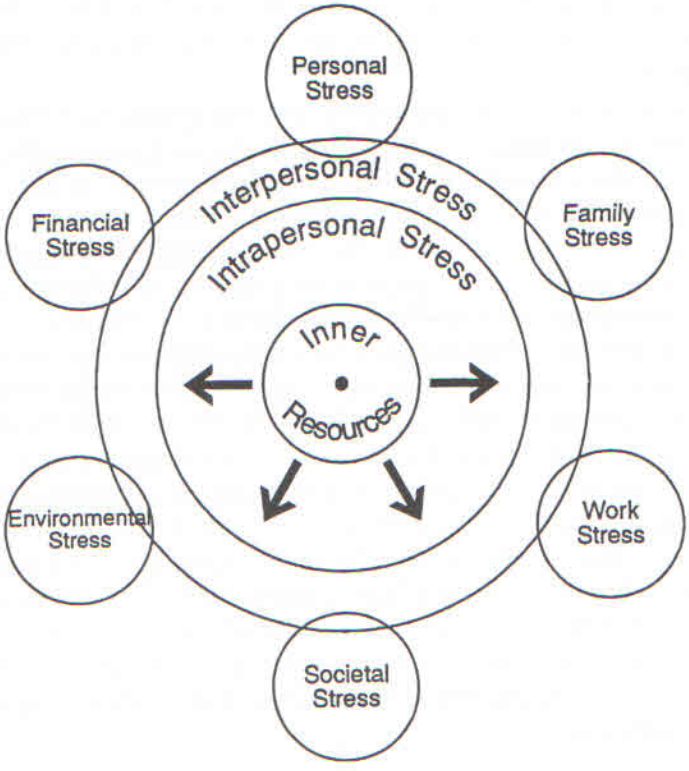

Figure 5.3. Domains of Stress in Everyday Life

Stress Appraisal

A central assumption of cognitive-relational theory is that appraisal plays a key role in the stress process. Primary appraisal is concerned with questions such as "Is there a problem?" and "What is going to happen to me?" Secondary appraisal is concerned with the assessment of the nature of the stressor as well as one's resources and coping options; one would ask questions such as "Can I handle it?" "What type of help do I need?" and "Is the situation beyond my control?" Accurate assessment is important. For example, Fitch and Slivinske (1988) proposed that the misappraisal of a lack of congruence between personal resources and environmental demands can lead to the experience of stress. Misappraisal can be due to an exaggerated assessment of the situation or one's coping capabilities. Insufficient cultural knowledge can lead to an inaccurate assessment of situational demands and the availability of external resources. Lack of confidence in one's cultural competence can generalize to other areas, resulting in lowered self-esteem. Ethnicity can be a handicap to stress appraisal unless immigrants have achieved a certain level of cultural competence in the host country.

Coping Strategies

There is an evolution of coping in terms of the history of conceptual development. Cannon's discovery of instinctual coping mechanisms, such as the fight-or-flight reaction, and Freud's concept of defense mechanisms have become a part of our cultural knowledge. Contemporary psychology has focused on behavioral and cognitive strategies (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984). These conceptions of coping reflect the mechanistic bias of mainstream American psychology and do not adequately represent the coping strategies of Asian elderly. Recently, Wong and his associates (Peacock, 1992; Peacock & Wong, 1996; Peacock, Wong, & Reker, 1993; Wong & Reker, 1985; Wong, Reker, & Peacock, 1987) developed a schema-based coping inventory that includes coping strategies such as proactive, collective, existential, and spiritual strategies. The development of this coping measure was influenced by Wong's prior research on the coping behaviors of both Chinese and Caucasian elderly (Wong & Reker, 1985).

Cultural Context

The preceding discussion has shown that the cultural background of Asian Americans plays a major role in effective coping for several reasons. First, cultural expectations determine what is stressful. Second, culture predisposes an individual to react to stress in a certain fashion. Third, culture delimits resources and dictates their use. Fourth, cultural knowledge of what is appropriate coping behavior in a given situation increases the likelihood of congruent coping. Finally, it should be noted that culture also influences the expression of coping outcomes. Sue and Sue (1987) reviewed the relevant literature on how the Chinese culture influences the expression of distress. For example, Kleinman's (1979) model emphasized the pervasiveness of the cultural influence on psychopathology and illness behavior. Chinese patients' low level of complaints about psychological problems was attributed to their tendency to deny or to express affective disorders in somatic terms. In short, culture touches every aspect of the stress process.

Congruence and Successful Adaptation

The notion that person-environment fit contributes to successful aging has been discussed by a number of researchers (French, Rodgers, & Cobb, 1974; Fry, 1990; Kahana, 1975, 1982; Kahana, Liang, & Felton, 1980; Kahana, Kahana, & Riley, 1988). The basic concept is that adjustment is likely to be successful to the extent that an individual's needs and abilities are congruent with environmental demands. Kahana's (1975, 1982) model emphasized the importance of choosing environments that are congruent with an individual's needs and preferences. When such choices are not possible (for whatever reason), the person is likely to experience stress. Carp (1978-1979) proposed that one should con-

sider both the environmental demands and the resources in meeting the needs of the elderly. Fry (1990) pointed out that the person-environment fit model "proposes a putative relation between individual and environmental resources and the mental health of the aging individual. As individual resources become limited and scarce with aging, environmental resources are presumed to become more plentiful" (p. 95). The implication of this dynamic, transactional view of person-environment fit is that the counselor should not always emphasize mastery or expect the individual to always control the situation. Once recognizing the limits of the individual's personal resources and functioning skills, therapeutic efforts must be made to mobilize external resources and social supports to compensate for any inadequacies of the older person. For the present R-C Model, we are concerned with both the congruence between demands and personal resources and the congruence between demands and coping strategies. When Asian American elderly lack adequate resources and culturally appropriate coping knowledge, they suffer a double handicap in adaptation.

CULTURAL HERITAGE OF ASIAN AMERICANS AND ADAPTATION

Because culture plays a crucial role in the adjustment of ethnic minorities, we need to examine the main features of traditional Asian cultures. Most API groups have a distinct heritage culture. Space permits only a detailed examination of the Chinese and Japanese.

The dominant influence of the Chinese culture is Confucius, who was born in 551 B.C. Confucianism was embraced by most Chinese rulers throughout the history of China (Fairbank, 1966; Fairbank & Reischauer, 1973). One of the fundamental dogmas of Confucianism is that humans are relational beings and that their behaviors should be defined by their relationships with others (Bond & Hwang, 1986; King & Bond, 1985). The so-called Five Cardinal Relations specify the relationships between sovereign and subject, father and son, elder brother and younger brother, husband and wife, and friend and friend. Socially correct behaviors are prescribed according to hierarchical arrangements in which the senior member in each relationship is accorded authority and privilege over the junior member. The father is viewed as the highest authority in the family (Ho, 1981). Conforming to parental demands and expectations is expected. This emphasis on hierarchy ensures social order, group harmony, and family stability. Chinese traits such as collective orientation, social conformity, respect for elders, and submission to authority stem directly from Confucianism.

Social Interactions

Bond and Hwang (1986) described Hwang's conceptual model, which characterized the social interactions and resource distributions in Chinese society.

Hwang employed four Chinese concepts: *quanxi, renqing, mianzi,* and *bao. Quanxi* means connections, ties, or relationships. Hwang differentiated between expressive ties and instrumental ties. The former governs the social exchange in a Chinese family in which members are expected to satisfy each other's needs. Thus, children are expected to support parents when they no longer can look after themselves. Instrumental ties are similar to networking for the purpose of achieving personal goals. Gift giving and reciprocation are important. The equity rule is necessary to maintain such ties. It is a common practice to present gifts before requesting favors, especially in dealing with those in higher positions. Such practices are considered blatant bribery in Western society.

Renqing literally means human kindness and is concerned with doing a favor or showing kindness to others. Renqing is based on affective (*ganqing*) and practical considerations. *Ganqing* refers to how one feels toward another person and how much one values his or her relationship with that person. Practical considerations involve the likelihood of reciprocation. In Western society, Chinese Americans are likely to be disappointed that ganqing seldom matters in social interactions and that kind deeds and warm feelings often are not reciprocated in business transactions. *Mianzi* literally means face. It is concerned with protecting one's dignity and self-esteem. In social interactions, *li*, which entails politeness, good manners, and courteous rituals, serves as an important safeguard for each other's face. Developing and maintaining quanxi, such as exchange of gifts and showing proper respect, have something to do with face. All kinds of defensive mechanisms are used to save each other's face. Pretending nothing has happened, playing down the event, making self-effacing remarks, and expressing dissatisfaction in subtle and indirect ways are some of the coping strategies to protect mianzi. Direct rejection and criticism, which is commonplace in North America, can be devastating to a Chinese because of his or her concerns about mianzi. The abrasive, aggressive, and confrontational style of social interaction so prevalent in American business and professional circles can be very stressful to first-generation Asian Americans. *Bao* or *baoying* has to do with reciprocating a favor. It is a deeply ingrained concept. Bao often is extended beyond individuals. For example, if A has done B a great favor, then B would treat A's family with special kindness, even if A had passed away. Most of these concepts, which make social interactions smooth and predictable in the Chinese culture, are foreign to the American culture. That is one of the reasons why elderly Chinese Americans find it difficult to socialize and interact with mainstream American society.

Filial Piety and Respect for the Elderly

Filial piety has long been a cardinal cultural norm in Asian societies influenced by Confucius (Hsu, 1971). It has been institutionalized in China, Japan, and Korea for a long time and involves many obligations. This norm involves the expectation that children have successful careers to honor their parents and ancestors. It also is expected that a married son and his wife support and serve the needs and

wishes of the husband's parents (Lang, 1946; Lin, 1985; Osako & Liu, 1986; Sung, 1990). Old age to the Chinese is a source of status (J. Chen, 1980; Cheng, 1978; Cheung, Cho, Luan, Tang, & Yan, 1980; Ikels, 1983; Lum, Cheung, Cho, Tang, & Yau, 1980; Nagasawa, 1980). The image of the Chinese aged is one of honor, authority, and custodians of the cultural heritage. As such, aging parents expect to be respected by their children. Generally, Asians are more likely to practice filial piety than are their Caucasian counterparts. For example, in a study comparing Korean American and White American caregivers, Sung (1994) found that obligation, affection, and reciprocity were the three most frequently mentioned motivational responses by both Korean and American caregivers. However, respect for parents, family harmony, and filial sacrifice emerged as important motivational responses for the Korean sample only.

Traditional Japanese Culture

Similar to the Chinese, traditional Japanese culture emphasizes discipline and perseverance. The Japanese term *gaman* was most frequently cited by the Japanese elderly in the Ujimoto, Nishio, Wong, and Lam (1992) study as the most important factor that contributed to their successful aging. According to Kobata (1979), gaman is literally translated as "self-control." The outward manifestation of this is the tendency to suppress emotions, whether positive or negative. In traditional Japanese society, gaman was seen as virtuous, and Kobata argued that "the tendency to suffer in silence with a great deal of forbearance provides some insights into the nature of the family as the source for dealing with problems rather than the outside service provider" (p. 100). However, this practice can have a negative effect on the elderly. For example, Tomita (1994) pointed out that Japanese culture encourages the sick or weak to gaman. This quiet suffering makes it more difficult for social service practitioners to identify Japanese victims of elder abuse.

Associated with the concept of gaman, or self-control, is *enryo*. According to Kobata (1979), "the norm of *enryo* includes, but is not limited to, reticence, self-effacement, deference, humility, hesitation, and denigration of one's self and possessions" (p. 100). Because of the plethora of terms that can be associated with enryo, it is extremely difficult to assess the supportive aspects of social support activities of the Japanese elderly. For example, it often becomes difficult to differentiate between ritualistic behavior and genuinely supportive behavior in the Japanese social interaction context. As Kobata noted, "The concept had its origins in the cultural norms of knowing one's position in relation to another when interacting with others perceived as 'inferior' or 'superior' to oneself" (p. 100). Thus, in interactions with authority figures such as doctors, the Japanese elderly very often do not volunteer their true feelings of how they feel.

The extent to which various cultural values are retained by the Chinese, Japanese, and Korean elderly is related to the socialization processes experienced earlier, whether in the country of emigration or in the host society. Sugiman and

Nishio (1983) argued that the retention of cultural norms also is a function of the immigrant's attitudes toward acculturation. Consequently, the Issei (i.e., first-generation Japanese immigrants) made only modest demands on their children to fulfill filial obligations. This view appears to be supported even in contemporary Japan. The *Japan Times* reported that the elderly in Japan look less to their children to look after them and prefer their spouses to take care of them ("Elderly Look Less to Children," 1987). Another aspect to consider is support, or the lack thereof, for one's cultural heritage in the host country. For example, the lack of institutional support for the transmission of Japanese culture and language during the time of Japanese internment cannot be compared to today's multicultural environment that encourages the retention of the traditional cultural heritage.

IMMIGRATION EXPERIENCES AND HISTORY

The adjustment and well-being of any ethnic minority cannot be fully understood apart from its social history. This point is illustrated by a brief review of the Chinese and Japanese immigration experiences in Canada. According to Li (1988), the experiences of Chinese Canadians can be grouped into three distinct periods: the pre-exclusion era (1858-1923), the exclusion era in which no Chinese were allowed into Canada (1923-1947), and the post-1947 era in which the Chinese gained their civil rights. Each of these periods left a lasting effect on the well-being of the first-generation elderly Chinese. An interesting observation made by Li (1988) was that the Chinese who came to North America in the early 19th century were viewed "as aliens who could be utilized in lower-paying jobs but were not to be trusted as social equals" (p. 20). The Chinese were perceived to be mere "sojourners" and not permanent immigrants. They were subject to racial abuse and discrimination. White workers were concerned about Chinese laborers' undercutting wages and working long hours. Anti-Asian racism resulted in the Chinese Immigration Act of 1885, which imposed a head tax of $50 on every Chinese immigrant entering Canada. In 1900, the head tax was increased to $500. Other restrictive legislation followed that denied the Chinese their basic citizenship rights. Evidence of systemic discrimination of the Chinese in Canada was documented by Li (1988). The Chinese were allowed to participate in labor-intensive industries but were effectively excluded from professional occupations. These restrictions resulted in a labor market that was highly segmented into a low-wage, highly exploited sector made up mostly of Asians and a higher-paying job sector monopolized by White workers.

The early immigrant experiences of the first-generation Japanese were similar to those of these Chinese pioneers. Japanese Canadian history also can be classified according to the legal status of Japanese Canadians. Shimpo (1973) suggested the following four periods: free immigration (1877-1907), controlled immigration (1908-1940), deprived civil rights (1941-1948), and restored civil

rights (1949-present). The first period can be characterized as one in which racial conflict based on economic competition gradually developed to such an extent that it resulted in the race riot of 1907 in Vancouver. General hostility against Chinese and Japanese immigrants in British Columbia was already on the increase when immigration restriction was legislated in 1885. The provincial government took steps to disenfranchise the Japanese in 1896. The Chinese had already been disenfranchised at the provincial level in 1885. Preventing the Chinese and Japanese from participating in the electoral process was a form of social control that clearly illustrates the racist ideology of the time. Such "institutional racism" (Wilson, 1973) was in force until after World War II.

South Asian immigrants began to arrive in Canada just as the anti-Asian hostilities were on the rise. Buchignani (1980) observed that South Asians were identified as part of the "Asian menace." They faced formidable discriminatory barriers that prevented them from productive participation in Canadian society. Although there was a ban on South Asian immigration between 1909 and 1947, Buchignani (1980) noted that wives and dependent children of legal South Asian residents were permitted to immigrate after 1920. The Chinese in Canada before World War II, however, were denied the conjugal family as a result of the anti-Chinese policy of the time. In the case of the Japanese, the Gentlemen's Agreement of 1908 restricted immigration to only four specified classes of people (Woodsworth, 1941).

Since the end of World War II, there has been a fundamental shift in the treatment of Asians in Canada. For the South Asians, the formal barriers to citizenship and the franchise were removed in 1947 and 1948. Similarly, the Chinese and Japanese gained access to citizenship and to the rights and privileges accorded Canadian citizens. Although the formal barriers to equality have been removed, subtle forms of racism and discrimination still are manifested in Canadian society.

It can be seen from the preceding account that there was a great difference in the political and social climates before and after World War II. Because of these differences, it is impossible to generalize regarding the well-being of Asian Canadian elderly of those who recently immigrated to those who came before World War II. It is even difficult for us to comprehend the psychological impact of years of systemic racial discrimination, economic exploitation, and deprivation of basic human rights on Canadian Asian elderly. The history of immigrants provides the necessary backdrop for understanding the social and political climate of North America. Some of the anti-immigrant, anti-Asian forces still are here, but they operate under the guise of nationalism or patriotism. Historical events also are important in understanding the immigration experiences of seniors. Yeo and Hikoyeda (1992) conducted a cohort analysis of the historical profiles of Chinese, Filipino, Mexican, and African American elders. These profiles indicate that many of the elders from all four samples have experienced racism, discrimination, segregation, and violence. These massive discontinuities in their lifetimes might have significantly influenced their self-esteem, health beliefs, and attitudes toward service providers.

POTENTIAL STRESSORS FACING ASIAN AMERICAN ELDERLY

We have briefly described the R-C Model and shown how ethnicity can have both a positive and a negative impact on adaptation. We now examine the available empirical evidence from the conceptual framework of the R-C Model.

The primary stressors experienced by Asian Americans discussed by Sue and Morishima (1982) are culture conflict, minority status, and social change. In an extensive study of the needs of Chinese, Japanese, Korean, and Filipino Americans, Kim (1978) found that language/cultural barriers, low income, and employment problems were common. Lack of proficiency in English was of particular concern to Chinese Americans. Racism and discrimination also were problems. As reported by Okuley (1992), the U.S. Commission on Civil Rights recently issued a report titled "Civil Rights Issues Facing Asian Americans in the 1990s." It clearly states that Asian Americans, regardless of their levels of education, still face widespread prejudice and discrimination. Economic competition with Asian countries, the resentment of perceived success of Asian Americans, and scapegoating during economic recession are some of the causes of bigotry and violence against Asian Americans.

For elderly Asian Americans, these stressors are compounded by problems related to aging. In her review of the literature on the Chinese elderly living in the United States, Cheung (1989) identified several common problems experienced by elderly Chinese Americans. These included isolation, alienation, poverty, loss of power, lack of language proficiency and education, lack of access to services, immobility and transportation problems, lack of respect and caring, fear of racial discrimination and assimilation into a foreign culture, and health problems. Although some of these problems are common to all aged people, most of the stressors are unique to immigrant elderly.

A number of studies have identified poverty, cheap labor, unemployment, and low income as problems for the Asian elderly (Carp & Kataoka, 1976; Chen, 1979; Cheng, 1978; Fujii, 1976; Wong, 1984; Yu & Wu, 1985). For example, Chen (1979) interviewed older Chinese Americans living in hotel rooms in Los Angeles's Chinatown. The study provided clear evidence of poverty in terms of poor living conditions, malnutrition, and dependence on social security as their major source of income. These seniors lived in isolation and loneliness with little or no support from their children. Chen's study brings to mind a vivid picture of frail Chinese elderly living alone in dingy, dirty, cluttered rooms filled with the putrid smell of garbage, rotten food, and urine. They have lived a hard life full of discrimination, alienation, and backbreaking, low-paying jobs. With no family members to care for them and with very little government assistance, they struggle on their own to get through each day. In their old age, they live in isolation and often die alone. They can be found in almost any city in North America. They are a forgotten people because they do not have any political clout or any interest group to speak on their behalf. Income level, as well as health, has been

consistently related to psychological distress in the elderly (George, 1980; Palmore, Burchett, Fillenbaum, George, & Hallman, 1985). Low SES not only means more strains and distress but also means fewer resources to help cope with life stress (Kessler, 1979; Krause, 1987b). The financial difficulties faced by many Asian American elderly is a serious problem that needs to be addressed.

Immigration, Acculturation, and Stress

In addition to the preceding social and economic hardships experienced by Asian American elderly, immigrants and refugees face additional stressors. The clashing of different cultures generates stress and tension. The greater the disparity between the immigrant culture and the host culture, the greater the acculturative stress (Berry & Annis, 1974; Kunz, 1981). Numerous studies have already shown that immigration, particularly from a non-Western culture, can be stressful and might have long-term, adverse psychological effects (Brislin, 1981; Handlin, 1951; Murphy, 1977; Nann, 1982). Some of the problems associated with immigration include role conflicts (Naditch & Morrissey, 1976), status loss (Abramson, 1966), loss of self-esteem (Padilla, Wagatsuma, & Lindholm, 1985), intergenerational conflicts (Cheung, 1989; Ikels, 1983; Yamamoto, 1968), and the loss of meaning (Marris, 1980; Westwood & Lawrence, 1990).

Nicassio, Solomon, Guest, and McCullough (1986) differentiated between immigration stress and acculturative stress of refugees. The former includes life events such as the loss of property and relatives in their homeland and confinement in a refugee camp prior to emigration. The latter refers to adjustment difficulties such as learning to speak English, finding a job, conflict over Indochinese and American ways of behavior, and not having enough money for basic necessities. Nicassio et al. reported that immigration stress and a lack of English proficiency were associated with depressive symptoms and that English proficiency reduced the impact of acculturative stress on depression. The National Workshop on Ethnicity and Aging (1988) also recognized the stressful experiences of immigrant seniors who came to Canada as sponsored dependents under the family reunification program. They are sponsored by their adult children, who often are recent immigrants still struggling to get established in the host country. The workshop described the special needs of sponsored dependents:

> Some immigrant seniors encounter financial hardship. During an up to ten-year period, sponsors are financially responsible for their dependents. Sponsorship sometimes becomes a great burden for families. If family circumstances change or the sponsorship threatens to break down, immigrant seniors can find themselves in extremely problematic situations.
>
> Also, the majority have only small pensions from their homelands or none at all. In any case, no immigrant senior can collect a Canadian government old age pension for ten years after becoming a landed immigrant. As a result, they might be unhappy in Canada, unable to return home, ineligible for financial

> assistance, unable to speak English or French, and ashamed to ask friends or ethnocultural associations for help. (p. 25)

There is considerable evidence of acculturation stress in Chinese Americans (Yu, 1984; Yu & Harburg, 1980), Korean Americans (Hurh & Kim, 1984; Kim, Kim, & Hurh, 1991; Moon & Pearl, 1991), and Southeast Asian refugees (Nicassio et al., 1986; Strand & Jones, 1985). In one of the early studies on elderly Chinese immigrants in Los Angeles, Wu (1975) found that they experienced a wide range of practical and psychological problems in adjusting to life in America. Language barriers and lack of transportation and leisure time activities were cited as the most serious problems. They also experienced the difficulties of role reversal in the family and the loss of social status. Morton, Stanford, Happersett, and Molgaard (1992) studied the relationship between acculturation and functional impairment among Chinese and Vietnamese elderly; they reported that the level of acculturation and structural assimilation emerged as major contributors to functional impairment in both groups.

Similarly in Canada, a recent survey of the Chinese community in metro Toronto ("Racial Discrimination," 1992) showed that 63% felt there was some prejudice toward them by the majority culture and 24% said a great deal or quite a bit of prejudice was directed toward them. Many of them experienced discrimination on the job, in stores, and in public places. Among the respondents, 52% felt that prejudice toward the Chinese in Toronto had remained about the same, whereas 33% felt that it was increasing. Many felt that they will never be accepted in Canadian society because they are a visible minority. Chinese are among the best and the worst educated in Toronto. In Chinatown, there still are many immigrant pieceworkers who work long hours for very low wages because they do not know enough English to find better jobs. About 70% of the homeworkers are Chinese. In Canada, many Asian immigrants are unable to receive old age security because they need to establish residency for 10 years before they qualify. Recession and financial hardships exacerbate intergenerational conflict and increase the likelihood of elder abuse. Some aging parents have been forced out of their family homes by their adult sons or daughters because of irreconcilable conflicts.

Elderly Korean immigrants face similar adjustment problems (Kiefer et al., 1985; Kim, 1978; Moon & Pearl, 1991). In addition to culture shock, their problems often include financial difficulties and the lack of control over their living conditions. Successful adjustment was found to be positively related to level of education, length of residence in the United States, and a multigenerational household structure (Kiefer et al., 1985). Kim et al. (1991) summarized their difficulties as follows:

> When elderly immigrants come to the United States, their immigrant status generally signifies the following three types of disadvantaged experience in the United States: (1) the substantial loss of preimmigration socio-economic re-

> sources or ties, (2) the continuous attachment to significant parts of their preimmigration lifestyle and belief system, and (3) the limited experience of Americanization. (p. 234)

These disadvantages translate to decreased coping resources and increased stress. Kim et al. (1991) reported that Korean immigrants tend to retain their social and cultural ties and only become barely Americanized regardless of the length of residence in the United States. They generally do not speak English and remain unfamiliar with the American way of life. This handicap makes it more difficult for Korean elderly to adjust to the aging process and makes them more dependent on adult children. Moon and Pearl (1991) reported that elderly Korean immigrants in Los Angeles exhibited less alienation than did their counterparts in Oklahoma because Los Angeles has a larger Korean community. This finding suggests that adjustment problems might be negatively related to the size and cohesiveness of the ethnic community. The study also showed that older Korean immigrants felt more alienated than did younger Korean immigrants. One plausible explanation is that older immigrants have stronger roots in traditional beliefs and experience more difficulty adjusting to a new culture.

A different set of stressors face Indochinese refugees. Some of them suffer from both acculturation stress and posttraumatic stress (Kinzie et al., 1990; Kroll et al., 1989). Many also have experienced economic problems during the early stages of resettlement (Strand & Jones, 1985). Tran (1992) studied relationships between SES, age, gender, ethnicity, and adjustment patterns among three groups of Indochinese refugees: Chinese Vietnamese, lowland Laotians, and Vietnamese. The results showed that education, occupation, gender, age, and length of residence in the United States were significantly related to adjustment. Men had a lower level of adjustment than did women. Older refugees have greater difficulties adjusting to the host society. They have more disadvantages than do their younger counterparts because they have lost their properties, positions, and careers and it is too late and too difficult to reestablish themselves in a new culture. From the perspective of exchange theory, older refugees also lack the social and economic resources to maintain their well-being (Dowd, 1983; Tran, 1991). It is not surprising that older Indochinese refugees tend to have a higher level of physical and mental dysfunctioning as compared to their younger counterparts (Lin, Tazuma, & Masuda, 1979; Rumbaut, 1985).

Cultural Transition and the Changing Role of the Asian American Elderly

Cultural transition remains the greatest challenge facing older Asian immigrants. In traditional Chinese culture, elders are valued and respected. They exercise considerable authority over the younger generations, even when their adult children are married and maintain separate households. Traditional values, including respect for the elderly, are replaced by a different set of values in North

America. Individualism and the nuclear family are accepted as the norm; youth and productivity are valued over age and experience. Research has shown that veneration of the elderly is inversely related to modernization (Maxwell & Silverman, 1980). The image of the elderly in North America is largely a negative one (Bengtson, Reedy, & Gordon, 1985). It is difficult for Asian elderly to feel at home in a society where the elderly are devalued and marginalized. It is even more difficult for them to accept the loss of respect from their children and grandchildren.

Young people in North America can generally support themselves and are less dependent on their parents. In many immigrant families, the elderly have to depend on their adult children financially. Moving to an adult child's home can make life very difficult for aging parents because it further undermines their self-respect and authority. Asian elders' lack of knowledge of English makes them dependent on their children, who have received a Western-style education. Those who fail to adjust to role reversal are likely to experience a high level of intergenerational conflict and life stress. Yee (1992) examined the effect of cultural transition on elders in Southeast Asian refugee families. She pointed out that migration to a new culture often changes the definition of life stages. For example, many Asian immigrants discover that they are too young to be considered as elderly by the American societal definition of seniors because they are not yet 50 years of age. Furthermore, they no longer are able to perform the traditional roles of elders in the host culture. Their credibility in advising younger family members also is diminished by their deficiency in English and cultural competence. For immigrant women, their situation is even more discouraging. Typically, these women stay at home to provide household and child care services so that younger members of the family can go to work. As a result, they are isolated at home, with no opportunity to learn the English language and acquire cultural knowledge. When the younger members of the family become more acculturated, these older women find themselves not only strangers in a new country but also strangers in their own homes.

Intergenerational Conflict

Contrary to the common assumption that Chinese elderly are well respected and well cared for by their adult children, there is mounting evidence of intergenerational conflict in the Chinese family. Many Chinese seniors still hang on to the unrealistic expectations of filial duties from their adult children in North America, where belief in filial piety has been undermined by a more individualistic orientation. Many older Chinese American elderly believe that traditional values about family, aging, and filial piety should continue, even when the traditional Chinese social structure no longer exists in America (Cheng, 1978; Markides & Mindel, 1987). Because of different cultural expectations, Chinese elderly often are frustrated and confused by the way in which they are treated (Cheung, 1989). Different rates of acculturation create more distance between the elderly, who

cling to their traditional culture, and their children, who are more likely to embrace American cultural norms (Yu, 1983).

Kim et al. (1991) reported that Korean immigrants encounter a great deal of conflict and difficulty in practicing filial piety in the United States. Goode (1963) pointed out that as a society becomes industrialized, the family kinship system changes toward the conjugal family (i.e., the nuclear family). For Koreans who have immigrated to a highly industrialized American society, their traditional family system has undergone a similar change. However, despite this change, most Korean immigrants still are committed to filial obligation and maintain strong kinship ties. Married children are expected to take in and care for their aging parents whenever necessary. This adaptation of the traditional family system is characterized as the extended conjugal family. It is difficult for the Korean family to fulfill the traditional expectation of filial piety. The expectation that married children and their spouses should sacrifice their marital lives by caring for their parents creates pressure for the married children and severely strains intergenerational relationships. Kim et al. (1991) proposed that for aging parents to reduce adjustment problems, they need to adjust their cultural beliefs and accept a more limited range of filial obligation to physical care and social-psychological comfort. This realistic adjustment will facilitate coping and improve their relationships with their married children and spouses.

Another major source of conflict involves child-rearing practices. Asian seniors often are shocked and saddened by the attitude and behavior of their American-born grandchildren. The youngsters' lack of respect for both parents and grandparents, their rejection of traditional Chinese culture and language, and their total identification with American youth culture are matters of grave concern to Asian grandparents. Chinese American elderly are quite aware of the social problems such as sexual promiscuity, teenage pregnancy, drug abuse, AIDS, and drunken driving. These seniors are concerned not only about the decline of traditional Chinese values but also about what they perceive as the destructive influence of Western culture on their grandchildren. Many Chinese elderly believe that the Chinese culture is superior because it has survived more than 5,000 years. They are convinced that traditional Chinese virtues, such as being family minded, socially harmonious, self-restrained, and conscientious (Yang, 1986), are far more beneficial to young people than are the undisciplined, self-absorbed, pleasure-seeking tendencies of the average American youth. They are proud of their cultural heritage, which they believe provides enduring moral principles necessary for survival in a rapidly changing world. Accordingly, Asian elderly are eager to pass on traditional values to their grandchildren. Caring for family members, self-discipline, hard work, and striving to make something of one's life can have a positive influence on the younger generation. In fact, grandparents can be a useful source of wisdom and inspiration as they share the family history and their own life experiences with the young (Wong, 1995; Wong & Watt, 1991). However, conflict can occur when they try to assert their authority over young people whose sense of filial piety often has lessened with acculturation.

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COPING RESOURCES AND STRATEGIES

Aging may be viewed as a process of adaptation to change. "The process of aging is lifelong, requiring the individual to adapt constantly to the fact of his or her changing capabilities" (Ikels, 1983, p. 241). In later years, adaptation becomes more demanding because of multiple losses and continued decline in various capabilities. How do Asian Americans manage to adapt to the dual task of aging and acculturation? How does their cultural heritage affect the adaptation outcomes?

According to Markus and Kitayama (1991), cultural differences in construals of the self, others, and their interdependence can influence the nature of individual experiences. Many Asian cultures emphasize the relatedness and interdependence of individuals, whereas the American culture construes the self as independent. This difference between East and West has profound implications for coping. From the Eastern perspective, coping is a collective effort, and maintaining harmony is more desirable than is problem solving. From the Western perspective, coping is largely a solo effort aimed at changing each problematic situation. Given these cultural differences, coping strategies downgraded by the Western culture often are valued by Chinese seniors. For example, passive acceptance is generally considered a weakness to the Western mind, whereas it is a virtue to the traditional Chinese elderly. Taoist philosophy has encouraged passive acceptance of change and endurance in the midst of adversity. Wu (1975) found that the Chinese traditional values of endurance, frugality, and religious faith helped elderly Chinese immigrants to adjust to the difficulties of life in the new world.

Whereas Westerners favor internal locus of control, the Chinese are more likely to make external attributions for both positive and negative outcomes. Hsien, Shybut, and Lotsof (1969) found that Hong Kong Chinese had a stronger external orientation on the Rotter's Scale than did Anglo-Americans. Lao (1977) found that Chinese students had a stronger belief in "powerful others" than did their American counterparts. Lee (1985) found that interpersonal difficulties were attributed to *yuan,* which roughly means relationship as preordained by fate or providence; this is a defense mechanism that minimizes blame. The Chinese also have a tendency to give credit to others and make self-effacing attributions after success. However, endorsement of external beliefs does not necessarily mean a lack of internal control or self-reliance. This external orientation simply reflects the socialization process of the Chinese that promotes respect of authority and acceptance of yuan (Bond, 1983, 1986). There are very few studies that have explicitly examined ethnic/cultural factors in coping. Cheung (1986) provided a useful review of the coping patterns of the Chinese, and the major studies reviewed by her are summarized in the following.

Hwang (1977, 1978, 1979) studied the coping behaviors of married men in Taiwan. He discovered four major coping strategies. First, *self-reliance* includes facing the problem, striving and persevering, and maintaining self-confidence. Perseverance (*ren-nai*) emphasizes the virtue of endurance, tolerance, patience,

and persistence. Second, *social support* includes drawing on one's own social resources, especially relatives and friends. Third is *prayer and appealing to supernatural power.* Fourth, *acceptance* is based on the Taoist philosophy of accepting reality and letting nature take its course. Hwang also found that his participants often employed several strategies in dealing with their problems. Cheung (1986) commented that most of the coping strategies employed by Taiwanese men were related to cognitive processes. Active problem-solving strategies were more often employed by younger participants from a higher SES. Cheung, Lee, and Chan (1983) studied the coping strategies of university students in Hong Kong. They identified the following types of coping: *psychological endurance,* which includes strategies such as telling oneself to calm down and accepting or trying to forget the problem, and *active coping,* which includes analyzing the problem and resetting goals. These self-reliant, cognitive solutions were used to deal with mild problems such as feeling anxious or empty. However, when problems were severe, individuals tended to seek consultation and professional help. Cheung, Lau, and Wong (1984) found that most of the psychiatric patients in Hong Kong initially used self-directed methods such as controlling oneself, ignoring or avoiding the problem, and passive endurance. Cheung (1986) concluded that the tendency to resort to self-directed cognitive coping strategies may be understood in terms of the Confucian tradition of self-discipline, which emphasizes the virtue of controlling one's own mind and maintaining an even temperament so that one is not easily disturbed. She also suggested that self-control and frustration tolerance, which are emphasized in the Chinese culture, can be a source of resistance to stress.

In contrast to the Western emphasis on instrumental action and problem solving, Asian elderly favor existential coping. From the hardships of life and from the painful lessons of history, they have learned that being philosophical about unavoidable suffering can make it more bearable. Another interesting finding is that Chinese elderly tend to use a variety of coping strategies. This is consistent with the Chinese tendency to be holistic, eclectic, practical, and cautious (Yang, 1986); they would do everything possible to make life easier. Wong and Reker (1985) compared a sample of first-generation elderly Chinese immigrants to their Caucasian counterparts in subjective well-being and coping strategies. The authors reported that the Chinese sample rated growing old in Canada a more stressful experience, reported lower psychological well-being, and employed more palliative strategies (i.e., trying to ignore or forget the problem) and more external strategies (i.e., trying to get help from family and friends) than did Caucasians. They also found that Chinese elderly employed a greater number of strategies from various categories but perceived their coping as being less efficacious. In a subsequent study, Wong and Ujimoto (1988) performed a more detailed comparison using a larger sample of elderly Chinese Canadians and Caucasians. Assessing life satisfaction and coping strategies, Wong and Ujimoto found that in most specific domains, such as family and government services, the Chinese elderly reported lower satisfaction. However, with respect to general satisfaction

with life as a whole, the Chinese scored higher. The results also showed that the Chinese elderly employed more coping strategies in every coping category (i.e., internal, external, palliative, existential, preventive) except the religious coping category, in which the Caucasians scored higher. The Chinese depended equally on internal and external coping strategies, whereas the Caucasians employed significantly more internal strategies than external ones. Generally, the Chinese elderly tended to try harder and use a greater variety of coping strategies.

Kim (1978) reported that different Asian American groups differed in coping strategies. When asked the hypothetical question as to where they would seek help for mental illness, Chinese Americans were most likely to use public and professional resources such as hospitals and doctors, whereas Japanese Americans were most dependent on private resources such as family and friends. Koreans and Filipino Americans responded somewhere in between. Desbarats (1986) investigated differences in adaptation between Sino-Vietnamese and ethnic Vietnamese refugees. However, the dependent variables actually measured patterns of acculturation rather than coping. She found that ethnic Vietnamese refugees were superior in the use of English and in taking vocational training, whereas Sino-Vietnamese were more likely to find their first jobs through the ethnic community. Desbarats concluded that Chinese ethnicity had an adverse effect on adaptation. However, this conclusion is based on the faulty assumption that the greater the assimilation, the better the adaptation. The author failed to recognize the adaptive values of different types of acculturation and different stages of racial/cultural identity (Sue & Sue, 1990).

Ethnic Community and Social Support

The importance of support from one's own ethnic community needs to be recognized as a major protective factor in acculturation stress. Minority elderly are particularly inclined to be associated with people with the same ethnic background (Hoyt & Babchuk, 1981; Lin, Simeone, Ensel, & Kuo, 1979). Older Chinese immigrants always have tried to maintain their traditional values and customs through association with their peer group (Cheung, 1989). They often take an active part in Chinese ethnocultural associations or Chinese churches. Many Chinese elderly prefer to live in Chinatown so that they can speak Chinese, socialize with other Chinese, and consult traditional Chinese doctors and herbalists. Their tendency to seek help from the ethnic community partially explains their underutilization of mainstream health and social services. In a study of Chinese Americans in Washington, D.C., Kuo and Tsai (1986) found a positive relationship between stress and psychiatric symptoms but also found that non-kin social supports, such as friends and involvement in Chinese associations, had a stronger negative correlation with symptoms. These results showed that active cultivation of social networks protects immigrants from distress and psychological impairment.

Family Support

Close kinship ties in traditional Chinese families satisfy individuals' needs for intimacy and provide social support against the adverse effects of stress (Hsu, 1973). Family support, in terms of love and encouragement, advice, and tangible help, plays a major role in caring for the old and the young (Li, 1985) and in maintaining mental health (Cheung, 1986). Chinese mental patients typically rely on family members before seeking professional help (Cheung et al., 1984; Lin, Tardiff, Doretz, & Goresky, 1978). Research in Canada has documented the salience of ethnicity in family support. For example, Tseng and Wu (1985); England (1986); Chappell, Strain, and Blandford (1986); Driedger and Chappell (1987); Disman (1987); and Ujimoto (1987a, 1987b, 1988, 1991) have found that family support plays an important role in caring for the old in Asian groups.

Many Chinese Americans believe in filial responsibilities, but they do not always practice what they believe (Yu, 1983). Many overseas Chinese continue to provide various forms of support to their aging parents, although not to the extent expected by their parents. Elderly Chinese immigrants tend to depend on their adult children for psychological, financial, and other types of support (Yu & Harburg, 1980; Yu & Wu, 1985). However, meeting the financial and housing needs of elderly relatives depends on the employment status, marital status, and gender of the adult children. Yu and Wu (1985) found that married, employed females were more likely to give money to their parents and in-laws than were single, unemployed females. Employed respondents reported less discomfort in meeting the needs of elderly relatives.

With respect to other Asian groups, Blust and Scheidt (1988) conducted a study on the perceptions of filial responsibility by elderly Filipino widows and their primary caregivers and found that the widows' reports of actual support received exceeded their expectations. Interestingly, daughters, the primary caregivers, held higher filial expectations than did their mothers. This indicates that daughters accept and practice various filial responsibilities such as providing financial aid and personal care and showing respect, warmth, and affection. The result suggests that the widows might have lowered their expectations to avoid disappointments. Tran (1991) studied the importance of family living arrangements on social adjustment in elderly Indochinese refugees in the United States. Tran found that those who lived within the nuclear or extended family were more satisfied than those living outside the family context. This result suggests that living with the family is a major source of life satisfaction.

Asian American seniors prefer to live in their home countries. They often reluctantly move to North America to be close to their children. Many of them still believe that depending on their children in older age is the proper thing to do. They expect their adult children to take care of them to the same degree that the children were cared for when they were young. Institutionalization is not an acceptable alternative because it means rejection and abandonment by their children. However, because of the potential conflicts and difficulties of living with their children, they are prepared to live in separate residences until they no longer

can manage on their own. Ikels (1983) reported that Hong Kong elderly were apprehensive of moving to America because they were afraid of separation, financial problems, and having to spend old age in nursing homes. They found life in Hong Kong to be more enjoyable. They would consider moving to America to be with their children only when they no longer could manage on their own. Coresidence was the preferred alternative to institutionalization for these frail Chinese elderly. The data on living arrangements tend to reflect these attitudes. Using data from the 1980 U.S. census, Kamo and Zhou (1994) showed that elderly Japanese and Chinese were more likely to live in extended family households than were White Hispanic elderly. The results also showed that, for the Asian American elderly, the lower their level of acculturation, the greater the likelihood of living in an extended family household.

Although filial piety continues to be accepted in various Asian American communities, its practice has been on the decline. Hendricks and Leedham (1989) made the astute observation that filial piety is "nearly always undergirded by an ironclad control over whatever younger people aspire to. Principles of veneration are likely to result from the leverage older people have to ply" (p. 7). It is less likely that the elderly will exercise resource control in North America, where the younger generation is less dependent on the elderly for expertise, goods, and services. Nevertheless, family support and filial piety still are valued greatly by the many Asian elderly. A recent study of aging Chinese, Japanese, and Koreans in Canada by Ujimoto et al. (1992) indicated that Chinese elderly had the highest frequency in seeing their relatives. However, Korean elderly spent considerably more time with their relatives in numerous familial activities. In response to the question, "What aspects of your cultural heritage do you feel have enabled you to grow old successfully?" 26% of the Korean elderly indicated filial piety as the key cultural variable for successful aging. This contrasted with the Chinese and Japanese elderly respondents, of whom 12% and 7%, respectively, indicated filial piety. The Korean respondents in the survey also indicated that pride in their cultural heritage was important. Being the most recent immigrants to Canada, Koreans still maintain a strong attachment to traditional Korean values. The Chinese responses tended to fall between the Korean and Japanese responses. Supportive activities in the Asian Canadian family can take many forms. For Asian Canadian families, the time spent together over meals serves as a very cohesive factor and an opportunity to discuss daily happenings in addition to discussing important family matters. Another important supportive activity is the time spent with relatives in shopping activities. Assistance with shopping for groceries and for other necessities is quite strong. The Chinese respondents in the research just cited indicated a high level of daily contact with their elderly relatives.

Considering all the available evidence, ethnicity is indeed a valuable resource in more than one way. Cultural heritage and traditional values provide an anchor in a sea of change. Strong family ties and connections with the ethnic community provide both moral and practical social support. The human spirit of hard work, endurance, and self-reliance enables immigrants to overcome obstacles and succeed in the host country. In short, ethnicity strengthens both the social and psy-

chological coping resources and more than compensates for the deficiency in cultural competence. This overall positive assessment of ethnicity should not obscure the fact that there are hidden pockets of Asian American elderly at risk because of ethnicity. They tend to be poor and speak little or no English. Many of these seniors do not have the financial means to support themselves and often are unwelcome dependents living with their adult children. Some are victims of elder abuse, but they would not report this abuse to outsiders because their culture dictates that families should not "hang their dirty laundry in public." They often do not receive proper medical and social services because of language barriers and a lack of translation services. In almost every city, there are Asian American elderly living and dying alone in poverty or living out their old age in nursing homes where no one speaks their language and no one brings them the food they used to eat. They do not have the coping resources to fend for themselves. To our knowledge, there is little or no research on these "hidden" and forgotten victims, but they can be found almost anywhere.

LIFE SATISFACTION AND MENTAL HEALTH OF ASIAN AMERICANS

Given the additional stresses associated with immigration and acculturation, and considering that ethnicity can be either an asset or a liability, how do Asian American elderly fare in terms of mental health? The mental health problems of Asian Americans have been dealt with thoroughly elsewhere (e.g., Sue & Morishima, 1982; Sue & Sue, 1987). One of the messages from this body of research is that the mental health needs of Asian Americans have been underestimated because of their underutilization of mainstream mental health services (Sue & Sue, 1987). With respect to life satisfaction, there has been no large nationwide survey on Asian Americans. Nandi's (1980) exploratory study on the life quality of Asian Americans had a small sample of 45 individuals. P. Chen (1980) interviewed a sample of 150 Mexican, Black, and Chinese American elderly who were participants in nutrition programs in Los Angeles. The focus was on diet patterns and health rather than on life satisfaction.

Recently, Ying (1992) studied life satisfaction in a random sample of 142 San Francisco Chinese Americans. The participants, with a mean age of 36.7 years (ranging from 19 to 85), participated in face-to-face interviews. Overall life satisfaction was assessed on a Likert scale by the question, "When you think about the things you want from life, would you say that you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied with your current life?" (with a score of 5 indicating very satisfied). Subjective satisfaction with specific life domains such as work, health, marriage, and biculturality (e.g., life as a Chinese person living in America) also was rated. Mean overall life satisfaction was 3.62, which reflects a moderate level of satisfaction. Chinese Americans also were moderately satisfied in specific life domains, with the highest level of sat-

isfaction (mean = 4.11) in the domain of friendship. American-born Chinese had significantly greater bicultural satisfaction than did immigrants. Ying suggested that the American-born Chinese have more access to various resources and are less likely to experience the cultural and language barriers. The study showed that overall life satisfaction did not vary by sex, age, marital status, or years of residence in the United States. The only significant difference was that higher SES status was associated with higher overall life satisfaction. Subjective satisfaction with life domains accounted for 37% of the variance in overall life satisfaction. Subgroup analyses showed that bicultural satisfaction was the most powerful predictor of overall life satisfaction in immigrants, whereas friendship satisfaction was the best predictor of quality of life in American-born Chinese. Immigrants had a significantly lower SES than did American-born Chinese but did not report lower overall life satisfaction. Ying proposed that immigrants have likely reduced their expectations.

Kim (1987) reported that Korean immigrants to Canada appear to have adapted well. However, his intensive interviews with medical and social support staff revealed that Koreans tend to internalize their problems, making it difficult to assess their real problems. Kim also observed that Koreans do not want to admit that they are sick or show any signs of weakness and that they tend to somatize their psychological problems because of the stigma attached to mental illness. Self-reported health satisfaction was studied by Ujimoto et al. (1992) in a large sample of elderly Japanese, Chinese, and Korean women. The study revealed that the Chinese and Korean elderly reported lower satisfaction than did elderly Japanese women. Their dissatisfaction might stem from the fact that both Chinese and Korean women immigrated to Canada as "captive immigrants," a term used by Kim (1987) to describe Korean parents or grandparents who came to Canada because of their sense of responsibility toward their families. In a Korean household that operates a small business or has dual income earners, the babysitting role most often is provided by grandparents.

Studies comparing Asian Americans to mainstream Americans are particularly rare, and the results are inconclusive. Loo (1991), in her comprehensive study of Chinese adults in San Francisco's Chinatown, found that they reported lower life satisfaction than did Americans overall in many areas such as education, job, health, housing, and family life. They described their lives as less enjoyable, less hopeful, and offering fewer opportunities. Raskin and Chien (1992) compared Chinese elderly to Caucasian American elderly on measures of psychic distress, somatic complaints, and social competence. They found less psychic distress and emotionality in Chinese seniors than in their Caucasian counterparts. Chinese Americans also performed better on empirical tests of memory but registered more attention and memory complaints. There was no evidence of more somatic distress or somatic symptoms in Chinese Americans. In terms of social competence, Chinese American women saw themselves as less able than their Caucasian counterparts. In another study, Morioka-Douglas and Yeo (1990) found that Asian American elders visited a doctor's office only about half as often

as did White Americans; however, the underutilization of Western medical services by elderly Asians does not necessarily mean that they enjoy better physical health.

Morioka-Douglas and Yeo (1990) also reported that death rates for foreign-born Chinese are almost six times higher than those reported for American-born Chinese, implicating the negative effects of migration on physical health. Berkanovic and Hurwicz (1992) examined 16 indicators of physical, mental, and social health status of older Chinese in Los Angeles, Beijing, and Guangzhou. They reported that the older Chinese in Los Angeles rated their health status as better and had fewer chronic conditions than did their counterparts in Beijing and Guangzhou. They also reported fewer mobility limitations; however, Los Angeles respondents spent more days in bed due to illness than did respondents in Beijing and Guangzhou. The results of the Barkanovic and Hurwicz (1992) study are inconclusive with respect to the effects of living in America on the Chinese elderly.

McCallum and Shadbolt (1989) demonstrated that ethnicity was a significant predictor of psychological distress in the context of other relevant variables. Here, ethnicity was defined in terms of the four different ethnic strata, namely mainstream Australians, British migrants, and non-British migrants with either good or poor English. Network variables were related to psychological distress only for non-British migrants. The number of nonhousehold relatives was important for those with poor English, whereas the number of nonrelatives and neighbors predicted distress for those with good English. By contrast, for mainstream Australians, living arrangements, health, and gender, rather than network variables, were the significant predictors of distress. The authors concluded, "Ethnicity, then, makes a difference to the individual's need to organize social networks to avoid feelings of psychological distress" (p. 95). Note that the majority of non-British migrants came from various parts of Asia. The main limitation of this study is that psychological distress was measured by four items on subjective feelings of loneliness, boredom, and depression (e.g., "Would you say that you find yourself feeling lonely quite often, sometimes, or almost never?"). This is a restricted measure with little evidence of validity. The emphasis seems to be on underload rather than on overload. Still, the study is important in demonstrating that comparative studies of distress and mental health need to consider other factors such as social and personal resources.

Stanford (1990) investigated the prevalence and level of functional impairment among API Americans and American Indians age 45 years or over. The Older American Resources and Services (OARS) instrument was used to measure five different levels of impairment. Additional data on acculturation, depression, nutritional risk, and alcohol use also were collected. The Vietnamese tended to be least acculturated, and the older Vietnamese experienced higher levels of activities of daily living impairment than did other minority samples. Females age 65 years or over had the highest prevalence rate and level of impairment regardless of ethnicity. Lack of cultural competence (e.g., poor English language skills) contributed to all five levels of functional impairment for the Chinese and Vietnamese samples. Lew (1991) described the Older Southeast Asian Health Project, which

was designed to improve access to health care among older Cambodians in Long Beach, California. About 10% of the Cambodian immigrants were age 55 years or over. These elders suffered from many physical and mental health problems but were prevented from using available health services because of numerous social, cultural, and economic barriers.

Browne et al. (1994) provided a review of the research literature on the mental health service utilization of API American elders. They pointed out that previous research focused on the underutilization of mental health services by API Americans, whereas more recent studies focused on the risk factors of the underutilization of such services. These authors highlighted the prevalence of mental health problems of Chinese, Japanese, and Hawaiian elderly, taking particular note of the special needs of recent elderly immigrants such as Koreans and Indochinese. In a recent review of the social and health needs of API elderly, Tanjasiri, Wallace, and Shibata (1995) pointed out that these elderly might be in equal or better health as compared to Whites. However, the authors cited several studies showing that there were numerous pockets of Asian American seniors who were both in poverty and in poor health. They pointed out that aggregate data clouds the bimodal distribution in SES and health status. There have been pockets of needy and helpless API seniors who have fallen through the cracks of health and social services unnoticed. The authors suggest, "These results raise the possibility of health status inequality and demonstrate the need for more research with larger samples of API elderly" (p. 758).

Mental Health Implications

Successful adaptation for API Americans depends on a number of factors such as the presence of an ethnic community, adequate financial resources, and cultural competence in the host country. The greatest disadvantage and stress of being an elderly API American is racial discrimination, especially the type of systemic discrimination described earlier. One of the emphases in Sue and Sue's (1990) book was that the broader sociopolitical climate of racism and oppression can have a devastating effect on ethnic minorities. Being visible minorities and unable to communicate in English often can mean that they do not receive the same type of medical attention as does the majority. Furthermore, a lack of access to culturally relevant health and social services means that they have fewer external resources to resort to in times of need.

Kalish and Moriwaki (1973) pointed out that the early socialization and expectations regarding old age can be maladaptive to life in America. However, complete assimilation is not the answer because this would mean loss of cultural heritage as a coping resource. Stress that stems from basic conflicts of different values can be best reduced by modifying ethnic cultural expectations and selectively integrating the best from both cultures. For example, one should have more realistic expectations in terms of filial piety and respect for the elderly. At the same time, one can accept the values of autonomy and self-expression without

embracing the unbridled individualism of American culture. This type of selective acculturation calls for education and dialogue, not indoctrination.

Given the effects of culture on coping and help seeking, there is some consensus that mental health services and interventions should be more culturally appropriate to Asian Americans. There also is the need for more ethnic resources to care for the elderly (Cheung, 1989; Holzberg, 1983-1984; Kobata et al., 1980; Snow & Gordon, 1980; Sue & Morishima, 1982). Cheung (1989) recommended that "services should focus on the person's need for a cohesive family structure by providing services in a simulated family setting" (p. 459). She further emphasized the importance of accepting Chinese clients' values and using peer support groups, as exemplified in a drug addiction treatment program in New York (Deely, Kaufman, Yen, Jue, & Brown, 1979).

The R-C Model emphasizes the importance of developing resources and using appropriate strategies to deal with various types of stressors. This would require more than the efforts of individuals. For example, the societal stress of racism and discrimination requires structural change. Language barriers can be overcome by publicly funded lessons in English. To increase the likelihood of congruence in adaptation, we need to provide training in cultural competence for new immigrants. Government and private agencies can play a key role to improve the coping resources of Asian American elderly. More attention needs to be given to the "hidden" Asian elderly; they probably are the most vulnerable group of seniors because they fall through the cracks unnoticed.

The R-C Model also emphasizes inner resources as a buffer against stress. In their study of Asian immigrants, Kuo and Tsai (1986) found that hardiness, in terms of internal locus of control and mastery, can reduce migration stress. More recently, Dion, Dion, and Pak (1992) also reported that hardiness served as a buffer against discrimination-related stress in members of Toronto's Chinese community. Wong (1993) proposed that by cultivating psychological resources, we can enhance stress resistance and improve mental health. To increase inner resources, "we need to foster a sense of mastery while recognizing external constraints and internal limitations; we need to explore sources of personal meaning; we can also cultivate our capacity for dreaming and hoping" (p. 59). Implementation of these suggestions can go a long way in improving the mental health of Asian elderly in a foreign land.

METHODOLOGICAL LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

The study of Asian American elderly must be viewed within a broader cross-cultural perspective. Cross-cultural research is interested in both the universal principles (etic) and culture-specific aspect (emic) of aging and adaptation. We need to identify the common experiences from different cultural groups as well as the culture-specific issues. The major methodologies in cross-culture research, such as linear research and parallel research, have been critically evaluated (Sue

& Sue, 1987; Zane & Sue, 1986). The assumption of universality in the constructs and assessment instruments in mainstream American culture has been questioned. Triandis (1972) called this approach "pseudo-etic" rather than etic because it imposes the categories of Western culture (which is emic rather than etic) on other cultures. Sinha (1983) criticized ethnocentrism in cross-cultural research, especially the practice of using a model of Western personality as the standard to measure psychological development in other cultures. He also questioned the validity of trying to interpret data collected from a different culture without any firsthand experience and real understanding of that culture. Similar criticisms were voiced by Sue and Sue (1987).

Recently, Gibson et al. (1993) published a 17-nation study of perceived problems and coping strategies in youth. An international research team met regularly during the design, data collection, and coding stages of the project. Members of the team also consulted one another frequently in interpreting the results. It was truly a multicultural, collaborative effort. However, Western influence is evident in the design of the questionnaire, which inevitably biases the results and interpretation. For example, to obtain information on coping strategies, respondents were asked, "When you have this problem, what do you do about it? That is, what are the things you do in order to deal with this concern, pressure, or difficulty?" (p. 205). This question clearly reflects the dominant influence of Western psychology, which favors individualistic, action-oriented coping. No wonder the results showed that close to 50% of the coping strategies reported belonged to the "individual problem-solving" category. On the other hand, the coping question could have been broadened to include, "How do you handle the problem mentally and emotionally? How does your family respond to the problem?" The results might have been very different if a more inclusive type of coping question were employed.

According to Sinha, true cross-cultural research should begin with many emic studies within each culture. "When emic understanding of behavior which reflects one's own societal base is supplemented by a comparative analysis of these variations, emergence of pan-culture regularities and the establishment of whatever universal features are found become possible" (p. 8). In other words, he proposed a derived etic approach, which is based on common features of a wide range of emic studies by psychologists from different cultures. His notion is similar to our suggestion of a "synemic" approach, which might be viewed as a form of integrated, parallel research. From the outset, the development of conceptualization and research instruments using this approach does not take part separately in several cultural groups; rather, it takes part cooperatively, involving different cultures. It also means that data collection and interpretations of the results are based on the synthesis of ideas from several cultures. This approach calls for equal partnership between participating countries. Truly etic principles will emerge when synemic research incorporates more and more cultures. The R-C Model and the coping assessment employed in our research may be considered an example of the synemic approach because they were based on constructs from both mainstream American culture and Oriental culture. Ideally, cross-cultural

research should involve members from different cultures who formulate research ideas and develop theories and instruments from scratch, as was done in the development of the coping schema (Peacock et al., 1993; Wong, 1993; Wong & Reker, 1985). This approach would avoid domination by Western constructs and instruments in cross-cultural research.

In terms of future directions in research, Gibson (1988) emphasized continued research on measurements of physical and psychological well-being as well as the development of valid instruments for minority elderly. She also emphasized the need to disentangle multiple intercorrelated variables. More important, she proposed that instead of simply looking for ethnic differences on a number of variables, one should be concerned with when these variables operate and how they relate to each other differently for majority and minority groups. For example, one should study "whether stress is differentially buffered by personal resources of minority and majority group members [rather] than simply to know that minorities have higher levels of stress" (p. 560). Kuo and Tsai (1986) emphasized the importance of studying the hardy personality associated with immigrants. From the perspective of the R-C Model, hardy individuals may be viewed as possessing a great deal of psychological resources such as mastery, optimism, and personal meaning. A great deal can be learned about hardiness and resilience by studying how Asian American elderly have survived tough times both in their own land and in the host country.

The study of Asian American elderly is further complicated by the fact that within each ethnic group, there are subgroups. For example, the overseas Chinese are a very heterogeneous group. Prewar Asians in Canada have experienced formidable barriers, whereas postwar immigrants have been relatively well protected at the social and political levels. It is necessary to place the life experiences of each group in the context of the social and political environments at the time of their immigration. Consistent with this emphasis, Holzberg (1982) called for a more rigorous investigation of the qualitative dimensions of ethnicity (e.g., values, traditions, family, support systems) that are of significance to the aging experience. We need to know how these dimensions affect adjustment to various problems associated with aging such as health and housing needs. These questions certainly are relevant to research on the Asian American elderly population.

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