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**ATTITUDES OF SOUTHEAST ASIAN IMMIGRANT
STUDENTS TOWARD COUNSELING**

by

PHU DINH HOANG

A dissertation submitted in partial fulfillment
of the requirements for the degree of

DOCTOR OF PHILOSOPHY

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Approved by


Chairperson of Supervisory Committee

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to Offer Degree College of Education

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Abstract

Attitudes Of Southeast Asian Immigrant Students Toward Counseling

by Phu Dinh Hoang

Chairperson of the Supervisory Committee: Professor James K. Morishima
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Interest in minority group counseling and psychotherapy has increased in recent years. But the body of research on minority groups in general and on Asian American groups in particular remains scarce. The few research findings on Asian Americans concur that they underutilize the services, prefer structured approaches, and focus on concrete and practical outcomes rather than on emotion exploration and insight analysis. However, this scant research literature focuses mainly on American-born adult Asian Americans. Few data have been collected on new immigrant adolescents. This study examined the attitudes of Southeast Asian immigrant high school students toward school counseling in light of the literature findings regarding Asian Americans. Self-administered questionnaires were taken by 403 high school students of whom 178 were Caucasians, 73 were Southeast Asians, and 152 were Others. The questionnaire consisted of 66 items of which 54 were designed to measure respondents' attitudes toward school counseling, and were subdivided into two categories: 21 items dealing with the academic

and vocational area, and 33 items dealing with the emotional and personal area. The t-test results indicated that the mainstream group was more willing than the Southeast Asian group to work on problems in counseling ($M = 2.53$ vs. $M = 1.89$, $t(77.75) = 12.26$, $p < .005$), and was more inclined to discuss problems of personal and emotional nature ($M = 4.59$ vs. $M = 2.40$, $t(81.53) = 17.11$, $p < .005$). When the emotional, personal category was contrasted with the vocational, academic category for each group, the Southeast Asian group indicated more willingness to seek guidance in matters of vocational and academic nature than in issues that could generate emotion or require personal self-disclosure ($M = 3.41$ vs. $M = 2.40$, $t(72) = 10.44$, $p < .005$). Obviously, the new immigrant students are considered an at-risk group and in need of counseling programs. First, counselors must start learning about this group and incorporate that knowledge into the counseling approaches to make them more appropriate. Second, counselors have to work both with this group to help ease the adjustment and with the system to advocate for the needs of the group. For counseling purpose, Reality Therapy, Behavior Therapy, and Sytemic Counseling were recommended because they take into account the socio-cultural milieu of the client and focus on adaptive behavior, problem solving rather than on long-term emotion analysis and personality change.

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Chapter I

INTRODUCTION

Context and Statement of the problem.

The continuous influx of Southeast Asian refugees since the end of the Vietnam war in 1975 has entrusted our public schools with a new task of educating the school age refugees and the American-born children of parent refugees. Not only must these students face the daily stress and strain of growing up as any other adolescents, but also they must carry the additional burden of transition and adjustment to a culturally different environment (Tran, 1985; Yee & Hennessy, 1982; Brower, 1980). Their values and cultural practices are different from those of the mainstream group (Nguyen, 1969; Penner & Tran, 1977; Berry, 1980; Dyal & Dyal, 1981).

In the effort to meet the needs of this student population, school systems have instituted some programs in the areas of instruction and curriculum, such as the bilingual instruction programs and the English as a second language acquisition programs. But, in the area of support services, little has been attempted (Figueroa, Sandoval, & Merino, 1984; Smither & Rodriguez, 1979). On the one hand, counselors and other helping professionals, in their effort to provide services to these students, possess no language capacity or expertise in refugee problems (Williams & Westermeyer, 1983; Liu, Lamanna, & Murata, 1979). On the other hand, Southeast Asian refugees are known to be reluctant in seeking professional

assistance for emotional and personal problems (Tran, 1985; Robinson, 1980; Kim, 1983). They seek counseling and psychotherapy only under certain external constraints such as a court order, a referral by school personnel, or by other voluntary resettlement agencies. This attitude is believed to stem from, in part, their cultural background, the scarcity of the services, and from the inappropriateness of the approaches when the services are available, (Miller, Chambers, & Coleman, 1981; D. W. Sue & D. Sue, 1990).

Never having been exposed to professional counseling in their native lands (Yao, 1985; Nguyen, 1969; Kitano, 1986), Southeast Asian immigrant students are not familiar with the procedures to access the service, and are unaware of its benefits and expectations. In the Southeast Asian languages, there exist no exact equivalents for the English version of psychiatrist or school counselor, as there is no official profession specialized in helping with mental distress or general psychological discomfort (Tran, 1985). Since their prevailing beliefs generally attribute personal failures and shortcomings to the lack of personal resolve and will power (Tran, 1985), troubled feelings or troubled thoughts and emotional problems are considered private domain and do not constitute legitimate reasons for seeking professional psychological assistance (Le, VanDeusen, & Coleman, 1981). It is argued that if one tries harder, if one maintains constant control over one's own behavior and emotions one should be able to keep oneself out of trouble. Consequently, to admit personal problems to others, and to discuss troubled inner feelings to outsiders is tantamount to conceding personal failure (Kitano, 1982; Lum, 1982; Rosser-Hogan, 1990).

Furthermore, social service facilities and resources that work with mainstream adolescents generally have no interest or expertise to work with limited English speaking clients (Williams & Westermeyer, 1983; Weil, 1983; Pedersen, Fukuyama, & Heath, 1986). The limited service available to them is inappropriate in terms of techniques, process, and goals (Kaneshige, 1973; S. Sue, Ito, & Bradshaw, 1982). Our counseling personnel lack the training to work with this population (Wong, Kim, Lim, & Morishima, 1983; Jones & Korchin, 1982).

But Asian Americans, a once invisible minority, have emerged as the fastest growing ethnic minority group in the United States (Ong & Hee, 1993) and are becoming increasingly aware of their racial and cultural identities. The growth has been attributed in part to the successive waves of Southeast Asian refugees. In fact, the 1990 Census of Population (U.S. Department of Commerce, 1993) listed over one million people tracing their ancestry to Vietnam, Cambodia, and Laos, thus making the Southeast Asian group the third largest and the fastest growing group among Asian Americans. The diverse ethnic, sociocultural, and linguistic characteristics of the new immigrants pose significant challenges to traditional mental health service providers with respect to the accessibility, delivery, and appropriateness of the services. They also help to force the helping professionals to re-examine their assumptions about counseling and therapy (Wong, 1985; Weil, 1983). Thus, an understanding of these new arrivals is necessary for those professionals who seek to serve effectively the growing needs of this fastest growing minority group.

Even though the awareness of and sensitivity to the significance of ethnic and racial differences in counseling have increased in recent years

(Munoz & Endo, 1982; Sundberg, 1981; Takaki, 1990), the body of research on counseling minority group clients in general and on Asian and Pacific Americans in particular is scarce (S. Sue & D. W. Sue, 1972, Sundberg, 1981) and scattered in obscure hard-to-reach publications. In the four American Psychological Association (APA) journals most likely to have reports on counseling and therapy, namely, The Journal of Abnormal Psychology, The Journal of Counseling and Clinical Psychology, The Journal of Counseling Psychology, and Professional Psychology, only one to three percent of the articles showed any indication of cultural or ethnic material. Sundberg (1981) pointed out that of all the minority samples investigated, about half of them were Black, about 20 percent Hispanics, and only a very small percentage were Asian Americans.

Moreover, this scant research literature focuses mainly on Chinese and Japanese Americans, and only American-born adults or college students were sampled (S. Sue & Morishima, 1982). Few data have been collected on the new Southeast Asian immigrants in general and on the Southeast Asian immigrant adolescents in particular (Williams & Westermeyer, 1983). In fact, before the first wave of Southeast Asian refugees in 1975, virtually no amount of meaningful background information about this group existed in English (Liu, Lamanna, & Murata, 1979; Takaki, 1990). The lack of background information leaves resettlement officials and service providers with many unanswered questions about the Southeast Asians regarding their attitudes toward mental health practices in general and toward school counseling in particular, regarding their patterns of use of the services, and regarding the appropriateness of the approaches applicable to them.

The differences in populations and historical settings make it difficult to generalize findings about the more established Asian Americans to the new Southeast Asian immigrants with any degree of confidence. Unlike many earlier waves of Asian American immigrants, the Southeast Asians arrived in America as refugees. Refugees are involuntarily uprooted people with many traumatic experiences of losses, torture, starvation, and uncertainty of relocation. Immigrants, on the other hand, are more psychologically prepared for departure and culture change. Under the rubric of Asian Americans, there are individuals who are fully acculturated to the mainstream society as well as recent refugees who arrived in this country with virtually no English ability and with a vague idea of what life in the United States would bring other than a feeling of relief from what they left behind and a hope for a better future.

The purpose of this study was, therefore, (1) to explore the attitudes of these new arrivals towards the school counseling services, (2) to compare their attitudes towards school counseling with those of the mainstream Caucasian group, and (3) to identify the likely areas in which they seek guidance. This was accomplished by contrasting respondents' responses concerning major components of the counseling process. Different counseling schools propose different assumptions. But the counseling process usually includes the following components: the client, the therapist, the relationship, the approach, the topics, and the outcomes or goals. Individual attitudes and cultural framework affect any or all of these. For example, cultural considerations regulate the emotional level of the relationship, dictate the topics of discussion, and sanction the outcomes.

In soliciting responses regarding counseling from the Southeast Asian immigrants and comparing them to the mainstream group's, it was hoped that conclusions could be drawn to identify elements appropriate for each group. It was also hoped that the findings about the new arrivals would shed some light on whether the findings in the literature about other established Asian American groups could be generalized to the the new immigrant group. Therefore, this study sought to answer the following questions:

1. To what extent do the new Southeast Asian immigrant students utilize school counseling ?
2. What kind of problems are they likely to bring to the counseling sessions ?
3. And what do they expect from counseling ?

Chapter II

LITERATURE REVIEW

In the fields of counseling and psychotherapy, paradoxes abound. On the one hand, counseling and psychotherapy theorists form different systems or schools, which, according to a survey by Corsini (1981), number around 250. Each system, consisting of a set of relevant assumptions concerning human nature, personalities, behavioral phenomena, nature of changes and the way to effect changes in a desired direction, claims to be all-inclusive or comprehensive. Puristic advocates of any theoretical viewpoint tend to assume that their approach contains the entire truth and accounts for all human behaviors regardless of cultural variations. In fact, each claims that it offers the right, the final, the complete, and the only answer, while all the others are incomplete, tentative, weak, or simply mistaken (Corsini, 1981). For example, a psychoanalyst may view behavior therapy as too technique-oriented, superficial, and as a quick and economical therapy that fails to produce long-term changes in clients. Behaviorists, on the other hand, are convinced that psychoanalysis is based on unfounded premises and is ineffective. Existential-humanists, as a reaction, criticize both psychoanalytic therapy and behavior therapy for being mechanistic, reductionistic, and deterministic. As such, they are too limited and too rigid in dealing with concerns or problems of genuine and ever-changing human conditions. In the history of psychotherapy, it has not been uncommon to witness the emergence of a new system refusing to find any validity in any approach

other than its own, only to be replaced later by newer ones with similar claims.

On the other hand, counselors and psychotherapists apply techniques and procedures, which are logical extensions of their specialized theoretical viewpoints to effect desired changes in individual clients. At this level, they must contend with unique, subjective experiences, and come into contact with the particular, personal world of specific individuals. Here, the therapeutic process leaves the universal, abstract, general, and theoretical plane to enter the private, particular, and concrete relationship between the counselor and the client. On the practical level of therapist-client interactions, theoretical boundaries seem to blur. The artificial discrepancy between therapists' theoretical viewpoints and their in-therapy behavior was made evident by observations by Fiedler (1950) and by Sloane, Staples, Cristol, Yorkston, and Whipple (1975) that therapeutic experience equalized many of the differences in theoretical affiliations. Most theories of counseling focus on the worth of the individual client and emphasize the immediacy of the relationship. Cure is thought to occur through self-exploration and subsequent self-awareness. It is assumed that, provided we have the proper information about the client's present mental state and his or her past history, we can make sense of all behavior and emotions and find a solution to almost any problem.

Draguns (1981), S. Sue and Morishima (1982), using the approaches of linguist Pike (1966), have placed these two universal and particular dimensions of counseling and psychotherapy on an emic-etic continuum. The emic-etic continuum pertains to the two contrasting frames of reference used when behavioral phenomena embedded in cultural settings are analyzed

and described. Emic refers to the viewing of behavior patterns in terms indigenous or unique to the culture in question, while etic refers to viewing them in light of categories and concepts independent of any specific culture and universal in their applicability. Both approaches are legitimate, for, as Kluckhohn and Murray (1956) pointed out, every person in different ways is like all other persons, like some other persons, and like no other persons. This viewpoint illustrates the three-tiered membership of every human being: member of the human race, member of a community, and unique individual.

As members of the human race, all human beings are alike in some respects and share a rather large repertoire of basic needs, common movements, expressions, and postures (Morris, 1977). The etic approach in psychotherapy and counseling, therefore, attempts to deal with human behaviors under the most general categories such as survival drives, needs satisfaction, and motivation, which, it claims, are applicable across cultures. It maintains that principles of human psychology, to be true to their claim of being scientific, must be universally valid for all human beings that are living now, have lived in the past, and will live in the future. The antecedents and consequents of human behavior are believed to be governed by universal laws that transcend time and space. At this level of abstraction, therapists contend that people are generally the same regardless of their cultural or ethnic backgrounds, and that individuals are more alike than different. In fact, historically, counseling and psychotherapy theories, convinced that they have the final, the complete, the right, and the only answer, have claimed universal applicability. It is assumed that all clients who seek assistance, regardless of their ethnic affiliations, share more commonalities than differences. After all, there existed in all cultures and throughout human

histories a certain mechanism to alleviate human suffering, to deal with distress, and to reintegrate wayward members into the culture mold (Wohl, 1989). And those who provide this specialized help show a degree of caring and a degree of expertise as sanctioned by those societies (Draguns, 1975; Bromberg, 1959).

But when people live together for whatever reason, they, as a group, tend to develop and share language habits and nuances, values and norms, beliefs, self-perceptions, perceptions of others, and of the physical environment, that are distinct from those of other groups of persons who live apart. These shared practices, in turn, influence their behavior, and, together with their behavior patterns, form a tradition that is transmitted socially from generation to generation of members. Anthropologists usually refer to this body of socially shared beliefs, traditions, and guides for behavior as culture (Barrett, 1984). Thus, groups of persons become culturally distinct and different from the bigger human family of which they are members. Each special population maintains a unique perspective and cultural identity. Each culture would develop a special set of behavior patterns and norms that would guide the conduct of its members who are expected to conform. An individual who has grown up and has been socialized in a specific culture can be thought of as having learned complex sets of rules, norms, and principles that serve as generalized guides for action that would appear exotic to observers from different cultural backgrounds. This expected behavior guide enables people of the same culture to interact more or less predictably. They know what to expect from one another most of the time.

However, every society exhibits diversity. Rarely do people conform to all the culturally defined rules and culturally prescribed sets of behavior of

their society (Driver, 1965). Responding to the same stimulus, not all group members that share the same cultural framework will behave in the same manner. There are individuals who ignore, evade, and even defy rules that others accept as binding. Diversity exists even among conforming members. Culture is just one among many factors that shape individual conduct. Other facets such as their unique biology, their individual biography, level of education, and the physical circumstances interact to differentiate members with their unique personalities.

The fact that many persons from the same cultural heritage, in similar contexts, do not behave according to sociocultural expectations proves that there is considerable variation of belief and behavior among individual group members in everyday life. Society is divided by regional, ethnic, occupational, religious, and class lines. And each of these dimensions, coupled with gender role expectations and individual handicapping conditions, has a discernible impact in differentiating personalities within any group. Therefore, every human being is unique. And individual uniqueness of the client, not his or her culture, is the paramount concern in counseling and psychotherapy, especially as they are practiced in the Western tradition. It would be ineffective, for example, to provide services in the same way to each of the groups of people designated as Blacks, American Indians, or Asian Americans. Counselors and psychotherapists deal with the personal world of the individuals in their concrete living situations, and their unique frames of reference.

But the personal world of the client reflects his or her culture. Culture and ethnicity play a role in defining who the individual is, and how he or she conducts his or her life. As with any other human endeavors, the mental

health field is permeated in every aspect with the effects of culture. Culture categorizes disorders, explains how members become mentally ill, determines how they should be treated, and dictates what kinds of treatment options are available. At the assessment stage, cultural context is essential in labeling disordered behavior because social propriety norms, psychopathological signs or symptoms differ from culture to culture (Horwitz, 1982; Murphy, 1982; Pedersen, 1981; Draguns, 1973). Virtually, there is no disordered behavior per se but it is always so labeled in a socially recognizable framework of rules. No behavior can be judged as a sign of disorder without considering the particular social context in which it occurs. Some behaviors that are recognized as disturbed in one cultural setting may be viewed as just normal in another and vice versa. Benedict (1934) related instances among the Kwakutl of North America where hosts of good social standing strove to outdo one another in culturally accepted competition for prestige by throwing lavish parties and showering guests with expensive gifts. Contemporary mainstream American society would consider people exhibiting that type of behavior as megalomaniacs (Horwitz, 1982).

Social structure and culture define the roles of the therapists, regulate their relationships with the clients, shape the outcomes of treatment, and dictate the methods to effect changes and the type of settings in which the treatment occurs (Bergin, 1980). In a typical counseling dyad, the client brings to the counseling sessions his or her conflicts, choices, or concerns over which he or she is distressed, and with which he or she is unable to cope. The counselor supposedly has the professional skills to facilitate the resolution of these problems. As individuals, both counselor and client bring to the relationship their own sets of assumptions, beliefs, and values, which

often are at odds with one another. In this context, Wohl (1989) has asserted that all psychotherapy is cross-cultural. However, the gap becomes more pronounced and more noticeable only when client and counselor of different ethnic and cultural backgrounds encounter each other in the therapeutic relationship. They bring to the counseling transaction different and often conflicting combinations of socialization heritages, expectations, and implicit theories of human nature and philosophies of life.

Not only do different cultures provide different norms to judge their members' conduct, but they also interpret any deviancy differently. Some cultures view deviant behaviors as signs from the gods, others as the product of witchcraft or some type of supernatural intervention, still others look at them as sins or as diseases. For example, Tran (1980) reported that among many Southeast Asian refugees, psychoses were more likely to be viewed as supernatural phenomena, the effects of magical intrigues such as demonic possession, voodoo curse, or retribution for sins. In ancient China, deviant behavior was attributed to a host of agents such as supernatural, natural, and somatic (Lum, 1982). Horwitz (1982) pointed out that the notion that mental illness was rooted in individual personalities was fairly recent in the modern times in the West.

Different interpretations of mental health on the part of societies dictate different modes of treatment. Treatment, in order to be effective, has to be culturally appropriate in terms of both process and goals (D. W. Sue & D. Sue, 1990). And process and goals are embedded in their cultural contexts. Treatment effectiveness is due in part to its ability to arouse the expectation of cure on the part of the client (Frank, 1974). In order to arouse that expectation, the cure has to be meaningful and valuable to the

person seeking it, which is not possible with clients who do not share the assumed values of the therapeutic approach or the common symbolic system, in brief, a common culture.

All systems of psychotherapy are, therefore, culture embedded (Wohl, 1989), because they deal with meanings, interpretations of reality, values, standards of right and wrong, of health and illness, and norms of conduct which are defined differently by different cultures. Howitz (1982) divided modes of treatment into individualistic and communal on the basis of whether societal emphases are on individual rights or on group rights. Individualistic society produces a therapeutic system that serves to enhance the autonomy of the personality while communal society promotes a system that submerges the individual personality into the group. Individualistic styles of therapy are virtually unique to modern Western societies (Horwitz, 1982; D. W. Sue & D. Sue, 1990). Draguns (1981) and D. W. Sue and D. Sue (1990) have traced many implied values of our counseling and psychotherapy approaches to the Protestant ethic-inspired Euro-American middle-class culture by which active adjustment is glorified through individualism, egalitarianism, social mobility, and social change. Yet clients of different cultural backgrounds are expected to conform.

In fact, counseling and psychotherapy services for minority groups in the United States in the past have leaned toward the etic end of the continuum (Draguns, 1981). There has been a tendency on the part of the dominant culture to apply culture-specific, emic norms universally to groups of different cultural backgrounds (Pedersen, 1981). Triandis (1972) called this slant the pseudoetic approach. The pseudoetic approach, in fact, uses theories and techniques developed with Euro-American culture assumptions

with all clients regardless of their cultural heritages. Thus, many of the current counseling and psychotherapy theories and practices reflecting White middle-class values and assumptions such as self-determination, self-understanding, and growth toward greater individual maturity have been applied to minority group members (Draguns, 1986; & Meadow, 1964). In this context, therapy has been perceived as enforcing conformity to dominant culture standards and maintaining the status quo (Pedersen, 1981; Halleck, 1971; D. W. Sue & D. Sue, 1990). The counseling and guidance movement that was philosophically designed to serve the masses focused, in practice, on the average homogeneous White middle-class client (Copeland, 1983).

Until the mid 1960's, counseling and psychotherapy focused mainly on the needs of the average mainstream person and showed little interest in the needs of racial ethnic minority groups (Atkinson, Morten, & D. W. Sue, 1979). But by the 1970's, the special populations' needs gained needed attention as evidenced by the sudden increase in the number of articles dealing with minority group counseling in the professional literature (Aubrey, 1977; Atkinson, Morten, & D. W. Sue, 1979). The current interest in cross-cultural counseling has resulted, in part, from the growth of racial minority population with its increasing assertiveness, from the recognition that the United States is a pluralistic society, and from the increased interaction between Western and non-Western cultures which brings into relief the Euro-American ethnocentrism of some of our psychological theories and practices (Diaz-Guerrero, 1975).

The minority groups officially recognized by the Department of Social and Health Services -- Blacks, Hispanics, American Indians, and Asian and

Pacific Islanders -- have grown steadily in number at each census period. The 1970 census showed approximately 12% of the population was nonwhite (U. S. Department of Commerce, 1973). The Research and Policy Committee of the Committee for Economic Development (1987) reported that in 1984, thirty-six percent of the births were from nonwhite families. The same committee estimated that by the year 2000, thirty-eight percent of all the children in the United States will be nonwhite.

Among the minority group growth rates, Asian and Pacific Americans were the fastest-growing minority group in the United States from the 1970's through the 1990's. This population increased in size by 95% between 1980 and 1990. Its share of the United States population grew from a mere 0.7% in 1970 to around 1.6 % in 1980, and to 3% in 1990. The Asian Pacific Americans are projected to continue to be the fastest-growing minority group in the United States into the next millennium. By the year 2020, Asian Pacific American population is projected to reach 20 million or roughly 8% of the total United States population (Hing, 1993; Ong & Hee, 1993). This Asian American population growth is due in part to the reform of immigration laws and the Southeast Asian refugee waves.

Historically, immigration from Asian countries has been restricted. Initially, large numbers of Chinese laborers migrated to California in pursuit of new economic opportunities created by the Gold Rush (Olsen, 1979; D. W. Sue & D. Sue, 1990; Takaki, 1990). Other Asian Pacific ethnic groups followed them to settle in this area. But the Chinese Exclusion Act in 1882 followed by the Gentlemen's Agreement with Japan in 1907 and in 1908 brought the immigration of the Chinese and Japanese in particular, and of Asians in general, to a standstill. When the 1965 amendment to the

Immigration and Nationality Act became fully effective in July 1968, and after the 1990 reforms to the immigration laws, the number of Asian immigrants rose steadily. In the 1970 census, only three groups, Chinese, Japanese, and Filipinos, were visible. Since 1975, there has been a rapid growth of immigrants from Korea, India, Pacific Islands (Guam and Samoa), and the Mekong Countries (see Table 1).

Table 1

Asian Pacific American Population by Ethnicity: 1980 and 1990

<u>Ethnic groups</u>	<u>1980</u>	<u>1990</u>	<u>% Growth</u>
Total Asian Pacific	3,726,440	7,273,662	95%
Chinese	806,040	1,645,472	104%
Filipino	774,652	1,406,770	82%
Japanese	700,974	847,562	21%
Asian Indian	361,531	815,447	125%
Korean	354,593	798,849	125%
Vietnamese	261,729	614,547	135%
Cambodian	16,044	147,411	819%
Lao	47,683	149,014	213%
Hmong	5,204	90,082	1,631%
Hawaiian	166,814	221,014	26%
Samoaan	41,948	62,964	50%
Guamanian	32,158	49,345	53%

Table 1 (Continued)

Asian Pacific American Population by Ethnicity: 1980 and 1990

Ethnic groups	1980	1990	% Growth
Other Asian Pacific	157,070	435,185	177%

Source: LEAP Asian Pacific Policy Institute, 1993; and U. S. Department of commerce, 1993.

The end of the Vietnam War brought, through several successive waves, more than one million refugees to the United States from the Mekong countries, namely, Cambodia, Laos, and Vietnam (U. S. Department of Health and Human Services, 1993). In the media, these refugees have been referred to as Southeast Asians or Indochinese interchangeably. But in reality, the terms Southeast Asia and Indochina do not denote an identical geographic region. Southeast Asia consists of a total of ten countries while Indochina refers only to those seven countries situated in the peninsula sandwiched between China to the northeast and India to the southwest, hence, the name Indochina. The Indochinese countries include Burma, Malaysia, Singapore, Cambodia, Laos, Vietnam, and Thailand. To refer to the peoples of the three countries of Cambodia, Laos, and Vietnam as Indochinese or Southeast Asian is likely to cause confusion. Therefore, it is suggested in this study that the term Mekong Countries be used to refer to the three countries of Cambodia, Laos, and Vietnam. The term delimits the region more clearly by using the prominent landmark Mekong River which runs through all three countries before emptying into the South China Sea, as

a physical link (see Figure E1). The term also helps set apart the distinct cultural and linguistic characteristics of these three countries and their peoples, instead of being lumped together into the sphere of influence of the two giants India and China. Even though both terms Southeast Asian and Indochinese have been used extensively in the media and in the professional literature, some Southeast Asian refugees feel offended when referred to as Indochinese (Le, 1993). Therefore, this study will retain the term Southeast Asian in addition to the term Mekong countries to avoid unnecessary confusion and ill will.

By the end of fiscal year 1993, the Vietnamese made up 66% of the total of 1,139,700 Southeast Asian refugees whereas 21% were from Laos and 14% from Cambodia (U. S. Department of Health and Human Services, 1993). About half of the refugees from Laos are from the hill tribes, such as the Hmong, the Mien, and are culturally distinct from the lowland Lao. This figure does not include children born in the United States to refugee families. The Southeast Asian refugee population is projected to increase rapidly because of its high fertility rate (Le, 1993) and additional family reunion immigration. The number of young children in Southeast Asian families in the United States is disproportionately large. The pre-school age and school age refugee population is estimated to be about one third of the total, a number considered to be insignificant if spread evenly throughout the school districts in the country. However, refugees have been known to congregate in certain areas, thus making their impact in those local school districts significant (see Table 2).

The political and economic atmosphere of the time encouraged the dispersal of the refugees as the official resettlement policy. At the time

when the American public was trying to forget the war and when the economy experienced a double digit inflation depression, the presence of the refugees was perceived as both a painful reminder of the war and a threat to the limited resources (Liu, Lamanna, & Miurata, 1979). The decision to make the refugee problems invisible by scattering them all over the country was considered desirable because it would avoid taxing the limited health and welfare resources of any one community, soften opposition on the part of the host community, and hopefully speed up assimilation. Little was taken into consideration about the refugee need for a natural support network, and the impact the lack of such service could have on the refugee mental health (Liu, Lamanna, & Miurata, 1979). Successive waves of refugees were also resettled under the same directive, although less stringent, of the official scattering policy. As a result, the initial stage of the resettlement program has helped Southeast Asian refugees set up homes in every state and several territories of the United States, ranging in ratio of refugee per state inhabitant from as low as 1:6,835 in West Virginia to as high as 1:183 in Hawaii (Indochinese Action Center, 1980).

Although the official policy attempted to scatter the refugees, the majority left their locations of initial resettlement for the sunbelt states where the climate was more moderate, the economic prospects were brighter, and in some cases, Asian culture was more visible (Gold, 1992; Kitano & Daniels, 1995). The 1990 Census data (U. S. Department of Health and Human Services, 1993) showed 71.4% of all Southeast Asian refugees concentrated in 10 states which were estimated to have in excess of 20,000 each. California ranks first in Southeast Asian refugee resettlement, Texas comes in second, and Washington a distant third (see Table 2). Successive

second and third wave refugees preferred to locate in already-established Southeast Asian American communities in such cities as Dallas, Washington, D.C., Los Angeles, and Seattle. These new enclaves provide them with ethnically based mutual comfort and support in the social, emotional, and economic areas.

Table 2

States of Major Concentrations of Southeast Asian Americans (SEA).

State	Total SEA	% SEA	State Population	Ratio
California	429,341	40	29,760,021	1:70
Texas	80,770	7.5	16,986,510	1:338
Washington	50,258	4.7	4,866,692	1:97
Minnesota	39,603	3.7	4,375,099	1:111
New York	37,287	3.5	17,990,475	1:483
Massachusetts	33,429	3.1	6,016,425	1:180
Pennsylvania	32,671	3.0	11,881,643	1:364
Illinois	31,681	3.0	11,430,602	1:361
Virginia	27,310	2.5	6,187,358	1:227
Total	785,208	71.4	109,514,825	

Source: U. S. Department of Health and Human Services, 1993.

With the increase in number comes the political, social, and economic power (Pedersen, Sartorius, & Marsella, 1984). Minority groups are searching for identities and equality and seem to replace old deferences with

new assertiveness, ethnic pride, and consciousness of their own racial and cultural identities (Fogelson, 1970; D. W. Sue, 1975; Turner & Wilson, 1976; Olson, 1979). For example, Asian Americans' increased enrollments have led to a satisfied demand for an Asian American studies program at the University of California at Irvine and an Asian Center at the University of Connecticut (Kitano & Daniels, 1995). Pedersen (1981) pointed out that a social revolution that brought about an expectation of equality among the races also resulted in awareness of special needs based on cultural backgrounds.

In the increasingly pluralistic and multi-cultural society of the United States, cultural diversity is an inevitable daily experience. Within its boundaries, individuals of nearly every racial, religious, nationality, language, and cultural heritages maintain their separate identities while contributing to the larger society. Thernstrom (1980) listed and described 110 ethnic minority groups in the United States. Americans do not have to travel around the globe to run into distinct cultural differences but find them right around their city blocks (Draguns, 1986). As stated earlier, the late 1960's and early 1970's witnessed an increase in the number of writings dealing with minority group counseling in the professional literature. Earlier on diverse groups such as the aged, handicapped, students, women, prison inmates, gays, drug users, Blacks, American Indians, Hispanics, and Asian Americans have been confusingly identified as minority groups. But later on, on the basis of racial characteristics, historical heritage, or language background, the United States Department of Health and Human Services officially recognizes four major groups, namely, Blacks, Hispanics, American Indians, and Asians.

Counselors and therapists begin to realize that their basic assumptions about counseling and therapy are implicitly or explicitly being challenged by their daily interactions with clients of different cultural backgrounds. In response, the fields of counseling and psychotherapy have begun to acknowledge the importance of cultural variables in all counseling and psychotherapy activities in its major professional publications, either in the forms of articles in periodicals dealing with issues in counseling (Sundberg, 1981), or in book form (Atkinson, Morten, & D. W. Sue, 1979; Pedersen, Draguns, Loner & Trimble, 1989; Walz & Benjamin, 1978). The emergence and growth of the field of cross-cultural psychology and other basic cross-cultural disciplines have been viewed as evident outcome of this awareness. The relevance of culture in counseling and psychotherapy is no longer just the concern of a small group of pioneers, expressed in obscure publications, barely noted by their mainstream colleagues, but has moved into the mainstream of the profession (Draguns, 1981). The American Psychological Association-sponsored Vail Conference on Clinical Psychology in 1973, acknowledging the influential role of culture in the personal world of the client, has considered unethical the provision of professional psychological services to clients of different cultural backgrounds without relevant cultural sensitivity, knowledge, and expertise on the part of the provider (Korman, 1974). It mandated that a therapist should possess a certain level of expertise and competence of the culture within which he or she operates.

The spark of interest in the cultural dimension of psychotherapy and counseling is partly attributed to the culture contact situations created by the exporting of Western counseling approaches to non-Western cultures on the one hand, and the incorporation of non-Western approaches into Western

practices on the other hand. The confrontation with a different world view and with an alternative approach to solve life problems has helped bring to the surface the culture-specific assumptions, beliefs, and values of some of our schools of counseling. Nowhere is the cultural context of counseling and psychotherapy more evident than it is in the effort of helping people who are distraught by their mobility across cultural boundaries such as foreign college students, dissatisfied Peace Corps volunteers, bewildered immigrants, and traumatized refugees.

There have been many instances of incorporating non-Western approaches to Western therapy practice, such as the introduction of Zen and Yoya, and the application of the Japanese Morita therapy in counseling Western clients (Wendt, 1967), especially clients with shyness (Ishiyama, 1987). But the main drive of the psychotherapy effort is toward applying major Western counseling and psychotherapy methods to clients of other cultures (Torrey, 1986). Even in the United States, due to its pluralistic society, the delivery of psychotherapeutic and counseling services across cultural backgrounds is much more frequent than has been generally suspected. The under-representation of minority members in counselor training programs will lead to the logical consequence that a large number of ethnic minority clients are relegated to personal and vocational counseling from White middle-class counselors (Atkinson, 1983; Ford, 1981). But Neki (1975) found that Western psychotherapy at best was only suitable to very few highly westernized clients of India. Major modifications are required before it can be used with clients in Africa (Lamdo, 1974; Olatawura, 1975) or with Chinese clients (Hsu & Tseng, 1972). In the United States, refugee workers in the field of mental health seem to agree that Southeast Asian

immigrants need new approaches that are more culturally appropriate (Kinzie, 1985; Tran, 1985; Kinzie, Tran, Breckenridge, & Bloom, 1980).

Although, as Olson (1979) pointed out, ethnic pluralism has been one of the organizing principles of American history and remains today a dominant theme in the way most Americans interpret reality, the race relations model has been largely a Black-White one (S. Sue & Morishima, 1982; Omni, 1993). Omni (1993) also noticed that when scholars and journalists talked about race relations, they usually meant relations between African Americans and White Americans. Typical studies on cross-cultural counseling examined the White counselor - Black client relationship (Atkinson, Morten, & D. W. Sue, 1979). Asian Americans are rarely factored in in that relation. In spite of their physical racial features, Asian Americans remain an invisible and least understood minority group (D. W. Sue & D. Sue, 1990).

The general American public is unaware that Asian Americans have been the object of much prejudice and discrimination, and most view them as model minorities (D. W. Sue & D. Sue, 1990). They are perceived to possess desirable qualities such as industrious, quiet, loyal to family ties, self-disciplined, and courteous (S. Sue & Morishima, 1982; Kirk, 1973). In fact, despite their physically identifiable features, Asian Americans generally attempted to blend in and to function in the existing society without loud, strong, or public protest (D. W. Sue & D. Sue, 1973). And they have succeeded relatively well in American society notwithstanding culture conflict, minority group status, social change, and a long history of prejudice and exploitation. The 1990 Census data (U. S. Department of Commerce, 1993) showed, with the exception of the newly arrived refugees, that Asian

Americans exceeded the national median income. In the area of educational attainment, again, with the exception of the newly arrived refugees, Asian Americans complete a higher medium number of grades than all other groups. The average number of years of education for Asian Americans is 14.1 for males, and 13.9 for females, compared to that of non-Hispanic Whites of 13.6 for males, and 13.5 for females. In every region, Asian American students are over-represented in higher education (Kitano & Daniels, 1995).

If the interracial marriage rate between Asians and Whites can be used as a measure of greater social acceptance (Bogardus, 1925), the trend indicates Asian Americans are increasingly well accepted and well regarded in society (S. Sue & Morishima, 1982). In California in 1980, the rate of marriages to Whites for Japanese was 32%, Filipinos 24%, Asian Indians 23%, Koreans 19%, Vietnamese 15%, and Chinese 14% (Takaki, 1990). The success of the sponsorship system to resettle the Southeast Asian refugees throughout the country can be viewed as another indication of acceptance of the Asian presence on the part of the mainstream. The fact that voluntary agencies, church groups, non-profit organizations, and private individuals have teamed up to welcome the refugees in their rural, urban, and suburban midst shows evidence of a high degree of acceptance.

The success stereotype on the part of the Asian American group also found confirmation in the mental health field. This group is viewed as immune to mental health problems (Wong, Kim, Lim, & Morishima, 1983), as evidenced by the low rates of juvenile delinquency, and of hospital admissions for psychiatric problems (Abbott & Abbott, 1961; Kitano, 1969). Studies consistently revealed that Asian Americans have a low official

juvenile delinquency rate (DeVos, 1982), and low rates of psychiatric contact and hospitalization (Kitano, 1982). It is suggested that the combined strength of the family and of the community has succeeded in mobilizing resources to intervene when the problems arise (Kitano, 1982).

However, psychiatrists and other mental health professionals indicated that many Asian American clients came to their attention only when the illness had become quite advanced and serious. The delay made the treatment quite difficult and long-term (Sato, 1979). Among those who used psychiatric services, Asian Americans were found to possess a greater severity of disorder than their White counterparts (S. Sue & D. W. Sue, 1974; S. Sue & McKinney, 1975). This seemed to indicate that only the most severely disturbed Asian Americans sought help, while the less disturbed ones avoided the clinic services (D. W. Sue & D. Sue, 1990).

These model minority stereotypes, positive as they may seem, carry with them some negative side effects. Overrated reports of the success and well-being of the Asian Americans may lead to the faulty assumption that they are problem-free (Kirk, 1973; Kitano & Daniels, 1995). Investigators believe that psychopathology among Asian Americans has been vastly underestimated and that available resources for handling their mental health problems are inadequate (Wong, Lu, Shon, & Gaw, 1983). As a consequence, the Asian American population in general, and the Asian American student population in particular, are underserved (Kim, 1983). The lack of treatment, in turn, is interpreted to indicate good health. This interpretation, as S. Sue and Morishima (1982) pointed out, fails to identify those mentally ill persons who cannot avail themselves of any services because none is available. Asian Americans' underutilization of the

professional mental health services can be a combined function of the cultural factors and the inappropriateness of the delivery systems (Miranda & Kitano, 1981; D. W. Sue & D. Sue, 1977). Inappropriateness of the system refers to the lack of background knowledge concerning Asian Americans, inadequate training leading to the shortage of qualified personnel in the service of Asian Americans, and the application of therapeutic models originally designed to serve the needs of groups other than the Asian Americans.

Psychological functioning and dysfunctioning of minorities cannot be adequately understood under the perspective of the dominant group alone; rather they need to be viewed in minority groups' own terms (Jones & Korchin, 1982). Since early research on ethnic minorities was for the most part conducted by non-minority researchers, ethnic perspectives for the needed research-based knowledge to develop appropriate approaches were lacking (S. Sue, Ito, & Bradshaw, 1982; S. Sue & Morishima, 1982). In research on minority counseling, the term minority is frequently used to refer to the non-White populations (Atkinson, Morten, & D. W. Sue, 1979), and White middle-class Americans are usually used as a comparison group. Any differences are likely to be defined as weaknesses or deviations (S. Sue & Morishima, 1982; Olmedo, 1979).

Recently, the knowledge base about Asian Americans has increased steadily with new studies. For example, there was virtually no research material on Southeast Asian refugees before 1975. But Kitano and Daniels (1995) reported the availability between 1989 and 1992 of 16 books and 60 articles on the group. However, most of the data are generated by descriptive and correlational studies. Little has been devoted to theory

building and theory testing using empirical designs (S. Sue & Morishima, 1982). So far, no psychological theories and knowledge have provided an adequate understanding of the Asian American psyche, their problems, and concerns because researchers have not accounted for the diversity and differentiation among these groups, (Wong, Kim, Lim, & Morishima, 1983). The first immigrants to the United States from Asia and from the Pacific Islands were primarily Chinese, Japanese, and Philipino. But over the past 20 years there has been an increase in other Asian and Pacific American groups such as the Koreans, Samoans, Asian Indians, and refugees from the Mekong countries (U. S. Department of Commerce, 1993).

The 1990 Census categorized 25 different Asian Pacific ethnicities, consisting of 17 Asian subgroups and 8 Pacific Islander subgroups. More than half, about 56%, of all Asian Americans 5 years or older did not speak English "very well". More than a third, or 35%, lived in linguistically isolated households in which no person 14 years or over speak only English, or no person 14 or over who speaks a language other than English speaks English "very well". The linguistic data reflect the high percentage of foreign born Asian Americans, about 66% (U. S. Department of commerce, 1993). In spite of the striking differences in cultures, ethnicities, histories, geographic regions, languages, and levels of acculturation, all immigrants from Asia and the Pacific Islands have been classified as Asian Americans and treated as a homogeneous group (Morishima, S. Sue, Teng, Zane, & Cram, 1979; Steadman, 1969). The few research findings, therefore, are generalized to all groups without accounting for the inter-group differential characteristics. However, because of differences in social class backgrounds, in reasons for migration, historical periods in which migration took place, and of varying

degrees of acculturation, studies on earlier immigrants may not apply to more recent immigrant groups.

Although the number of minority clients requiring services is increasing, existing training programs for helping professionals who are most likely to work with minority clients still have relatively few students representing cultures of non-European roots, and still lack relevant training curricula to build cross-cultural competency (D. W. Sue, 1973; Wong, Kim, Lim, & Morishima, 1983). In recent times, accreditation of programs in psychiatry, psychology, counseling, social work, and other human service professions has begun to require and enforce specific curricula in cross-cultural issues (Pedersen, Sartorius, & Marsella, 1984). However, as D. W. Sue and D. Sue (1990) pointed out, the topic of counseling minorities was either ignored or given only token treatment in many graduate training programs.

Current multicultural training programs are considered experimental and scarce (Lefley, 1985), peripheral (Pedersen, 1981), still at a conceptual level stage and yet to move to the skills development stage (D. W. Sue & D. Sue, 1990). A survey conducted by McFadden and Wilson (1977) of counselor education programs indicated that less than 1% of the respondents reported instructional requirements for the study of non-White cultures. Another study by Ibrahim and Thompson (1982) of counselor education programs revealed that only 3% of the respondents reported having cross-cultural counseling as part of their core curriculum. Pedersen, Fukuyama, and Heath (1986) reported that according to a nationwide survey by the American Psychological Association Subcommittee on Culturally Sensitive Models of the Board of Ethnic Minority Affairs, only 4.2% of the graduate

training programs offered culturally relevant training material in a comprehensive format.

Particularly, regarding the training to meet the needs of Asian and Pacific Americans mental health and human services, Wong, Kim, Lim, and Morishima (1983) summed up the present state as follows:

"The vast majority of the traditional training programs have lacked the necessary expertise, interest, qualified training staff and knowledge base. They have tended to provide little opportunity for contact with Asian and Pacific American clients and communities." (p. 30)

The lack of relevant training programs causes the severe shortage of culturally competent mental health professionals (Dean, Parker, & Williams, 1976). Counseling professionals are not trained adequately to meet the mental health needs of ethnic minorities in general (Dillard, 1983; D. W. Sue & D. Sue, 1990; Pedersen, 1981) and of Asian Americans in particular (Atkinson, 1983). In the area of professionally trained personnel, ethnic minorities and women are underrepresented at all levels, especially at the more advanced level of psychiatrists and psychologists (Russo, Olmedo, Stapp, & Fulcher, 1981). The number of Asian and Pacific American professionals in the mental health field is estimated to be small, of which only few actually work directly with the special psychological problems of Asian and Pacific American clients (Wong, Lim, Kim, & Morishima, 1983). As a result, a large portion of Asian American counselees are relegated to receive counseling services from non-minority professionals (Barnal & Padilla, 1982) many of whom are often culturally encapsulated (Wrenn, 1962), measuring minority reality against their own sets of monocultural

assumptions and values, and demonstrating insensitivity to cultural variations in clients (Pedersen, 1976).

Individuals or groups who perceive themselves as similar are more likely to get along harmoniously than those who perceive themselves as different. Perceived similarity provides a greater potential for empathic relationships (Carkhuff & Pierce, 1967; Levine & Campbell, 1972). Only when both therapist and client share or operate in a commonality of symbolic system, beliefs, and values can a therapeutic relationship be established (Horwitz, 1982), for therapeutic relationships require accurate sending and receiving of both verbal and non-verbal messages. Therapists must be able to understand clients, maintain rapport, empathy, and build trust; clients must believe in the efficacy of the therapeutic endeavor and value its goals (Frank, 1974). For this reason, therapists tend to prefer to work with clients whose characteristics are similar with their own and evaluate progress in terms of clients' becoming more similar to them. Likewise, clients tend to prefer to work with therapists who they think are culturally closer to them.

In contemporary America, psychiatric professionals, including psychiatrists, clinical psychologists, counselors, and psychiatric social workers are mostly from the narrow cultural and social class base of upper White middle class (D. W. Sue & D. Sue, 1990; Horwitz, 1982). It logically follows that therapy processes and outcomes seem to favor clients who share the White middle-class values of the counselors and therapists. The culturally different clients who cannot bridge this cultural distance tend to seek help for their emotional problems from healers who are at a smaller cultural dissonance with them than are mainstream helping professionals. This may explain why minority group members are likely to seek help from

curanderos, herbalists, the clergy, or other family members. They are less likely to seek mainstream counseling and therapy, or if they seek them at all they are less likely to receive them (D. W. Sue & D. Sue, 1990; Pedersen, Fukuyama, & Heath, 1989). Pine (1972) in reviewing the literature on minority groups' perception of counseling and psychotherapy found that for many minority individuals counseling was a waste of time and that counselors did not give the same amount of energy and time in working with minority as they did with White middle-class clients.

Although non-verbal communication plays a very important role in counseling and psychotherapy, speech is the primary means of access to understanding, relationship, and services. In light of the fact that more than half, about 56%, of all Asian Americans 5 years of age or older do not speak English "very well", and more than a third, 35%, live in linguistically isolated households (U. S. Department of Commerce, 1993), the shortage of qualified bilingual and culturally sensitive service providers has left the needs of many Asian Americans unmet and has made the counseling profession virtually monolingual (D. W. Sue & D. Sue, 1990). People are believed to be better able to discuss their problems and express nuances of their feelings in their native tongues (Marcos & Alpert, 1976; Pitta, Marcos, & Alpert, 1978). Spielberger and Diaz-Guerrero (1976) found that people relied on words and concepts learned early in life to express themselves when the content of their expression became personal and emotional. Therefore, the use of standard English with bilingual clients might result in misconception of the clients' strengths and weaknesses (D. W. Sue & D. Sue, 1977), in hindering rapport building (Wilson & Calhoun, 1974), and in limiting access to the services for limited English proficient clients.

Furthermore, minority group non-verbal communication is likely to be misinterpreted by counselors unfamiliar with the minority client's background (Vontress, 1973; Hall, 1976). For example, whereas most mainstream Americans approach interpersonal relationships in an open, casual manner, without too deep an involvement (Maretzki & McDermott, 1980), people from the Mekong countries tend to be more formal and reserved in their initial contacts, becoming more informal only after the relationship has begun to deepen into a close friendship. Formality and reservedness have the purpose of protecting both the speaker and the person with whom he or she interacts from the awkward position of rushing into a premature commitment, but are often misinterpreted as lack of assertiveness, as resistance, as a sign of weakness, and as psychologically inhibited (D. W. Sue & D. Sue, 1990).

Hall (1984) categorizes cultural communication styles into low context and high context, depending on the amount of information that is explicitly transmitted through spoken words, compared to the amount transmitted through the context of the situation, the relationship, and physical cues. High context styles such as Chinese, Japanese, Korean, and Vietnamese, rely less on spoken words or verbal interactions. The most distinctive feature of the Japanese family is believed by Kitano (1976), and by Rogers and Izutsu (1980) to be the absence of prolonged verbal exchanges. Kaneshige (1973) observed in Hawaii that Caucasians talk more than Japanese Americans do. Johnson and Marsella (1978) reported differential attitudes toward verbal behavior in students of Japanese and European ancestry. Japanese American girls show concern about interrupting conversations, while for boys talking to get attention in class is considered as show off and to be

shameful. Japanese Americans respond less to other speakers than do Caucasian Americans. Ogawa and Weldon (1972) attributed this reluctance to being verbally expressive to the Japanese norm of "enryo", meaning shyness or restraint, which has nothing to do with the English proficiency. Some second, third, and even fourth generation Asian Americans, although unable to speak their own native tongues, continue to exhibit some degree of enryo-type behavior (Smith, 1957; Smith & Kasdon, 1961).

Southeast Asians, such as the Vietnamese, also have well developed patterns of high context communication. Vietnamese families are known to be close-knit and supportive but rarely verbal. Family closeness and unconditional support are so taken for granted that verbal affirmation is not necessary. Polite expressions in which the Vietnamese language abounds are usually reserved for guests or strangers. The use of polite forms among family members is considered "khách sáo" which literally means guest-like. To treat a family member in a guest-like manner is tantamount to being rejecting, cold, and to implying that he or she is an outsider. Messages are often conveyed in an indirect manner through one's attitudes, actions, feelings, speed of interaction, and other subtle cues. Directness is considered flippant and an underestimate of the interlocutor's intelligence (Nguyen & Kehmeier, 1980). A verbally expressive person is called "ba hoa" implying flitting, shallow, and insincere.

Traditional Asian psychologies also contributed to underutilization and its consequence of being underserved. While there are vast differences among Asian psychologies, they generally view life as full of suffering and frustration, and full of events that are beyond the individual's control (G. Murphy & L. B. Murphy, 1968). This traditional Asian world view was

reinforced by the Asian American experiences in the United States. D. W. Sue and D. Sue (1990) has pointed out that Asians in America had suffered from some of the most inhuman treatment ever accorded any immigrant group. The treatment includes being denied the rights to immigration, denied the rights of citizenship, denied ownership of land, being assaulted, murdered, and placed in concentration camps. Since events that cause sufferings are perceived to be beyond the individual's control, and since sufferings and frustration are the givens of life, the means to overcome life afflictions are to be found within one's own self: self-discipline and self-control. Therefore, complaining and whining serve no purpose, but only show weakness of character.

Consequently, pathological symptoms are viewed as an indication of lack of control, and reflect negatively not just on the individual but also on his or her entire family. Poor mental conditions are highly stigmatized among Asian American groups. There are stigma and shame associated with mental illness among Chinese Americans (Lum, 1982), among Japanese Americans (Kitano, 1982), and among Southeast Asian Americans (Tran, 1985), which tend to foster denial of the problems and inhibit the use of outside resources. Public knowledge of a family member's poor mental condition may hurt the chance of all its members for marriages into other healthy families (S. Sue & Morishima, 1982; Tran, 1984; Dillard, 1983).

This pervasive stigma attached to mental discomfort has been reinforced by the Immigration and Naturalization Services during the processing stage of the immigration into the United States (Char, Tseng, Lum, & Hsu, 1980). Immigrants are asked whether they ever have been hospitalized as mental patients. Thus, utilizing any mental health services

may be seen by them as possibly jeopardizing their immigrant status. The reluctance to discuss any personal or family mental problem with outsiders takes on a survival dimension in this group. In the face of adversity, therefore, the individual is expected to exercise willpower with patience, resignation, and stoicism (Tran, 1985; Lum, 1982). If the distress becomes too burdensome to bear alone, the help of family and friends is enlisted.

Asian Americans have used the family support system as an adaptive strategy in their acculturation in the United States (DeVos, 1982; Lin & Masuda, 1983). Prejudice and discrimination on the part of the mainstream society only served to strengthen the Asian American families since many of the Asian Americans were forced to turn to the family network for material assistance and for emotional and psychological support. Reciprocally, beneficiaries of this support system carry the mandate to be of support for the family and other members. Each individual member is required to possess a lot of patience and a set of special skills to sense the unexpressed needs and desires of others and is expected to behave in such a way as to reflect well on the family (D. W. Sue & D. Sue, 1990). Everything must be done in consideration of the effects it would have on one's own family, friends, and associates. A sense of shame would ensue when failing to do so. Consequently, anyone who pursues his or her own wants without regard for others is almost certain to disrupt the harmony and cause ill feelings.

Underutilization of mental health services on the part of Asian Americans is also prevalent in the school systems. School personnel have forced Asian American students to conform to the model minority mold by viewing them as intelligent and hard working, thus excluding them from many educational opportunity programs intended for all at-risk students

(Takaki, 1990). They are an invisible group as far as using the counseling service is concerned (Kim, 1983). Chinese American students (D. W. Sue & S. Sue, 1972) frequently find it difficult to admit they have emotional problems, being concerned that their friends and especially their parents will find out that they see a counselor. Such a public acknowledgement would arouse a great deal of shame and bring great disappointment to their families and friends. Group counseling, particularly, is very threatening. It is difficult to share feelings with one individual, let alone with an entire group. They often refuse to participate in groups, and when in groups, they are quiet and withdrawn (D. W. Sue & S. Sue, 1972).

Asian Americans tend to use indirect routes such as physical or somatic complaints to express their emotional and psychological difficulties (D. W. Sue & D. Sue, 1990; Abbot, 1970). When they encounter personal problems, Asian American college students are known to often shy away from the psychiatric facilities on campuses, but seek assistance from the less threatening services of campus counseling centers with an educational and vocational orientation, (S. Sue & D. W. Sue, 1971; S. Sue & D. W. Sue, 1972). S. Sue and D. W. Sue (1971) also found that in a psychiatric population Chinese and Japanese American clients exhibited more somatic complaints than their White control counterparts. Marsella, Kinzie, and Gordon (1971) corroborated that the Chinese tended to somatize their depressive reactions. A more traditional Southeast Asian client tends to describe his or her emotional discomfort in terms of body organ-oriented language. For example, a Vietnamese expresses anxiety by saying he or she has hot viscera. He or she may indicate confusion by saying he or she has a crazy head. It is up to the counselors to evaluate if these complaints are

authentically physiological or if they are just an overture to a deeper emotional disturbance.

Tran (1985) reported that, in Vietnamese culture, serious mental disorders were highly stigmatized while less serious ones were usually expressed in somatic terms and accepted as such. For example, the term neurasthenia has been reported to be extensively used in both Vietnam and other Asian countries (Lin & Masuda, 1983). Patients with medical complaints of no clear organic origins used to be diagnosed as suffering from a weakness in the nervous system, hence, neurasthenia. Southeast Asian refugees in the United States are found to have more complaints about headache, insomnia, fatigue, loss of memory, and poor appetite when they are alarmed by the condition of their minds which seem to slip away (Tran, 1985; Harding & Looney, 1977; Nguyen, 1982). Since the complaints are presented as physical in origin, the clients are exempted from the stigma of mental illness. Thus, treatment which is given by general medical doctors instead of by mental health specialists is readily accepted.

When Southeast Asian refugees seek treatment for what would be psychological problems, they present the problems via physical discomfort for which medical care in the form of a concrete intervention such as a prescription, injections, or other physical manipulation, is expected (Tran, 1985; Lin & Masuda, 1983). As a result, Tran (1985) suggested that in order for therapy to be effective with Southeast Asian refugees it has to be, among other adaptations, active and directive. Therapists, therefore, are expected to actively perform something to alleviate the symptoms, to come up with a plan for cure, and the client will do his or her utmost to follow the therapist's directions. The therapist should be the one who initiates all the

actions that are supposed to remedy or improve the situation; the patient simply waits for the fix subsequent to compliance with the therapist's plan. Kinzie ("Gold Award", 1986) reported success in his programs treating Southeast Asian refugees by emphasizing authoritative caring, directive education, guidance, and administration of medication.

This attitude toward counseling approaches on the part of Southeast Asian refugees seems to be in line with that of other Asian American subgroups who have been found to rate directive counselors as more credible and approachable (Atkinson, Mauryama, & Matsui, 1978), and to view non-directive counselors and therapists as uninterested and uncaring. Chinese Americans and Japanese Americans (D. W. Sue & Kirk, 1973) were found to favor concrete, well-structured and predictable situations. It was also found that Japanese Americans (Atkinson, Maruyama, & Matsui, 1978) and Chinese Americans (S. Sue & D. W. Sue, 1972) preferred counseling approaches to be directive, nurturant, practical and advice-giving (Arkoff, Thayer, & Elkind, 1966).

However, it is still unclear whether somatization of symptoms and expectation of directiveness are due to cultural background or related to perceived social class status. Somatic complaints are found to be prevalent among lower socioeconomic groups. Horwitz (1982) observed that in social dealings, interaction that occurs among equals is likely to be cooperative while that occurring between superior and subordinate is likely to be coercive and authoritarian. Counseling and psychotherapy tend to be more persuasive when it takes place within social ranks and to be more authoritarian when it moves from a higher ranking therapist to a lower ranking patient. Given the fact that, in a typical cross-cultural counseling and psychotherapy encounter,

the therapist is from a higher social status and the client is from the lower social status, the therapeutic relationship is expected to be authoritarian and directive. As the social class gap between therapists and clients that are historically of different cultural backgrounds narrow to become more congruent, their interactions in therapy are expected to be more equal.

Based on the findings of the literature reviewed above, it is expected that (1) the attitude of the Southeast Asian students toward counseling in general will differ significantly from that of the Caucasian group, (2) like other Asian American groups, the Southeast Asian immigrant students are more likely to underutilize the counseling services, and (3) when using the services they tend to focus more on academic and vocational problems than on emotional and personal problems.

Rationale.

Although Asian Americans are a diverse group and in a continuous state of transition, with 25 distinct ethnicities and 56% speaking a home language other than English (U. S. Department of Commerce, 1993), to a certain extent, they are perceived to share a common distinct cultural background and a similar life experience within the context of the United States society. Besides, with their physically identifiable traits, they will be identified as a separate and visible racial minority group in spite of their effort for acculturation. In fact, for the most part the Asian Americans have been described as sharing more commonalities than differences (Kimmich, 1960; Kitano, 1969; Abbot, 1970).

Toynbee (1961) classified China, Korea, Japan, and Vietnam under the same cultural sphere, characterized by its adherence to Buddhist teachings,

Confucian code of ethics, and Taoist thoughts. The interaction of these three major schools of thought with other local beliefs, customs, and traditions has connected separate cultures of the region through the common emphases on harmony, family ties, and self-abnegation.

While there are vast differences of beliefs and world views among the psychologies in the Confucian cultural sphere, they are basically a perception of human life as full of sufferings and frustration. In an effort to transcend this unacceptable human condition, everyone is expected to strive for an ideal mode of being through arduous self-examination, self-control, and discipline. Even in the face of adversity, one has to exercise self-control, discipline, and stoicism. Obviously, not every man and woman could follow this ideal. But countless generations of people have gained strength from this belief to bear hardship and disaster. And countless Asian American pioneers have gained stamina to overcome some of the most inhuman treatment ever accorded any immigrant group, which included being denied immigration, being denied citizenship, being denied ownership of land, and being denied access to public education, and being assaulted and murdered (D. W. Sue & D. Sue, 1990).

Confucianists think of society as a large family, with most social relationships handled as family relationships. Loyalties to family are the prototypes for other loyalties. Society has been traditionally believed to be built primarily on five relationships: that between ruler and subject, father and son, husband and wife, elder brother and younger brother, and among friends. Three of these five are family relationships, even that of ruler and subject is thought of as the father and son relationship, and that among friends is considered just an extension of the family's. In fact, terms that

denote family relationship are also used to address speakers in interpersonal interactions. For example, when a Korean or Vietnamese youth becomes close to a person several years older than he or she, he or she will usually address that person as "older brother" or "older sister", as the gender of the addressee requires.

Associated with the family system is an extreme concern for harmony in interpersonal relationships. The desire to preserve harmony often makes many Asian Americans reluctant to state their opinions or express their feelings if they think that by doing so it will make other people feel uncomfortable or press them into making some premature decisions (Reynolds, 1976). Traditional Chinese and Japanese cultures define maturity in terms of the ability to control the expression of strong feelings and the tact of solving interpersonal problems in indirect and subtle ways (D. W. Sue & D. Sue, 1990). In public or in deferential occasions, feelings are expected to be controlled (Rogers & Izutsu, 1980). Problems related to feelings and psychological distress, such as depression and anxiety, are considered part of daily life and do not constitute legitimate reason to request professional help such as medical attention and counseling (Tran, 1985; Le, VanDeusen, & Coleman, 1981; Char, Tseng, Lum, & Hsu, 1980). This means that people must have a lot of patience and psychological elbow-room to live in society and must be very careful to sense the unexpressed needs and desires of others. Everything must be carried out in consideration of the effects it would have on one's own family, friends, and associates. Anyone who pursues his or her own wants without regard for others is almost certain to disrupt the harmony and cause ill feelings.

Southeast Asian Americans share with other Asian Americans the common perception on the part of their mainstream neighbors as another group of "Orientals" (Liu, Lamanna, & Murata, 1979), strangers from a different shore, (Takaki, 1989), a good scent, but from a strange mountain (Butler, 1994), and alien winds (Tollefson, 1989). In fact, in reaction to the news of the largest airlift of Southeast Asian refugees to Camp Pendleton in Southern California, former representative Burt Talcott (R., Calif.) was quoted by Liu, Lamanna, and Murata (1979, p. 63) as saying, "Damn it, we have too many Orientals already." The shared experience is also reflected in comments referring to Americans of Asian roots, such as "they all look alike" or in incidents when Vietnamese were told to go back to China, and Cambodians to go back to Vietnam (Kiang & Lee, 1993). Southeast Asians also shared with other Asian Americans the same minority group status that was once considered as unassimilable aliens.

For Asian Americans, the interaction between some remnants of their cultures of origin and their historical life experiences in the mainstream society seems to influence their personality adjustment and constitute a sort of cultural guide posts for the group (Kitano, 1989; D. W. Sue & D. Sue, 1990). To the extent that these cultural guide posts are part of the Asian American cultural heritage as a whole, and are shared by different Asian American sub-groups, they will provide common moorings in their daily mundane activities as well as in their professional dealings such as counseling and psychotherapy. Therefore, as with other Asian American groups, Southeast Asian immigrant students were hypothesized to possess attitudes toward counseling that are significantly different from those of the mainstream Caucasian group, and when in counseling the Southeast Asian

focus more on issues of academic and vocational nature than on issues of emotional personal nature as compared to the Caucasian group.

Definitions of variables.

Attitude: is understood here as affect for or against (Thurstone & Chave, 1929) counseling services. It is reflected through the patterns and frequency of use of the services, and through the content of the topics discussed. Thus, if a person feels positive about counseling, she or he will use the services more often and for topics of high personal and emotional content. Likewise, a person may shun the services altogether or only avail himself or herself of them as a last resort if he or she feels negative about the services.

Counseling: is understood here in the context of guidance and counseling in the school setting. Counseling is a generic term encompassing a continuum of activities undertaken to solve human problems. On one end of the continuum is psychotherapy with the emphasis on changing behavior and personality, and on promoting more adaptive functioning (Draguns, 1989). On the other end of the continuum is guidance counseling focusing on providing information related to careers and schooling. School counseling services tend to cluster toward the guidance end of the counseling continuum. According to the Washington State Public Schools Guide for Counseling and Guidance Services (Office of the Superintendent of Public Instruction, 1988), the goals of counseling and guidance are related to the development in four areas: personal, social, educational, and career. The services include, but are not limited to, planning a program of academic courses, vocational, career, and academic planning, working on a host of

personal and emotional problems related to the schools, homes, peers, or to the students themselves, such as substance abuse, child abuse, trouble with the police.

Vocational/academic problems: understood here as difficulties in the areas of studies or career as indicated in the results of the needs assessment survey by the Tacoma public schools (1982), such as registration, program placement, schedule change, credits check, dissemination of information regarding graduation requirements, training opportunities.

Personal and emotional problems: problems in this area usually entail a great amount of self-disclosure. They include problems dealing with intra-personal and inter-personal relationship such as problems with girlfriends or boyfriends, drug abuse, family related difficulties (Tacoma public schools, 1982).

Caucasian group: includes any respondent identified as White excluding Hispanics, on the questionnaire. Caucasians used to refer to one of the three basic racial types: Caucasoid, Mongoloid, and Negroid. As such, the term refers to a broad spectrum of sub-groups of peoples possessing various combinations of physical biological characters, of genetic origins, that distinguish them from other sub-groups of humankind (Krogman, 1945). In the United States, however, racial and ethnic groupings have historical and social relevance. Over time, descendants of immigrants established relationships with people from other ethnic backgrounds to form new racial and ethnic identities which appeared to be much larger than the original immigrant groups. Thus, millions of Africans whose specific identity was, among others, Ibo, Yoruba, or Bakaongo, consolidated into African Americans (Omi, 1993). Asian Americans comprised nearly 30 major ethnic

groups. Prussians, Bavarians, Hessians, and Palatinates merged into German Americans. Welsh, Scots, and English immigrants gradually formed Anglo-Americans (Olson, 1979). Yet, unlike immigrants from Asia or Africa, immigrants of European descent had certain advantages in America. By changing their names, they could give themselves new identities and blend into the dominant White group of their adopted country (Takaki, 1990).

But racial discrimination that is based on visible physical traits such as skin color and cultural customs, has virtually barred minority group members from most personal relationships with Whites, and made division along ethnic lines the most visible separation in American society (Olson, 1979). Today, most Americans identify themselves in broad ethnic terms as Caucasians or Whites, Native Americans, African Americans, Asian Americans, or Hispanic Americans. As a group, Caucasians have traditionally enjoyed the dominant group status. They have thought of themselves and have been often thought of as the population that serves as the standard of reference for all other groups. Thus, their values, lifestyles, performances are used as criteria to evaluate and measure other minority groups' (S. Sue & Morishima, 1982; Korchin, 1980; Maretzki & McDermott, 1980).

Southeast Asian immigrants: refer to those students identified as coming from three separate Southeast Asian countries of Cambodia, Laos and Vietnam. This group also includes American-born children of Southeast Asian refugee parents.

Since the end of the Vietnam war, over a million Southeast Asians have settled in the United States (U. S. Department of Commerce, 1993). They are usually referred to in the media and in the professional literature as Southeast Asian refugees, refugees from the Mekong countries, Vietnamese

refugees, or Indochinese refugees. The term Vietnamese is limited to the people coming from Vietnam; and some Southeast Asian refugees are offended when referred to as Indochinese (Le, 1993). In this study, therefore, only the terms Southeast Asian refugees and refugees from the Mekong countries are retained and used interchangeably.

The first wave refugees, those who came in 1975 or shortly after, of whom the majority are Vietnamese, are viewed as being more sophisticated (Montero, 1979), more educated, and more proficient in English. This group, consisting mostly of technicians, professionals, and government officials, is considered to be from the elite class of the countries of origin. Subsequent waves, however, represent a wider socioeconomic spectrum, with a high percentage of individuals from rural background, and less educated, possessing skills marketable only in a traditional agrarian economy (Le, 1993). Among the Southeast Asian refugees, there exist other minority groups such as the Hmong and the Mien from tribal Laos, and the ethnic Chinese from Vietnam and Cambodia.

In spite of their differences, Southeast Asians in America all share a common status as refugees, a roughly same historical period of arrival in the United States, and a similar life experience in the United States. Their experiences as refugees set them apart from earlier Asian immigrants. Refugees, in contrast to immigrants, are involuntary migrants who are displaced from their home countries by events beyond their control (Kunz, 1973). Refugee population is more likely to suffer from adaptational difficulties and from incidences of psychiatric conditions than the general population (Murphy, 1955). This adverse psychological impact has been found to be applicable to a variety of refugee groups, be they Russians and

other Europeans taking refuge in Norway (Eitinger, 1959, 1860, 1966), Eastern Europeans in Canada (Tyhurst, 1951), Hungarians in England (Mezey, 1960) and in Canada (Meszaros, 1961), Cubans in America (Rumbaut, 1977), Hindus moving out of Pakistan (Keller, 1975), or mainland Chinese in Taiwan (Chu, 1972).

Southeast Asians in America are also bonded as a group by the historical time of their arrival in the United States, and the subsequent reception of the host society. At a time when the United States was experiencing major economic stress, with double digit inflation and a high unemployment rate, the settlement of refugees was viewed as a direct economic threat to the American workers and an added burden to the social services (Liu, Lamanna, & Murata, 1979). Furthermore, the refugees serve as a reminder of an unpopular and controversial war that the general American public likes to forget. As a result, the majority of Americans were opposed to admitting Southeast Asian refugees into the United States (Liu, Lamanna, & Murata, 1979).

Significance of the study.

Traditionally, migration in general and the refugee movement in particular have been relegated to the fields of sociology and anthropology (Olmedo, 1979). But with the demand for equal access to the psychological services by every group in our society, a knowledge base regarding phenomena closely related to the refugee experience such as grieving, depression, stress, and coping skills should be of paramount interest to counselors, social workers, psychologists, psychiatrists, and other helping professionals.

The study of counseling as it relates to the Southeast Asian group sheds light on the basic ingredients of traditional counseling and psychotherapy by identifying etic elements from emic elements and has implications beyond this group. Issues of racism, cultural identity development, and appropriateness or inappropriateness of traditional approaches may be generalized. A complete understanding of appropriate and inappropriate counseling components would lead to the ability to isolate the universal from the culture-specific constituents of counseling and psychotherapy, and would enable the development of optimal services applicable to all cultures or to a specific culture. Even though such a lofty goal remains beyond the scope of this study, an understanding about Southeast Asians will enable the counseling profession to adapt existing methods to this clientele.

The study provided the following insights about Southeast Asian immigrant students:

- 1) They underutilize counseling services even though they are not problem-free.
- 2) They express psychological problems via indirect routes.
- 3) They are more likely to seek assistance on vocational, academic issues than on emotional, personal issues.

The information would enable school decision-making personnel to scrutinize the traditional service delivery model in relation to the needs and utilization patterns of the Southeast Asian American students in order to tailor appropriate programs for this at-risk group. To teachers and school support staff this would shed insights into the type of needs of these students, and their ways of expressing them. It also raised awareness of the

type and the degree of severity of the problems. Of equal importance was the contribution to the likelihood of adapting counseling approaches to make them more appropriate for this group.

Since findings regarding Asian Americans depicted in the professional literature grew more out of the result of logical and theoretical reasoning than direct empirical evidence, the study made its contribution by providing an empirical validation to the findings in the literature. Thus, findings about Asian Americans are also applicable to the new Southeast Asian immigrants. Moreover, researchers in the past did not include Asian immigrant adolescents, but only used American-born college student or adult samples. This study provided data on new immigrant adolescents.

Chapter III

METHOD

Subjects:

At the time of the data collection, the Tacoma school district, as shown in Table 3, had a K-12 enrollment of 31,941 with 16,451 boys (51.5%) and 15,490 girls (48.5%) (Tacoma Public Schools, 1994). The students' ethnic backgrounds broke up into 20,014 Whites (62.7%), 5,920 African Americans (18.5%), 4,101 Asians (12.8%), 1,353 Hispanics (4.2%), and 553 Native Americans (1.7%). Students in special programs numbered 5,905 (18.5%). Over 10% of the total student population indicated they spoke a language other than English at home. Forty-five percent participated in the free and reduced lunch program.

The district high school population from which the sample was drawn had a total enrollment of 8,147 served by five high schools. Four thousand one hundred ninety five were boys (51.5%) and 3,952 were girls (48.5%). Ethnic backgrounds included 1,074 Asians (13.2%), 1,506 African Americans (18.5%), 341 Hispanics (4.2%), 130 Native Americans (1.6%), and 5,096 Whites (62.6%). There were 1,259 students in special programs (15.5%). Over 11% reported a language other than English was spoken at home. And 32% participated in the free and reduced lunch program (see Table 3).

Table 3

Student profile data of the Tacoma School District as of 10/04/94

	District		High School	
	N	%	N	%
Total Enrollment	31,941	100	8,147	100
Gender: Male	16,451	51.5	4,195	51.5
Female	15,490	48.5	3,952	48.5
Ethnicity: Asian	4,101	12.8	1,074	13.2
African American	5,920	18.5	1,506	18.5
Hispanic	1,353	4.2	341	4.2
Native American	553	1.7	130	1.6
White	20,014	62.7	5,096	62.6
Free & Reduced Lunch	14,374	45	2,607	32
Students in Special Programs	5,905	18.5	1,259	15.5
English Speaking Homes		89.6		88.8

Source: Tacoma School District school profiles, 1994

The data collection began March 9, 1993 and ended on April 20, 1993. To prepare for the days, the researcher had paid several visits first to each teacher separately, then to each teacher together with his or her class. In those visits, the purpose and importance of the study, and the importance of their cooperation were explained. Sets of cover letters, permission slips,

assent and consent forms for both the district and the university were also distributed during the visits with the students (see Appendix A).

The administration of the questionnaire (see Appendix B) was spread over several days within a two week period and took place in different class periods throughout the day. First periods had 54 respondents (13.4%). Second periods contributed 62 participants (15.4%). Third periods totaled 69 (17.1%). Fourth, fifth, and sixth periods had 53 (13.2%), 89 (22.1%), and 76 (18.9%) respectively (see Table 4).

Table 4

Sample ethnic origins by gender and class periods.

	Southeast Asian		Caucasian		Others		
	Female	Male	Female	Male	Female	Male	Total
Period 1	1	7	15	13	12	6	54
Period 2	9	7	10	14	11	11	62
Period 3	3	6	22	17	12	9	69
Period 4	3	4	12	12	9	13	53
Period 5	10	9	23	28	12	7	89
Period 6	6	8	18	19	10	15	76
Total	32	41	100	113	66	61	403

Out of 450 students who returned the signed forms to volunteer for the study, 403 - about 90% - actually filled out the questionnaires. Among the 403 participants, 208 (51.6%) were under 18 years of age. They had

obtained their signed parent/guardian consents in addition to their own assents. The sample consisted of students in 9th, 10th, 11th, and 12th grades. Their ages ranged from 16 to 23 with the average age of 18. There were 198 girls (49.1%), 205 boys (50.9%). Ethnic backgrounds included 203 Caucasians (50.4%), 73 Southeast Asians (18.1%), 51 Blacks (12.7%), 20 Asian Americans (4.9%), 18 Hispanics (4.5%), 7 Native Americans (1.7%), 29 (7.2%) indicated their race as Others, and 2 (.5%) did not report their ethnic backgrounds.

As our interest was to compare the attitudes of the Southeast Asian immigrant students towards counseling with those of the Caucasian group, we lumped those who were not Caucasian or Southeast Asian into the 'Others' category. Therefore, for the purpose of our analysis, there were 3 reported ethnic categories: Caucasian ($n=203$), Southeast Asian ($n=73$), and Others ($n=127$) (see Table 5).

Table 5

Sample population by ages, ethnic groups, gender, and grade levels.

Ages: N	18 and over 195						17 and under 208					
	SE Asian 50		Caucasian 83		Others 62		SE Asian 23		Caucasian 120		Others 65	
Gender: N	M	F	M	F	M	F	M	F	M	F	M	F
Grade 9	1	1	0	0	0	1	4	6	22	11	13	12
Grade 10	2	2	0	0	1	1	2	1	10	9	5	10
Grade 11	0	2	3	3	4	6	1	2	20	30	7	5
Grade 12	27	15	43	34	24	25	4	3	5	13	7	6

Classification Variable

Demographic data collected with the help of 12 items in the questionnaire included: gender, current age, current grade, date of arrival in the United States when applicable, and ethnic background of the respondent. Place of birth of the respondent and place of birth of his or her parents were also collected.

Mainstream Caucasian was defined as someone who is White, U. S. born to both U. S. born parents. Among 203 students who claimed to be Caucasians, only 178 or 44.2% of the sample satisfied our conditions to be mainstream Caucasians. The other 25 Caucasians, or 6.2% of the sample reported either to have been born outside of the United States or to have one or both parents having a birthplace other than the United States. This precaution was taken to ensure the representative characteristic of the mainstream culture vis-a-vis other minority group cultural backgrounds.

It is a truism that everyone has a culture and culture affects every aspect of one's life. In this sense Caucasian is also an ethnic group, though of course not in a sense of a disadvantaged minority (Maretzki & McDermott, 1980). However, Caucasians that constitute the dominant or mainstream United States culture have traditionally thought of themselves as a population which serves as the standard of reference for all other groups. Their values and lifestyles offer a background against which other groups' are evaluated and measured (S. Sue & Morishima, 1982; Maretzki & McDermott, 1980; Lynch, 1992). This is to a certain extent justified because Caucasians have predominated in the United States, and their culture, customs, and contributions have shaped the society more than any other single group (Lynch, 1992).

Southeast Asian immigrant students are those who either have settled in the United States from the Mekong countries of Cambodia, Laos, and Vietnam after the end of the Vietnam war, or were U. S. born to refugee parents from those countries. There were 73 of them, or 18.1% in our sample, of whom 50 (68%) were of Cambodian descent, whereas 20 (27.4%) were of Vietnamese descent, and 3 (4.1%) of Laotian descent. Four of them (5.5%) reported to have been born in the United States, two to Vietnamese parents and two to Cambodian parents. The remaining 69 arrived in this country between 1976 and 1991. Their ages ranged from 14 to 23 with slightly more than half of them age 18. They were in grades 9 through 12 with most of them, 49 or 67%, concentrated in grade 12.

The professional literature considered this group as at-risk in our public school (Lefley, 1986; Carlin & Sokoloff, 1985; T. Cowart & E. Cowart, 1993). Most of them had their formal education disrupted by wars, family separation and transition camps. The English proficiency level was poor for most, and virtually non-existent for some. The average number of grades completed before arrival in this country is 4, ranging from 0 to 9 grades. Some of them, having no immediate relatives, were staying in foster care of sponsors or guardians.

Dependent Variable

School guidance and counseling activities can fall into one of the three following areas (Myrick, 1987; Gysbers, 1988):

(1) Developmental: services counselors provide in this area are based on needs dictated by stages of human growth and development in the cognitive, affective, behavioral, and psychosocial domains. The purpose is to

ensure that every student possesses appropriate skills and timely information at each stage of growth so as to promote normal development toward his or her educational goals. Counselors have more control in this area of services in terms of planning and delivery. They can plan to teach a unit of appropriate skills, or to share information on subjects specific to certain age groups at their own pace, and at a time and place they deem suitable without much immediate external constraint. In this respect, this cluster of services can also be called preventive, proactive, and sequential, because it tries to provide knowledge, skills, and attitudes necessary for successful functioning along various milestones of human growth and development. But the expectation of normal growth and development raises the possibility of stunted growth or growth in an undesired direction, which necessitates remediation interventions. Examples of this kind of services are training of specific affective skills on understanding self and others, interpersonal skills, decision making skills, regular and periodic academic advising, career guidance, assessment, and the like.

(2) Responsive services: as the name implies, services in this area are provided in response to some events or requests. Services counselors provide in this area include all activities that need immediate attention in order to ensure a healthy personal, social, career, and educational development of the student, such as crisis intervention or response to a request for services. For example, a student suicide threat necessitates an immediate intervention, or a teacher's request for a classroom presentation on the upcoming SAT sessions would certainly prompt the counselor to arrange his or her schedule to accommodate. Recurrent topics in this area are

academic failures, child abuse, sexuality issues, family situations, substance abuse, suicide threats, and the like.

(3) System support: the purpose of the services in this category are two-fold: (a) to ensure the support the school counseling and guidance program itself needs from the educational establishment in order to effectively implement its own programs, and (b) to provide the support to other programs to facilitate the implementation of other goals in the education system. System support services, therefore, involve the counselor in activities either to support other programs such as assisting in testing and evaluation in special education and gifted programs, or to generate support the counseling program itself needs to ensure appropriate and effective delivery of its services. Budget and administrative meetings, and staff in-service training are a few examples of this cluster of services.

Of the three types of services mentioned above, only type 1 and type 2 require direct interaction between students and counselors in an interactive helping relationship. The content of counseling and the counseling relationship are affected by the mode of thinking or feeling, depending on the relative level of intellectual or emotional involvement. Some are primarily emotional encounters with deeper level of involvement and personal disclosure. Others lean more toward simple exchanges of information on an intellectual level. Therefore, counseling can be characterized by varying levels of personal emotional involvement on the basis of the amount of emotional or intellectual content of the topics and of the relationship, which usually ranges the full spectrum of thinking and feeling (Brammer, 1973). The thinking, intellectual end of the spectrum includes transactions where counselor and client exchange knowledge without much disclosure of

personal, emotional material. An example is academic advising where the dissemination of information regarding eligibility criteria for services from certain programs, or information regarding the requirements for college admissions or vocational training programs are routinely performed. These situations do not require a deeper level of self-disclosure. However, as the relationship develops and the intensity of the commitment increases, the counseling interaction leads the client to disclose personally relevant material. Issues on the feeling, emotional end of the spectrum require some amount of deeper level of self-disclosure, which is characterized by the client's voluntary introduction of personally relevant material with some degree of emotional commitment (Carkhuff & Berenson, 1977; Jourard, 1971). Self-disclosure is considered either as an outcome of therapy or as a means to achieve a solution.

School counseling content and relationship can, therefore, be divided into two categories depending on the level of emotion involved. The first reflects aspects of school counseling where interactions take place with minimal self-disclosure. This category includes, among other topics, information on graduation requirements, career, college, and job opportunities; registration and scheduling. For the purpose of this study, we called this aspect 'Info', short for information, because this aspect seems to emphasize the information exchange. The second covers aspects where interactions generate a high degree of self-disclosure. It deals with topics more private, personal in nature, and usually laden with emotion. Examples of such topics are life styles, family situations, and sexuality issues. In our study, this second category was called 'Emo', short for emotional, because of its emotion-generating tendency.

The professional literature on Asian Americans suggested that the emotional level of the counseling content and relationship influences their decision regarding the use of the services, the relationship building, the duration of the relationship, and the amount of disclosure itself (D. W. Sue & Kirk, 1972; Kitano, 1982; Tran, 1985; Kim, 1983; D. W. Sue & S. Sue, 1979).

The information regarding the attitudes toward counseling was collected by using a self-administered questionnaire which had been developed specifically for this study (see Appendix B). The questionnaire was designed to solicit data reflecting the attitudes of the students toward (1) counseling in general throughout all of its main 54 items; which were further divided into (2) Emo category (33 items), the aspect of counseling dealing with emotional, private, personal problems or concerns, and (3) Info category (21 items), the aspect of counseling emphasizing the information exchange. Responses were scored in such a way that the higher the score the more agreeable the individual was assumed to be to the items.

Instrument:

A questionnaire was constructed specifically for this study (see Appendix B). The item content was based on A Guide for Counseling and Guidance Services in Washington State Public Schools (Office of the Superintendent of Public Instruction, 1988), the Counseling and Guidance Handbook (Tacoma Public Schools, 1980). The district-level and school-level counselor job descriptions, and the counseling needs assessment survey were consulted.

The questionnaire contained a total of 66 items. The Info category comprised 21 items dealing with the vocational and academic aspects of the content of school counseling while the Emo category consisted of 33 items dealing with the emotional and personal problems likely to be worked on in counseling. The remaining 12 items gather demographic data including current ages and grades, gender, places of birth, and ethnic backgrounds. To incorporate feedback from the two pilot tests, the response was limited to three choices with strongly disagree response being assigned score 1, strongly agree score 5, and undecided in the middle being assigned score 3. The result was scored according to the Likert procedure. High score was assumed to reflect positiveness toward the item.

The instrument underwent two pilot tests. The first pilot test version, available in English, Cambodian, Laotian, and Vietnamese, comprised 41 items, 12 in the Info category, 22 in the Emo category, and 7 to gather demographic data. It was administered in the spring of 1987 to a sample of 41 Southeast Asian 8th, 9th, and 10th graders, 22 boys and 19 girls. Their ages ranged from 14 to 21 with an average age of 16. All of them received English as a second language services through the Tacoma School District Transitional Bilingual Program as their English ability was assessed to be limited (see Table 6). The response format included five choices ranging from strongly disagree, disagree, undecided, agree, to strongly agree. Numbers from 1 to 5 were assigned to each of them with 1 being strongly disagree and 5 being strongly agree. The reliability coefficient alpha for the 'Info' items was .68, and its corresponding standardized item alpha was .70, while the coefficient alpha for the 'Emo' items was .92, and its corresponding standardized item alpha was .92 (see Table 8).

During the first pilot test administration, numerous interpretations, clarifications, and assurances became necessary since a few terms and concepts were not familiar to this student population. For example, the Southeast Asian translation of survey, measure, as “tham do” or “tham dinh” conjures invasion of privacy. Terms like homosexuality, birth control, and sexually transmitted diseases generated nervous giggles among Southeast Asian respondents.

Table 6

First pilot test sample by age, ethnic origin, and gender.

Ages	18 and over				17 and under				N
n	16				25				41
Ethnicity	Cambodian		Vietnamese		Cambodian		Vietnamese		
n	10		6		15		10		41
Gender	F	M	F	M	F	M	F	M	
n	4	6	2	4	6	9	3	7	41

Feedback from the first pilot test was incorporated in the second field test version. The number of items increased from 41 in the first trial version to 55 in the second trial version. Specifically, the 'Info' category gained six items, and the 'Emo' category gained eight items. The five-choice response format in the first pilot test version was deemed to be too fine, making it confusing and difficult to choose. Consequently, it was narrowed down to three choices, namely disagree being assigned 1, undecided 3, and agree 5.

Also, only the English version was retained as it was argued that in order to express attitudes toward school counseling, respondents were assumed to possess some degree of familiarity with the subject. As indicated earlier in the literature review chapter, counseling is alien to the Southeast Asian immigrant students. Therefore, the ability to read and understand the questionnaire in English, which is about the 6th grade reading level, was considered as an assurance that the respondent possesses some familiarity with the subject. The second pilot test had a sample of 52 high school students, 30 girls and 22 boys, age between 20 to 14, of whom there were 11 Blacks, 22 Caucasians, and 19 Asians (see Table 7).

Table 7

Second pilot test sample by age, ethnic origin, and gender.

Ages	18 and over				17 and under				N		
n	28				24				52		
Ethnicity	Black		White		Black		White		Asian		
n	3		10		8		12		19	52	
Gender	F	M	F	M	F	M	F	M	F	M	
n	1	2	6	4	2	6	7	5	6	13	52

The second trial yielded a coefficient alpha of .72 and its corresponding standardized item alpha of .70 for the Info category. Both the coefficient alpha and its corresponding standardized item alpha were .93 for the 'Emo' category. (see Table 8).

The final version of the questionnaire yielded a coefficient alpha and its corresponding standardized item coefficient alpha of .85 for the Info category. Both the coefficient alpha and its corresponding standardized item alpha were .98 for the Emo category. Correlation coefficient between the Info category and the Emo category was .13. It can be assumed from the alpha coefficients and the correlation coefficient that there is a high internal consistency within each category and a low correlation between the two categories. This further indicates the disparate characteristics of the two components

Table 8

Total subjects, total items, and alpha coefficients for the three versions.

	First pilot test		Second pilot test		Final version	
N of Subjects	41		52		403	
N of Items	41		55		66	
Categories	Info	Emo	Info	Emo	Info	Emo
Number of Items	12	22	18	30	21	33
Coefficient Alpha	.68	.92	.72	.93	.85	.98
Standardized Alpha	.70	.92	.70	.93	.85	.98

Procedures

Written Permission to conduct research in the Tacoma school district was granted through the Tacoma School District Office of Research and Evaluation. With its approval, three high schools, Stadium, Lincoln, and

Wilson were identified. The schools were selected because of their large enrollment of Southeast Asian immigrant students. The principals of these building were personally involved in selecting the classes for the sample with the goal to include as many Southeast Asian students as possible.

To secure approval and insure cooperation from teachers of the selected classrooms, the researcher contacted them over the telephone initially and met with them face to face shortly after. During the conversations, the purpose and the procedures of the study were explained to the teachers, and they were asked to cooperate. About two weeks before the data collection, the researcher visited the classrooms to talk with the students. The purpose of the visit was to establish rapport, explain the study, solicit the students' participation, and to ask them to take home to their parents or guardians district cover letters with permission slips, university consent and assent forms (see Appendix A).

In addition to the English version, the cover letters with permission slips, consent and assent forms were made available in Cambodian and Vietnamese to facilitate communication with Cambodian or Vietnamese speaking parents or guardians. Students were asked to bring back (1) assent forms on the University of Washington letterhead signed by themselves; and (2) if they were under 18, parent permission slips for the school district on the Tacoma school district letterhead and consent forms for the university signed by parents to allow them to participate.

Parents and students were also instructed on the cover letters to call the researcher if they had any questions. In a period of two weeks, a total of 450 students returned their appropriately signed forms consenting and assenting to participate. Two parents also called. One was a Caucasian

woman who wanted to know who sponsored the study, and for what purpose the results might be used. When she was told that the research was affiliated with both the Tacoma School District and the University of Washington and that the results would be used to write up the dissertation, she expressed support. The other was a Cambodian man who expressed concern that his daughter's participation might not be confidential or anonymous. He was assured that no name would be identified.

Students present in the classes during the days of the data collection had two options. The ones who did not participate worked on their class assignments while those who volunteered for the study and had all their paperwork in order filled out the questionnaires. The directions on the first page of the questionnaire were read to them. Specifically, they were instructed to write no names on the form, to leave any items blank if they so chose, and to give the completed questionnaires only to the researcher. They were repeatedly assured that the survey was not a test, that all responses were important and would be kept confidential and anonymous, and that neither their teachers nor their principals would read their responses. The questionnaire took about 20 minutes to complete. Participants went back to work on their class assignments after they finish filling out the questionnaires.

Data Analysis:

Independent t-tests and related t-tests were performed on the data using the computer program SPSSPC for Windows (SPSS, 1993). Subjects were grouped into Southeast Asian and mainstream Caucasian. Data were treated as a whole under the Total category, and were sub-divided into Info

and Emo categories. Independent t-tests were performed between the two groups for each category while related t-tests were run for each group with the Info and Emo categories being treated as dependent variables (see Table 9). A Pearson product moment correlation was also performed to determine correlations between 'Info' and 'Emo' categories. Coefficient alpha and standardized item alpha were obtained to determine internal consistency within the 'Info' and within the 'Emo' categories.

Table 9

Data analysis by groups, categories, and t-tests

Groups	Categories			Tests
SE Asians	Total	Emo	Info	Related t-tests
Caucasians	Total	Emo	Info	Related t-tests

Tests:

Independent t-tests

Chapter IV

Results and Discussion

Hypothesis one

The hypothesis predicted that there would be a difference between the mainstream Caucasian and the Southeast Asian groups in attitudes towards counseling in general. Between the two groups, the hypothesized difference took the form of a greater degree of willingness on the part of the Caucasian group in dealing with counseling material in a counseling setting with counseling personnel. It was reflected in the mean of all the relevant item scores of the questionnaire, and was subsumed under Variable Total. The Total score was simply the sum average of all ratings assigned to all items from 1 to 54 by the respondent, ranging from one to five. These 54 items reflected the content of counseling of both Info and Emo categories. High scores indicated likelihood of discussing and working on the problems, whereas low scores indicated reluctance. The mainstream Caucasian was hypothesized to be more willing than the Southeast Asian to work on their problems in counseling. As shown in Table 10, the Levene's test for equality of variances had the F-value of 157.932 with a p-value of less than .005. This F-value justified the use of the unequal t-test results which were very significant ($t = 12.26$, $df = 77.75$, $p < .005$). At this level of significance, the null hypothesis can be rejected and the prediction is confirmed, suggesting that mainstream Caucasians use the counseling services more than Southeast Asian students do.

Table 10

Summary t-test for equality of means of Caucasian and Southeast Asian groups on Variable Total.

	<u>n</u>	<u>M</u>	<u>SD</u>	<u>SE of M</u>
Caucasian	178	2.5291	.135	.010
Southeast Asian	73	1.8937	.434	.051
Mean Difference		.6354		
Variations	<u>t</u>	<u>df</u>	<u>2-tail sig.</u>	<u>SE of diff.</u>
equal	17.61	249	<.005	.036
unequal	12.26	77.75	<.005	.052

Lavene's test for equality of variances: $F = 157.932$, $p < .005$

The finding is consistent with what is reflected in the literature about Asian American clients' underutilization and premature termination of mental health services. The official rates of juvenile delinquency, of psychiatric contact and hospitalization were relatively low among the Chinese Americans (Lum, 1982; D. W. Sue & D. Sue, 1990; S. Sue & Kitano, 1973; Abbott & Abbott, 1961); among the Japanese Americans (Kitano, 1982; Kitano, 1969); among the Southeast Asian immigrants (Lefley, 1986; Tran, 1985; Kim, 1983;); and among Asian Americans in general (Kitano & Daniels, 1995). It has been generally presumed that their low rates of mental illness and treatment indicate good mental health. However, as S. Sue and Morishima (1982) have pointed out, psychological health cannot be assumed from the absence of mental disturbance any more than physical health can

be assumed from the absence of injury and disease. Besides, the presumption overlooks mentally ill persons who for some reason do not seek official treatment. Kitano (1976) hypothesized that the lack of use of the services was not indicative of a population without problems, rather it might be attributed to the problems with service delivery, language barrier, inappropriateness of the approaches, and some facets of this clientele's culture.

Inaccessibility of the facilities and unaccountability on the part of the organizations were often cited as barriers preventing Asian Americans from using the services (Kitano, 1981; Parron, 1982). Inaccessibility is to be understood in terms of economic cost as well as physical and psychological distance between the professional services and the world of the client. To make economic sense, it requires a sizable population that needs the services to justify staffing of qualified personnel to serve that population. Asian Americans are a minority among minority groups and live scattered in wide geographical areas. Therefore, mental health facilities with qualified bilingual personnel must cover large catchment areas. Consequently, Asian Americans must travel long distances to access the services. Even when established with the comprehensive community mental health concept, according to which a center must provide care to those persons living in or near the community of its location, some centers such as the Asian Counseling and Referral Service, the Chinese Information and Service Center in Seattle have to serve Asian American clients coming from as far as over 100 miles (S. Sue & Morishima, 1982).

In the school settings, many Asian American students cannot readily access the counseling services (Kim, 1983). Cowart & Cowart (1993) noted

that there was very little success in involving Asian American youth in gang prevention and intervention efforts by school and law enforcement officials. Factors inhibiting use include shyness and hesitancy on the part of the children, stereotypes of Asians held by educators, and the general referral policies of the schools. The limited availability of bilingual, bicultural counselors is cited as a major factor inhibiting use (Kitano, 1989). As a consequence, the group seeks protection and support among its own members, withdraws into its usual invisible minority status, isolated from the mainstream, where their many problems are easily overlooked or ignored by school personnel. For example, Southeast Asian immigrant students are known to form their own cliques to avoid being called names and being physically abused. This only makes them more invisible and further isolates them from the mainstream.

Counselors and other mental health service providers often are more accountable to the funding agencies and their fellow professionals than to the ethnic community clientele they serve. Compared to White clients, ethnic minority group clients often receive inferior clinical services (Kitano, 1982; S. Sue, 1977; Ridley, 1989). Yamamoto, James, and Palley (1968) found that when seen in psychiatric facilities, Blacks, Hispanics, and Asians were more likely to be assigned to supportive than to intensive therapy, and to be discharged more rapidly. There is a growing body of evidence that ethnic minority clients terminate counseling after an initial session at a higher rate than mainstream Caucasians (S. Sue & McKinney, 1975; S. Sue, McKinney, Allen, & Hall, 1974). In one study, D. W. Sue (1975) has found that Asian Americans have a premature termination rate of more than 50%.

Reluctance to use the services on the part of the Southeast Asians, no doubt, also has its roots in the clients' background. Only 4 out of our sample of 73 Southeast Asian students are American-born. The large proportion of foreign-born Southeast Asian students may have only a vague idea about the counseling services or may not know where and how to access them. In Southeast Asian schools, there was no professional counseling service. For the general population, there existed no specialty dedicated to relieving mental distress (Tran, 1895; Nguyen, 1969). The terms psychiatry, psychiatrist, for example, do not have specific Vietnamese equivalents. They are more or less rendered as "mental medicine", or "mental doctor", "nerve medicine" or "nerve doctor", respectively. Sometimes, they are more comprehensibly and more descriptively referred to as specialty or specialist dealing with crazy (Khùng, Điên, Mất trí) people. Before 1975, South Vietnam had only a handful of psychiatrists; Laos had none (Lin & Masuda, 1983); and Cambodia did not list any. In fact, during the data collection, correspondence sent home to Vietnamese speaking parents had the term counselor awkwardly translated into Vietnamese as "cô vân khai dao", which literally means initiation advisor. Both the Cambodian and Laotian permission slips used descriptive expressions for counselor. Not only is the unfamiliarity with the services true of the Southeast Asian student population, it is also true of the adult Asian American population at large (S. Sue & Morishima, 1982). Kim (1978) found that, in his sample, a good proportion of Chinese, Japanese, Pilipino, and Korean Americans did not seek assistance for problems primarily because they did not know about the availability or the location of such services.

Cultural belief systems to a certain extent determine people's help-seeking behavior (S. Sue & Morishima, 1982). Southeast Asians as a group tend to tolerate and accept sufferings and distress as givens in life to the extent that to whine and complain about them is a sign of weakness of character (Tran, 1985; Nguyen, 1982). In the face of adversity one has to behave stoically with resignation and patience. Deviant behavior indicates loss of will power, and of self-discipline. For example, many Southeast Asian parents consistently attributed school failure to their children's laziness or lack of hard work. More homework, better work ethics, and more effort are presumed to be the solution. Arkoff, Thaver, and Elkind (1969) demonstrated that, as a group, Filipino, Thai, Japanese, and Chinese graduate students were more prone than Caucasian students to believe that exercising will power would help a person to maintain good mental health. Psychopathology, therefore, can be inferred as a lack of resolve, of determination on the part of the individual. Everybody is believed to be capable of maintaining a decent standard of behavior, if he or she maintains a constant control on his or her behavior and emotions.

Therefore, the first obstacle an Asian American student faces in the quest for assistance is to accept that he or she has a problem that he or she cannot overcome, because to admit ownership of a problem is tantamount to conceding defeat or personal failure. This is found to be true with Japanese American students (Kaneshige, 1973), with Chinese Americans (D. W. Sue & D. Sue, 1990; Lum, 1982), and with Southeast Asians (Tran, 1985). Miller, Chambers, and Coleman (1981) reported that the Southeast Asian populations as a whole were not willing to admit the existence of mental

health difficulties in their communities for fear that these might reflect negatively on them.

There seems to be so much shame and stigma associated with the notion of mental illness that afflicted persons feel too ashamed and too embarrassed to seek assistance. Social scientists generally agree that the traditional Asian interpersonal interactions emphasize formality and avoid confrontation (D. W. Sue & D. Sue, 1990; Reynolds, 1976). Formality stresses that individual has to present his or her best side to the extent possible as a sign of respect for himself or herself and others, whereas avoiding confrontation would eliminate the embarrassing possibility that either party has to lose face. Potentially embarrassing interactions such as public disclosure of mental illness is to be avoided, as it may negatively reflect on the individual and his or her family name. It certainly hurts the family's offspring's chances for good marriage partners as it is believed to be hereditary (S. Sue & Morishima, 1982; Tran, 1985). Therefore, at the onset of any symptom, one has to try harder to help oneself or risks being rejected by one's family or becoming the basis for ridicule in the community for oneself and one's family by seeking help from mainstream mental health service agency (S. Sue & Morishima, 1982; Tran, 1985). When the affliction becomes too much for the individual to bear alone, his or her family and friends will pool resources to assist him or her, and will call for outside professional help only as a last resort. Consequently, when the client comes to the therapist's attention, he or she usually exhibits symptoms at an advanced stage.

Since traditional Asian American families and kinship systems tend to intervene in the problems of their members out of a sense of obligation for

their members, and to protect their own family names, they in effect provide Asian Americans with alternative source of services so that their utilization of the public mental health services is further reduced (S. Sue & Morishima, 1982; Char, Tseng, Lum, & Hsu, 1980; Kitano, 1976; Aylesworth, Ossorio, & Osaki, 1980; Lin, 1986). Asian Americans believe that family problems and conflicts are to be resolved within the family circle and the only image that can be displayed in public is the one that is socially acceptable. Asian American family support systems are theorized to play a big role in preventing mental health problems by meeting the affective needs of their members, or pooling their resources to provide treatment when symptoms occur (Hsu, 1973). It is believed that there may be many Asian Americans whose behavior is so disturbed as to warrant hospitalization, but they have been able to stay away thanks to the care by the family network.

Part of the explanation for the Southeast Asian clients' underutilization of the professional counseling services also lies within the counseling establishment (Pine, 1972; D. W. Sue & D. Sue, 1990). Little research has been conducted on refugees, let alone Southeast Asian refugees (Liu, Lamana, & Murata, 1979), and almost none has been conducted on the adolescents of this group (Charron & Ness, 1981; Williams & Westermeyer, 1983). The lack of knowledge base about this population is translated into poor training of service providers, poor programs planning, and adoption of inappropriate approaches.

Stieper and Wiener (1965) suggested that therapists generally like clients who are most similar to them and judge success in therapy to the extent their clients become more like them. According to Lefley (1984), the typical service provider remains non-Hispanic White and middle-class. There

is an under-representation of Asians, Blacks, and Hispanics in the ranks of students and faculty in counselor education. If they are represented at all, they are less likely to be full-time students in the graduate or doctoral programs, and at the faculty level, they are more likely to be nontenured, nonacademic, and part-time appointments (Atkinson, 1983). By and large, therefore, the therapist background is limited to a narrow segment of the population in our society: White middle class (Horwitz, 1982). As a result, traditional counseling programs are geared to the White middle-class client. The experiential and cognitive distance between such service providers and the average refugee client is wide. The gap includes, among other factors, linguistic barrier, cultural belief systems, class-bound values, and the application of techniques designed for groups other than Southeast Asians.

The most recent Southeast Asian immigrants are predominantly non-English speaking (Dillard, 1983; Tran, 1985; U. S. Department of Health and Human Services, 1993). D. W. Sue and D. Sue (1977) have pointed out that the use of standard English in counseling minority group clients in general, and limited English speaking clients in particular, may result in misconceptions of the clients' strengths and weaknesses. The communicative conversational aspect of the English language can be mastered in a relatively short period of time, whereas it takes an average of five to six years for a diligent student to learn the more refined nuance of the cognitive academic English (Cummins, 1984). Concerns about speaking correct standard English often prompt the limited English proficient students to adopt what Esquivel and Merle (1990) have termed elective mutism. At this stage of second language acquisition, students are more willing to be listening participants than talking participants. Self-conscious of the fact

that they may be evaluated negatively because of their speech, the limited English proficient clients respond only briefly to the inquiries of the counselor, who may infer that they are uncooperative or resistant.

Listening participation is dictated sometimes not only by the degree of language proficiency, but also by different thought patterns, different values, and different communication styles. Chinese, Cambodian, Korean, Lao, and Vietnamese are very context-bound languages (Chan, 1992; Hall, 1976). In any transaction, most of the meaningful messages are either in the physical context or in the mannerisms of the senders or receivers of the messages. While very little is explicitly transmitted in the verbal message, the receiver must be skilled enough to interpret the speaker's intent through shaded meanings, subtle affect, nonverbal cues, and context of the situation. Therefore, nonverbal communication conveys significantly more information in these high context Asian cultures, and silence is greatly valued as a traditional sign of respect for elders, and of deference to authority figures (D. W. Sue & D. Sue, 1973). As with the teaching relationship, counseling is considered an authoritative relationship by Asian American students. Very often, therefore, silence in counseling indicates politeness rather than a lack of material for communication. This communication style contrasts sharply with the mainstream style where information is conveyed primarily through the verbal code in a precise, explicit, and straightforward manner. Perhaps, having this contrast in mind, Kaneshige (1973) has asserted that anyone who has lived in Hawaii for any length of time would generally agree that Caucasians, as a group, talk more than Japanese do, again, as a group.

On this linguistic ground, the barrier to counseling services seems to be bilateral. On the one hand, the counselors, unable to communicate with

the clients, tend to demonstrate massive avoidance behavior (Lefley, 1984). For example, therapists have been found to avoid hearing discussion of traumatic experiences by Southeast Asian clients, because the information often arouses a sense of hopelessness and helplessness too overwhelming for therapists themselves to handle (Rosser-Hogan, 1990). On the other hand, the Southeast Asian clients, who may feel inclined to seek professional help, often hesitate to initiate the necessary contact, for fear of being embarrassed by the prospect of having to use their labored and broken English to express their important and sometimes crucial concerns. If they ever overcome the initial hesitation and end up in the counseling session at all, the situation often proves to be awkward for both therapist and client. The client is self-conscious of his or her expressive ability, and constantly aware of the possibility of being misunderstood. The therapist may feel out of his or her familiar element and frustrated. The relationship can at best be tense and uneasy, and both parties may feel relieved when it terminates (Tran, 1985). The logical result is that the client shuns the counseling establishment altogether and wish to deal with it only when it is absolutely necessary.

The use of professional assistance as a last resort was corroborated by the findings by S. Sue and D. W. Sue (1971) among Chinese and Japanese American college students. These Asian Americans were found to possess disorders of greater severity than those of other White students using the same services. Tran (1985) reported that Southeast Asian patients sought psychiatric assistance at an advanced stage of their disorders. It was theorized that only the most severely disturbed Asian Americans sought help, whereas less disturbed ones avoided the services. Tran (1985) also reported

that voluntary admissions into the mental health facilities were infrequent among Southeast Asian immigrants as they were committed only through someone else's decisions such as court orders, referrals by the school systems, or by social services.

The counseling process itself, as currently implemented, is perceived to be confusing and inappropriate to meet minority clients' needs. Goals of therapy, assumptions about human nature, etiology of human problems, and effective approaches associated with different counseling orientations might conflict with those of the ethnic minority clients (D. W. Sue, 1993). Counselors and therapists often expect clients to exhibit a certain amount of self-disclosure and verbal expressiveness, whereby, client discusses about his or her distress and intimate feelings as a means to achieve insight or cure. However, openness with strangers proves to be difficult for many Chinese Americans (D. W. Sue & S. Sue, 1979), for many Japanese Americans (Kaneshige, 1973; Kitano, 1981), and for many Vietnamese (Dillard, 1983). Southeast Asian Americans rarely volunteer details about themselves even when these put them in a good light, for fear that they may appear boastful and bragging. They also keep quiet about everything that may reflect unfavorably on them, their families, and communities (Tran, 1985; Brower, 1980; Copeland, 1983). Direct or subtle demand for self-disclosure of personal information may cause conflict and confusion to them.

The counseling relationship is, by design, ambiguous. The situation is unstructured, the questions are open-ended with the purpose of encouraging the client to be active participant, and to give him or her free rein to express relevant information with little direction from the counselor. The flow of information in the counseling session is primarily one-way, generally from the

client to the counselor. This ambiguity seems to be at direct odds with Southeast Asian immigrants' expectation of counseling. They expect counseling and therapy to be active, directive, goal-oriented, and limited in scope (Tran, 1985). In fact, counselors who appear less than authoritative and directive in their roles may be perceived as uninterested and unconcerned by Vietnamese American clients. The finding parallels other Asian American groups'. D. W. Sue and S. Sue (1979) for Chinese Americans; D. W. Sue and Kirk (1973) for Japanese Americans; and Atkinson, Maruyama, and Matsui (1978) for Asian and Pacific American students, reported that these groups by and large preferred concrete, well-structured, and well-defined situations, and that they viewed directive counseling approaches as more credible. It is believed that the Asian American family structure has contributed to the low tolerance for ambiguity among Asian Americans. In the traditional Asian family interaction pattern, every member is expected to conform to a prescribed role and the communication is from the top down. This goes counter to the ambiguity of the communication pattern in the counseling relationship where information is supposed to come from the client and exploration is encouraged.

Hypothesis two

Compared to the Southeast Asian group, the mainstream Caucasian group was hypothesized to be more likely to work on emotional, personal issues in counseling. The hypothesis was confirmed. A comparison of the means of the two groups on Variable Emo ($M = 4.5923$ vs. $M = 2.4010$) is presented in Table 11. The small observed significance level of the Levene's Test ($F = 128.016$, $p < .005$) justified the use of the unequal t-test results for

the hypothesis. The results of the t-test are very significant ($t = 17.11$, $df = 81.53$, and $p < .005$). The null hypothesis can be rejected at this level of significance. The results indicate that mainstream Caucasian students are more willing to work on issues that may generate emotion, require self-disclosure in the school counseling setting than Southeast Asian group.

Table 11

Summary t-test for equality of means of Caucasian and Southeast Asian groups on Variable Emo.

	<u>n</u>	<u>M</u>	<u>SD</u>	<u>SE of M</u>
Caucasian	178	4.5923	.422	.032
Southeast Asian	73	2.4010	1.060	.123
Mean Difference		2.1913		
Variations	<u>t</u>	<u>df</u>	2-tail sig	<u>SE of diff</u>
equal	23.46	249	<.005	.093
unequal	17.11	81.53	<.005	.128

Lavene's Test for equality of variances: $F = 128.016$ $p < .005$

The mainstream Caucasian group feels more comfortable discussing issues of emotional, personal nature in counseling than does the Southeast Asian group. This could be attributed to the fact that mainstream Caucasian students, having been socialized in the educational system for a longer period of time, are more familiar with the system, and know the workings of the system. Therefore, their needs for services covered by the mundane aspect

of school counseling, such as eligibility guidelines, or graduation requirements are of a lesser extent. When they go to counseling at all, it is the more specialized help that they seek. Perhaps, in recognition of this fact, some school guidance models have recommended hiring registrars to take care of some services traditionally associated with school counseling, such as new student registration, graduation requirement check, class changes, and the like, to free counselors to do what they are trained to do, namely, counseling (Gysbers, 1988).

The Southeast Asian group, however, is less likely to discuss personal, emotional issues in counseling. It could be that they need to spend more time on the information-giving aspect of school counseling in order to negotiate with the new environment. It could also be that the notion of analyzing behavior from a psychological frame of reference is alien to them as they have never been exposed to professionals dealing with the psychological area of health care in their old countries (Tran, 1985). Since they have no prior experience with or knowledge of the available services, they do not feel the need for them.

But the reluctance or unwillingness to discuss matter of personal, emotional nature in a counseling setting can also be the result of the socialization process. Self-disclosure correlates with trust. Jourard (1971) and Brammer (1973) found that people are more likely to self-disclose if they believe their audience to be of goodwill or to be similar. Ridley (1984) for African Americans, D. W. Sue and S. Sue (1979) for Chinese Americans, Kitano (1982) for Japanese Americans, and Tran (1985) for Southeast Asians, have indicated that these groups have difficulties being self-disclosing. They theorized the trait to be the result of minority group member life

experiences in a racist society, as minority group status has been believed to be a stressor on mental health for Asian Americans, Blacks, Hispanics, and Native Americans (S. Sue & Morishima, 1982; Jones, 1972).

As refugees, Southeast Asian students also have encountered significant stressors during emigration and acculturation (Nicassio, 1985). Weil (1983) reported incidents of insensitivity and discrimination of school bus drivers refusing to allow refugee children to board, of teachers refusing to allow the children into their classrooms, and of coaches refusing to allow the children to play on teams. The new Asian immigrants and refugees have often been confronted with hostile perceptions and treated as strangers from different shores (Chan, 1992; Takaki; 1990). These life experiences have been believed to condition them to be cautious and distrustful of the mainstream group. Since counseling is perceived by many minority members as a predominantly White middle class profession (Pine, 1972; D. W. Sue & D. Sue, 1990), a certain amount of reservedness, caution, and even distrust while using the services of the profession is considered functional, adaptive, and healthy (Ridley, 1984; D. W. Sue & D. Sue, 1990; Grier & Cobbs, 1968). Ridley (1984) called this phenomenon a type of cultural paranoia as opposed to clinical paranoia, and considered it a normal reaction. In fact, it was argued that the lack of it indicated pathology as it showed poor reality testing.

For many Asian Americans, being reserved, modest, discrete about their emotional condition is a cultural imperative. Traditional Chinese, Japanese, and Vietnamese cultures value restraint of strong feelings and consider affection and emotion private matters not to be displayed in public (D. W. Sue & D. Sue, 1990; Tran, 1985). Japanese Americans respond less

to speakers than do Caucasian Americans (Ogawa & Weldon, 1972; Fenz, 1962; Kaneshige, 1973). This lack of verbal expressiveness does not stem from linguistic deficiency, but from a form of speech anxiety created by a cultural norm the Japanese language terms "Enryo" - shyness or restraint - as a sign of deference to authority figures present, and as an expression of modesty to matters of personal and emotional nature (S. Sue & Morishima, 1982). As with teachers, school counselors are viewed as authority figures, and it is only natural for some Asian American students to be less verbally expressive in counseling regarding matters involving emotion-laden material.

The unwillingness to work on emotional and personal issues in counseling may be due to the Asian view that sufferings and frustrations are the lot of human life, and discipline and self-control are common means to overcome distress (G. Murphy & L. Murphy, 1968). For example, Southeast Asian Americans do not consider feelings and emotional problems to be causes for seeking help (Le, VanDeusen, & Coleman, 1981; Tran, 1985). Since problems are considered as part of life, it serves no purpose to complain, to talk them out with outsiders. Revelations of intimate personal and social shortcomings only reflect weakness of character on the individual and on the whole extended family.

Furthermore, traditional Asian cultures and ethnic groups are found to be generally less verbal about human relations and feelings (Sundberg, 1981; D. W. Sue, 1995). Kitano (1976) suggests that the Japanese family interaction is distinctively marked by the absence of prolonged verbal exchanges. True communication is believed to be more efficiently expressed by one's attitudes, actions, and feelings than by words. A verbally expressive person is often seen as a show-off, and insincere in traditional

Japanese culture (Yee & Hennessy, 1982). The Vietnamese equivalent term for verbally expressive is "ba hoa", implying a flitting from subject to subject without any focus or any seriousness. The Vietnamese also have a well-developed style of communicating their emotions. Desires are often expressed in an indirect manner by hinting at or talking around them. Direct requests are usually considered of poor taste, flippant, or even an indication of lack of courtesy or intelligence (Nguyen & Kehmeier, 1980).

Social scientists examining Asian American groups invariably concur that these groups place a strong emphasis on the family and kinship systems as a mechanism in adjusting socially. The importance of the family has been stressed for Chinese Americans (Lyman, 1974; Char & Tseng, 1980; Weiss, 1974), Japanese Americans (Kitano & Kikumura, 1974; Petersen, 1978), Korean Americans (Kim, 1980), and Vietnamese Americans (Aylesworth, Ossorio, & Osaki, 1980). Family and kinship networks have been major sources for stability, self-esteem, and satisfaction of affective needs for Asian Americans (DeVos, 1982; S. Sue & Morishima, 1982). For example, few recently arrived Vietnamese refugees came to the United States with intact families. In the confusion of their escape, family members were left behind, lost at sea, or killed by Thai pirates (Rumbaut, 1985). Once in the United States, however, they created pseudo-families (Lin & Masuda, 1983), households made up of close and distant relatives, friends, and acquaintances to share accommodations, finances, and to provide fellowship and social support.

DeVos (1982) theorizes that the family integration and community cohesiveness typical of Asian Americans have helped serve as a buffer for psychological disorder and to put a check on social deviance. But kinship

support, though unconditional, also has its inherent costs for the person. Sometimes, individual needs and wants are met at the price of conformity to family and elders' expectations in order to maintain harmony and to preserve the family good name. Loyalty to family may often make one suspicious of outsiders (D. W. Sue & Kirk, 1972) and tends to foster restraint of strong feelings and encourage subtleness in interpersonal relationship to preserve harmony within family members. Intimate revelations of personal and emotional problems, even in a counseling setting, may not be acceptable, since these difficulties reflect poorly not only on the individual but on the whole family, and thus bring shame to the family name. Any public exposure of family conflicts in the process of solving individual problems and achieving self-actualization is an unacceptable display of selfishness (Kaneshige, 1973).

The use of monolingual English as the primary medium of communication in counseling may hinder the exploration of personal, emotional issues for clients of bilingual background. School counseling personnel often do not possess bilingual/bicultural expertise that enables them to communicate effectively in the first languages of the Southeast Asian students. Monolingual, monocultural counselors working with bilingual background Asian American students may cause much misunderstanding (D. W. Sue & Kirk, 1972, & 1973; D. W. Sue & Frank, 1973). This potential miscommunication is ever-present even when the Asian American student cannot speak his or her parents' native language and is proficient in English only (D. W. Sue & D. Sue, 1990). Smith (1957) and Smith and Kasdon (1961) indicated that children with bilingual backgrounds where one or both parents used a native tongue as a primary means of communication often

experienced difficulties communicating in English. This makes intuitive sense, since communication goes far beyond linguistic systems to involve different thought patterns, different value systems, and different communication styles. A language other than English spoken at home indicates different psycholinguistic characteristics influencing thought patterns and the corresponding verbal and non-verbal communication styles that serve to foster the learning and maintenance of the traditional cultural values of the home. An Asian American client with monolingual English proficiency but influenced by the cultural values at home that foster harmony and respect for authority will undoubtedly tend to be more quiet in group discussions and run the risk of being assumed not very bright, linguistically deficient, or verbally repressed (Kaneshige, 1973; D. W. Sue, 1995).

Early language learning seems to be related with the expression of feelings. To express strong emotional and personal content, second language speakers tend to take recourse in their first language. Spielberger and Diaz-Guerrero (1976) noted that saying taboo words in one's native tongue provokes more anxiety than saying them in an acquired second language. In my experience dealing with English as-a-second-language-students being referred to the office for using profanities, very often did I find that they readily used the most profane English cuss words recently acquired in the playground or in the hall, the equivalent of which they would never have used in their native tongues in the school setting. However, they used them freely here and got into trouble for that. Therefore, it is believed that the expression of emotions is more spontaneous in the first language, but becomes more intellectual and less free in the second language (Pitta, Marcos, & Alpert, 1978). Sundberg (1981) theorizes that the more personal

and emotion-laden the counseling interaction becomes, the more the clients will rely on words and concepts learned early in life.

Hypothesis three

This hypothesis predicted that the attitudes towards counseling in the Info category of Caucasian and Southeast Asian students would not differ. A comparison of the means of Info category for the mainstream Caucasian and Southeast Asian groups ($M = 3.2376$ vs. $M = 3.4097$) is presented in Table 12. The t-value of 1.71 with 249 degrees of freedom and a p-value of .089 fails to reject the null hypothesis. Therefore, the null hypothesis is not rejected, which confirms the prediction. However, it was noted that the mean for the Info category of the Southeast Asian group was slightly higher (mean difference = .1721) than the mainstream Caucasian group's.

Table 12

Summary t-test on Variable Info of Caucasian and Southeast Asian groups.

	n	M	SD	SE of M
Caucasian	178	3.2376	.706	.053
Southeast Asian	73	3.4097	.768	.090
Mean Difference	-.1721			
Variances	t	df	2-tail sig	SE of diff
equal	-1.71	249	.089	.101
unequal	-1.65	124.52	.102	.104

Lavene's Test for equality of variances: $F = .303$, $p = .583$

Both groups, the mainstream Caucasian and the Southeast Asian, use the information exchange component of school counseling to about the same extent. The slight difference leans in the direction of the Southeast Asian group, but it is not statistically significant (mean difference = .1721, $t(249) = 1.71$, $p = .089$). Still this may suggest that this group is more likely to seek counseling in this area. As stated earlier, to the extent that the mainstream Caucasian group has been socialized in the school system and is familiar with its programs, the need for information regarding its workings decreases, whereas, being newcomers, the Southeast Asians tend to use the counseling office as a source for necessary information to work the system. As they become more familiar with the system, their need for knowledge about its workings will decrease.

However, it was not clear whether the Southeast Asian students actually got to use the service, as the scores are based on self-reported intentions. The language barrier, their shyness, and the labyrinth of bureaucracy involved before a student actually is able to see a counselor may impede their much needed access to the service. In any case, the indicated intention to use the counseling service regarding matters of vocational, academic nature on the part of the Southeast Asian American students seems commensurate with the findings by D. W. Sue and Kirk (1975). These two investigators found that Chinese and Japanese American students utilized the campus counseling services more than the campus psychiatric services. And they concluded, among other things, that the increased contact by Asian American students at the counseling center represented a runoff of those who would have ordinarily been seen at the psychiatric service center.

Hypothesis four

The mainstream Caucasian students were hypothesized to use the services in the two areas of counseling, Emo and Info, to about the same extent. But, contrary to what was expected, the Caucasian group showed a significant difference in the direction of the emotional issues relative to the information-gathering issues in counseling. As shown in Table 13, the t-value was 18.37, and was significant at the .005 level with 177 degrees of freedom. The result indicates mainstream Caucasian students are more likely to work on emotional, personal problems than on vocational, informational ones in counseling.

Table 13

Summary paired t-test for variables Emo and Info of the Caucasian group.

Variable	n	M	SD	SE of M
Emo	178	4.5923	.422	.032
Voc	178	3.2376	.706	.053
Paired Differences		1.3547	.984	.074

$$t = 18.37 \quad df = 177 \quad p < .005$$

The finding seems consistent with that of the Hypothesis 2 where the Caucasian group indicated a tendency toward using the emotional, personal component of the counseling service. As the case has been made earlier, the Caucasian group does not need the service in the area of information dissemination to the same extent as the Southeast Asian group does. It is hypothesized that the Caucasian group has been socialized in the system for

a longer period of time. Consequently, it knows more about the workings of the system, whereas the Southeast Asian group knows less.

Moreover, the fact that the Caucasian group uses the counseling service to deal with its emotional and personal problems comes as no surprise because the counseling establishment is developed for this group's norm. The therapeutic process, as it is practiced now, works best for clients who are verbal, articulate, and able to express their feelings in standard English (D. W. Sue, 1995). This seems to be a good match for the mainstream Caucasian group's characteristics and explains why this group tends to use this service more. Counseling and psychotherapy are deeply rooted in the culture of their origin (Wohl, 1989; Doi, 1984). The culture-bound characteristic of counseling and psychotherapy is not limited only to exotic systems, such as Morita and Naikan therapies in Japan, or other folk therapies in some developing countries, but also is detected in systems that claimed to be based on the universal assumptions of the tenets of science, such as psychoanalysis and other mainstream counseling schools (Horwitz, 1982).

It has been pointed out by several authors that therapists represent and appeal to a narrow spectrum of ethnic and socioeconomic backgrounds (Horwitz, 1982), mainly that of White middle class (D. W. Sue & D. Sue, 1990), and that they tend to work with clients exhibiting characteristics Schofield (1964) called the YAVIS syndrome: young, attractive, verbal, intelligent, and successful. Coming from a middle-class background, counselors and therapists generally find it difficult to relate to the circumstances and hardships of lower class clients. For example, the detailed, horrendous, and traumatic experiences of some Southeast Asian

clients are overwhelming to some therapists and may make them feel hopeless and helpless. As a result, they tend to avoid discussing these events with their clients (Rosser-Hogan, 1990; "Gold award", 1986). Although different counseling and psychotherapy schools adhere to different assumptions regarding human nature and the approaches to changes, they invariably focus on individual goals, such as self-actualization and self-exploration with the emphasis on verbal and emotional expressiveness to achieve those goals. Mainstream counselors and psychotherapists who operate under these assumptions are in fact transmitting their cultural values (D. W. Sue & D. Sue, 1990).

In many ethnic groups - Southeast Asians included - the emphasis is not the individual but the family, and mature behavior is defined in terms of restraining strong feelings. Many Asian cultures define individual identities in the family context. Any revelation of personal problems in the process of solving individual problems and achieve individual goals without regard to the overall good of the group is not acceptable. Important decisions regarding career, marriages, colleges, and the like are made in conjunction with the entire family rather by the individual alone.

Hypothesis five

It was predicted that the Southeast Asian students would be more likely to work on vocational/informational issues than on emotional/personal issues in counseling. Table 14 presents the results of the paired t-test comparing Variable Info with Variable Emo within the Southeast Asian group. The result is very significant. The t-value is 10.44, and is significant at the

.005 level, with 72 degrees of freedom. The null hypothesis can be rejected at this high level of significance, the prediction is confirmed.

Table 14

Summary paired t-test for equality of means of variables Emo and Info of the Southeast Asian group.

Variable	n	M	SD	SE of M
Info	73	3.4097	.768	.090
Emo	73	2.4010	1.060	.124
Paired Differences		1.0087	.826	.097

$$t = 10.44, df = 72, p < .005$$

Asian American students tend to believe that exercising willpower and avoiding morbid thoughts help maintain mental health (Lum, 1982). Therefore, discussion of inner intense feelings is not considered healthy. It seems that one cannot discuss these feelings without dwelling on them and relive the experience, which, in turn, generates more intense feelings and morbid thoughts. Now, if to be mentally healthy implies freedom from all morbid thoughts and feelings associated with them, it is only logical that people should not discuss them. Detailed inquiries into stressful life events of Southeast Asian refugees were reported to often intensify the symptoms (Beihnlein, Kinzie, Rath, & Fleck, 1985). For example, Kinzie ("Gold Award", 1986) reported that while being treated for posttraumatic stress disorder, Cambodian refugee patients tended to block out intrusive feelings and memories related to their traumatic life events, and experienced no healing

effect from telling their horrendous stories. On the contrary, they relived the tragic experience and became agitated and extremely distressed.

Self-disclosure and discussion of intimate and personal aspects of one's life, though inherent to counseling, carry many adverse cultural implications for Asian Americans. Southeast Asian refugees consider feelings and emotions to belong in the private domain that do not constitute legitimate reasons for seeking outside professional assistance (Le, VanDeusen, & Coleman, 1981; Tran, 1985). Chinese American students place a higher priority on academic adjustment and consider personal emotional happiness to be far less important (Chu, Yeh, Klein, Alexander, & Miller, 1971). Emotional distress is treated as of secondary importance with no relevance for preoccupation; and disturbed behavior is perceived as a result of either willfulness or physical illness and talking about it makes no sense (Carlin & Sokoloff, 1985). To discuss these inner feelings with outsiders would be as embarrassing and shameful as "parading in the nude in public" (Tran, 1985, p.11). Traditional Chinese, Japanese and Southeast Asian cultures value restraint of strong feelings (D. W. Sue & D. Sue, 1977; D. W. Sue & D. Sue, 1990) and intimate matters are shared only with close friends. Japanese Americans view public emotional expression as a sign of immaturity, and adult behavior includes emotional restraint (Kaneshige, 1973). A mature person is believed to be the one able to control the expression of his or her own feelings and should maintain constant control over his or her own behavior and emotions.

The reluctance to discuss personal emotional issues can be attributed to the cultural values that ascribe shame and stigma to mental disturbance (Murase, 1980). Many Chinese Americans (Lum 1982) and many

Vietnamese (Tran, 1985) believe that the exhibit of mental health symptoms indicates loss of willpower, lack of self discipline, and weakness of character. With willpower, it is argued, everybody should be able to keep himself or herself out of trouble. Many Asian American college students find it difficult to label themselves as having emotional problems because such an admission would be tantamount to an acknowledgement of personal weakness or bad blood in the family, and would inflict shame, disgrace, and embarrassment not only on the individuals but also on their families. For example, a public revelation of psychiatric disorders in a family would hurt the chance of any members of that family to have a decent and suitable marriage with members of other families that are considered healthy (Dillard, 1983; S. Sue & Morishima, 1982; Tran, 1985). It is found that Chinese and Japanese American college students shun psychiatric facilities on campuses even when they face personal problems. They rather seek the less threatening services of campus counseling centers with an educational, vocational orientation, because they feel that less social stigma is involved (D. W. Sue & Kirk, 1975; D. W. Sue & S. Sue, 1972).

One of the assumptions common to all schools of counseling and psychotherapy is the clear distinction between mental and physical well-being, treating the psyche or mind as a separate entity. Horwitz (1982) noted that attempts to seek psychological explanation for emotional and physical problems were a fairly recent and unique Western conception. The separation of body, mind, and spirit into three distinct levels of functioning and being dealt with by distinct categories of professionals, studied by distinct knowledge systems, and housed in distinct physical facilities had its beginning in the 18th century Western tradition (Foucault, 1976). Therefore,

when we get sick we go see the physician in the hospital. When we think we have an emotional problems, we make a visit to a therapist in some kind of mental health facility. For all our spiritual needs, a minister will intercede in some religious setting. This distinction, however, may not be clear-cut in many Asian cultures where the human being is viewed as an interdependent and harmonious totality of mind and matter, soul, body, and spirit. The Asian American perspective, therefore, emphasizes balance as a counseling goal, seeking simultaneous treatment for both the psychological and the physical elements (Cheung, 1986). Emotional discomfort may be attributed to physical cause or vice versa.

The concept of mind-body interdependence coupled with the stigma attached to mental health has made somatization of the symptoms more acceptable to many Asian Americans and rendered verbalization of emotion and feelings unnecessary. Asian Americans are found to be more likely to express psychological distress via physical complaints (D. W. Sue, 1975). Chien and Yamamoto (1982) found that new Chinese immigrants presented psychological problems in the form of physical symptoms and expected a medical solution from a doctor or a herbalist. Lum (1982) and Arkoff, Thaver, and Elkind (1966) found that Chinese Americans tended to externalize blame for mental illness, and to avoid confronting morbid thoughts and emotions. Tanaka-Matsumi and Marsella (1976) found that Japanese American students gave more external and somatic responses when asked for words associated with depression. Kinzie (1981), Muecke (1983), and Tran (1985) have suggested that Southeast Asian refugees often use indirect routes to express their emotional problems, preferring to experience and treat them as physical matters than as psychological ones.

Complaints they are likely to bring to counseling focus mainly on physical discomfort such as a headache, insomnia, fatigue, poor appetite, for which medical attention is expected (Tran, 1985). In some cases, if emotional distress crops up, it is treated as a side issue of no significance of its own. According to Tran (1985), psychotic disorders are highly stigmatized in Southeast Asian countries, while minor neurotic disorders are considered physical in origin, and are treated as such. This may contribute to the Southeast Asian immigrant students' tendency of presenting concerns under the physical angle of career information, or school failures.

Symptom somatization may not be a front or a guise but a true reflection of the immigrant student traumatic life experience and its inherent psychological distress. Southeast Asian immigrant students have encountered significant stressors during emigration and acculturation. As a group, they endured severe trauma in their war-torn countries. During departure, they ran the dangers of high seas in unseaworthy vessels and attack by pirates. Upon arrival to the host country, learning a new language, comprehending different social norms and values, adjusting to a new school setting, and acquiring a new set of survival skills to navigate in this setting can prove stressful to any individual. These stressful life events cannot help but being part of the topics of counseling for these students.

Reluctance to discuss issues of intimate nature is also regulated by the perception of friendship or good will. Compared to mainstream Caucasians, many Asian Americans take a longer time to build friendship, trust, or good will (D. W. Sue & D. Sue, 1990). For example, the Southeast Asian social interaction has been traditionally regulated by the five "lê", which dictate how people should act in a particular situation. The five "lê" are relations

between the kings and subjects, between teachers and students, between fathers and sons, between husbands and wives, and among friends. The first four denote relationships among unequals. So, according to the traditional world order kings have superiority over subjects, teachers over students, fathers over sons, husbands over wives. Friendship is the only relation that has an egalitarian characteristic, denoting relation between equals. However, friendship tends to be formal at the beginning, and close friendship is developed only through prolonged contacts. Once friendship is built, trust is a lifelong given. For many Southeast Asians the presenting problems at the initial counseling sessions may be viewed as means to test the credibility and good will of the therapist. If and when enough trust is built, the client may eventually move to the domain of more personal intimate psychological issues.

The Southeast Asian immigrant students tend to use the counseling services in the vocational/academic area. This inclination seems to be a combined function of life experiences, cultural practices, and a world view where the human being is defined as an interdependent whole of mind body and spirit, and where the distinction of human needs into emotional and physical categories blurs. Viewed in this totality, goals for counseling and psychotherapy would focus on balance and on the actualization of the whole person.

Chapter V

Summary, Conclusions, and Recommendations

This study found that there was a significant difference in attitude toward school counseling in general between the mainstream Caucasian and the Southeast Asian immigrant group. The Caucasian group expressed intent to use the counseling service to a greater extent than the Southeast Asian group ($t. = 12.26, df = 77.75, p < .005$). Furthermore, the emotional levels that affect the mode of counseling interaction and the content of that interaction were viewed differently by each group.

Although different counseling schools emphasize different goals and techniques, in general, all counseling approaches try to change the client by affecting his or her cognition, behavior, or affection. Thus, counseling and psychotherapy effect changes by helping the person think differently, act differently, or feel differently. Depending on the amount of personal, intimate information involved, the helping relationship and its content typically range the whole spectrum of thinking and feeling. On the thinking end of the spectrum, the content and the relationship are more neutral, and somewhat emotion-free. On the feeling end, however, the relationship and the content are more emotion-loaded, more personal. The personal, emotional aspect of counseling was subsumed under the Variable Emo in the study. The mainstream Caucasian students felt more comfortable working with counselors on issues of emotional and personal nature, while the

Southeast Asian immigrant students were less comfortable discussing such issues, ($M = 4.59$ vs. $M = 2.40$, $t = 17.11$, $df = 81.53$, $p < .005$).

Also, the aspect of counseling where the mode and the topics of interactions are more neutral, such as some instances of information acquisition was subsumed under the Variable Info. Between the two groups, there was no finding of significant difference in regard to this aspect of counseling. However, the Southeast Asian group had a slightly higher mean on Info (mean difference = .1721) than the mainstream group, indicating that this group would need this service, and would spend more time with counseling staff on such issues ($M = 3.23$ vs. $M = 3.40$, $t = 1.71$, $df = 249$, $p < .005$).

Within each group, the Emo category was contrasted with the Info category. For the Southeast Asian group, the hypothesized difference was in the direction of the Info Variable and the prediction was confirmed. As predicted, the Southeast Asian group showed reluctance in the emotional, personal area, but more willingness in the vocational, academic area of counseling ($M = 3.41$ vs. $M = 2.40$, $t = 10.44$, $df = 72$, $p < .005$). In contrast, the Caucasian group was hypothesized to use the services in both categories to the same extent. But the results showed they were more willing to work on emotional, personal issues than on vocational and academic advising issues ($M = 4.59$ vs. $M = 3.24$, $t = 18.37$, $df = 177$, $p < .005$).

It was concluded that the Caucasian group was more likely to use the counseling services than the Southeast Asian group. Furthermore, when in counseling, Caucasian students worked on problems of a personal and emotional nature more often than on vocational, academic ones, while

Southeast Asian immigrant students were more inclined to discuss matters pertaining to their vocational/academic interests than matters of emotional/personal nature. The findings of this study were commensurate with the body of literature reviewed regarding Asian Americans. Findings in the literature, such as underutilization of services, somatization of psychological problems, reticence in expressing matters of emotional nature, and preference for concrete and well structured approaches were corroborated. Besides, since most of the reviewed literature dealt exclusively with American-born Chinese American and Japanese American adults and college students, the results of this study indicated that some of the conclusions and recommendations of that body of literature could also be applied in counseling the Southeast Asian immigrant high school students.

Although everyone has a culture, not everyone is aware of its influence on his or her world view, behavior, and habits. When one is raised in a particular world view, one usually takes it for granted and rarely realizes that others may view the world in a way that is very different. In the contemporary American society, this is particularly true with Anglo - European Americans who, having dominated in the United States more than any other single group, tend to take their culture for granted and have the least awareness of the ways in which their culture influence their behavior (Lynch, 1992). As counseling and psychotherapy have been pointed out to be predominantly White middle-class professions, class-bound counselors and therapists may ascribe universal value and importance to a set of values of their own culture and apply it to all clients regardless of their cultural backgrounds.

Knowledge and understanding of the clients' different cultural backgrounds usually challenge counselors and therapists to become more aware of their own cultural values, biases, stereotypes, and assumptions about human behavior. But awareness of the role of culture, one's own and that of others, is not always a strong component of a therapist's training. Typically, as professionals, counselors and psychotherapists view themselves as objective, knowledgeable participants in the therapeutic relationship, and believe that their view is impartial, based on the objective tenets of science relating to the universal humanity in each client. It can be argued, however, that professionals in general and counselors in particular, are not immune to the prejudiced attitudes or biases toward minority people any less than the general public. The first step to build cross cultural competency, therefore, is for counselors to examine their own attitudes toward acculturation, minority group status, and lifestyles. They must be aware of their professional and personal influences, and of their assumptions that direct their interactions with clients of diverse backgrounds.

Therefore, it is desirable that counselors and therapists should be trained in both areas of Southeast Asian languages and cultures and be equipped with the necessary clinical skills to apply this training according to their own theoretical orientations. However, to expect counseling personnel to be functionally knowledgeable in Southeast Asian languages and cultures is virtually unrealistic, as the establishment has been pointed out earlier to be predominantly monolingual and monocultural, and counselors have not been exposed to Southeast Asian immigrant group matters during their training. To make up for what has been lacking in formal training, practicing counselors and psychotherapists should start the process of acquiring

knowledge and understanding of the cultures and backgrounds of the Southeast Asian clients. Insight into the cultures and refugee life experiences of the Southeast Asians will enable counselors and therapists to understand the verbal and non-verbal behavior, and other cultural nuances of communication of this clientele so that appropriate approaches can be developed, or existing forms of intervention can be made more consistent with the cultural ethos of the clients.

But knowledge about the social and ethnic backgrounds of the Southeast Asian immigrant clients as a group alone tells us very little about any one individual. Since counseling and therapy deal with individuals on concrete and personal levels, variables, such as specific wave of arrival in the United States, prior educational level, number of years in the United States, level of English-speaking ability, family occupational status, and family socioeconomic status, must be taken into account to avoid the pitfall of applying the same standard approach in therapy and counseling no matter what the acculturation background of the client might be. Acculturation levels appear to be among the most critical variables shaping individual Southeast Asian American personality. The degree of assimilation of the mainstream culture and the degree of retention of the customs, attitudes, beliefs of the culture of origin interact to differentiate each Southeast Asian American group and each individual Southeast Asian American student. For example, counseling and psychotherapy with some adaptation can be applied successfully to clients who have been exposed to Western influence, with urban, middle-class, educated, and sophisticated background. But what if the client is from a rural, gregarious society of a pre-agricultural, pre-literate era, totally embracing traditional values, such as rigid order, unquestioned

authority, self-effacement, and a puritanical attitude toward matters related to sex? A directive, structured style of counseling might be effective with a newly arrived immigrant student who has grown up in a vertically structured society and who has had little contact with the modernization effect. The same approach may not be appropriate for an American-born Southeast Asian student who has been socialized into the mainstream mold and who is monolingual in English.

School counselors should be alert to the fact that these students may come to them with a disguised set of problems whereas their real problems will surface only after appropriate and careful interviews through prolonged contacts. As physical symptoms and bodily discomfort are believed to be more acceptable topics of discussion, it would be beneficial to start the counseling relationship by dealing with physical problems, or taking any presenting concerns at face value then gradually proceeding to the psychological ones. The presenting problems, for example, may center mainly on extrapsychic difficulties such as changes in new environment, the language barrier, instances of prejudice, homesickness, and the adjustment of going back to school in a new environment with younger students. Although these reported problems realistically reflect the world of the refugee child, sometimes they merely serve as warm up sessions that eventually lead to more personal topics.

Not only must counselors and therapists be sensitive to the needs of Southeast Asian individual students, but they also must advocate systemic and institutional changes to promote equal access to equitable services and to foster appropriate techniques and goals (S. Sue, 1977; S. Sue & Morishima, 1982). In general, counseling and psychotherapy presuppose

some deficit in the individual or in the family, that requires remediation or improvement. Refugee experiences, however, involve a series of stressful life events that are beyond any individual's control. The war-related traumas in their home countries, the perilous exodus, and the adjustment problems inherent in the resettlement in the new country have made them alert for potential danger, and they feel helpless. Therefore, the counseling needs of Southeast Asian immigrant students are more varied in etiology and nature than those typically dealt with in the mainstream service delivery facilities (Tran, 1985; Wong, Kim, Lim, & Morishima, 1983). Since these students are confronted with a host of problems of extrapsychic rather than intrapsychic nature, they may respond more readily to counseling approaches that focus on dealing with stress, coping, and adaptation. For instance, counselors can provide assertive training to Southeast Asian immigrant students to combat their self-effacement attitude whereby they view their achievements as insignificant, or to train them to be confident enough to express their opinions in order to confront their tendency of accepting authority and directions blindly. Counselors can discuss alternatives and consequences of selected paths of action by clarifying relevant norms and values of the new culture. Reality Therapy, Behavior Therapy, and Systemic Counseling are recommended as preferred intervention modes since they avoid placing sole responsibility on the client, and focus on psychosocial factors as probable causes of the problems. They also help clients learn appropriate behavior and problem solving skills, and sidestep the issue of self-disclosure and of emotion analysis (Ford, 1981).

Whereas most Caucasian Americans approach interpersonal relationship in an open, casual manner without too deep an involvement (D.

W. Sue & D. Sue, 1990; Marezki & McDermott, 1980), people from the Mekong countries are generally more proper and formal in their initial contacts, becoming more informal only after the relationship has begun to deepen into close friendship. Intimate aspects of life are shared with close friends only. Therefore, any counseling attempts to screen for potential problem students through only one initial interview may miss a lot of these students. Furthermore, in light of the finding in the literature that Asian Americans seek help only when the problems are quite advanced, school counseling with a preventive emphasis would respond more to the needs of this population.

Since school counseling, as it is practiced in our schools today, is unknown to Southeast Asian immigrant students in their old countries, and since their perceptions and expectations concerning counselors and counseling services, and by extension, concerning other mental health professionals and therapy are often unrealistic (S. Sue & Morishima, 1982), it is necessary to provide pre-therapy orientation to prepare them for the counseling services by familiarizing them with the counseling expectations, practices, and procedures. In light of the fact that most Southeast Asian students are not likely to self-disclose for fear of potential embarrassment to their families, it is also most useful if counselors educate them about confidentiality rules so as to alleviate their fear for potential divulgements leading to stigma against seeking help in the area of emotional and personal concerns. In addition, services should also be provided to inform Southeast Asian students' parents about the public school system and its expectations, and about other information related to their children's physical, educational, and psychological needs.

There has been discussion about the need for developing culturally appropriate counseling procedures for the Southeast Asian population because the existing counseling techniques are Euro-American ethnocentric and do not apply well outside the intended cultural context (D. W. Sue & D. Sue, 1990; Diaz-Guerrero, 1977; Pande, 1969; Sampson, 1977). While this goal is worth pursuing and justifiable, its realization will prove to be a long-term, time-consuming endeavor. As with any attempt in building new techniques in the field, to develop culturally appropriate approaches for the Southeast Asian population requires a broad research-based data collection, a solid body of tenable theories regarding the psyche and psychological functions of this population, and the expertise in both areas of culture of the population, and knowledge of the scientifically based psychological principles. As noted earlier in the literature review section, all these components are absent. Therefore, it precludes the emergence of any sound culturally appropriate techniques for counseling the Southeast Asian American students in the near future. In the meanwhile, the counseling needs of these students cannot wait until such time when the culturally competent professionals using culturally appropriate techniques are available. This option is not available to a practicing counselor faced with a crisis presented by a Southeast Asian student. Therefore, probably, one of the most sensible and realistic approaches right now is to include Southeast Asian cultural values in existing counseling practices to help facilitate their adjustment to their new lives.

Techniques that are more formal, less confrontational seem more acceptable to Asian Americans (S. Sue & Zane, 1986). Since Southeast Asian immigrant students' values are different from the mainstream group's,

goals such as self-actualization, fostering of egalitarian principles, and verbal openness should be deemphasized in favor of family or group harmony. It is revealing that 12 Southeast Asian students out of the sample of 73 did not know who their counselors were. This amounts to more than 16% of the sample compared to 7% for the Caucasian sample. In fact, school counseling services are not as readily available to the Southeast Asian students as they are to the mainstream student body even though these new arrivals may need those services more than anybody else, because of the added burden of adjustment. This paradox may be due to many factors not the least of which are the lack of expertise and the lack of training on the part of the counseling personnel with regard to this student population. Language barriers have prevented this group from voicing their perspectives on important issues on campus, thus, making them an invisible minority. Once they are out of sight, they are out of services. Educators' perceptions of the group as a model minority also contributed to the lack of services available for the group. For why should scarce resources be spent on some service no one would need ?

It is generally agreed that when accessible, visible, and culturally relevant mental health services for minority group clients are provided, there is a significant increase in the number of minority group clients seeking those services (President's Commission of Mental Health, 1978). S. Sue and McKinney (1975) reported the number of Asian Americans served by the Asian American counseling and referral service in one year was approximately equal to the total number of all Asian Americans utilizing the 17 other community mental health centers in the greater Seattle area over a three-year period. Similar reports of increased utilization by Asian Americans

in the ethnically appropriate programs were also made in Los Angeles and in Oakland (Ishikawa & Archer, 1975). Kinzie ("Gold Award", 1986) found that his clinic in Portland was accepted by Southeast Asian immigrants when it incorporated characteristics appropriate to the Southeast Asian cultures, such as using the medical approach to psychological distress, accepting problems, when they are presented under the somatic guise, at face value, staffing of bilingual health workers, using the clinic as a clearing house for other medical and social services, and limiting the verbal component in therapy.

Several authors recommended programs that share support, services, and resources as both culturally appropriate and economically necessary forms of service delivery for Southeast Asian immigrants (Dillard, 1983; Tran, 1985; Wong, 1985; "Gold Award", 1986). The multi-services model envisions counseling and therapy as integral components of a host of other basic services relevant to the new immigrants' medical, social, financial, academic, language training, legal, and other adjustment needs. Counselors and therapists can become involved in many aspects of the resettlement and adaptation processes, such as assessing the needs, initiating referrals, and helping to coordinate the resources necessary to assist the client in reducing the distress. The counseling center, according to this approach, serves as a link between its counselees and other school services and social service providers. School counselors can bridge the gap among other school personnel, Southeast Asian immigrant parents and students, and the mainstream students. Inservice programs should be provided on an ongoing basis to familiarize teachers and administrators with traditional Southeast Asian cultures, contrasting similarities and differences between Southeast

Asian and mainstream patterns of school behavior. Group activities such as school assemblies, clubs, and celebrations should be established to assure that the mainstream students be sensitive to and aware of the traditions and values of their Southeast Asian fellow students.

The integrated approach to service delivery seems to respond well to concerns about somatization and stigmatization of symptoms on the part of Southeast Asian clients. One such service delivery center is the Indochinese Psychiatric Clinic of the Oregon Health Sciences University ("Gold Award", 1986). It is reported to have successfully used the multi-services model in providing mental health services to Southeast Asian immigrants and to have enjoyed a reputation of providing culturally appropriate services and of being accepted by the Southeast Asian refugee communities. It serves as a clearinghouse for its patients in the areas of health care and social services. Clients of the center can gain access to legal aid services, adult and family services, language training, employment development, or receive medical emergency and inpatient treatment at the nearby hospital. Professionals at the center also are reported to take a more directive approach in reducing symptoms, alleviating pain, and curing illness. They avoided psychological interpretations of the problems, accepting complaints at face value from the clients.

As a communication activity, counseling always runs the risk of misunderstandings and distortions even when the counseling dyad is intra-cultural. However, when counselors and clients of different ethnic, racial, and cultural backgrounds meet in the counseling relationships, the chance for distortions or complications is magnified. Frequently, cross-cultural counseling implies that the counselor is a member of the dominant culture,

and the client a minority group member. The major part of the writings on cross-cultural counseling barriers focus on White counselor - Black client relationship (Atkinson, Morten, & D. W. Sue, 1979), and the threat to effective counseling is usually attributed to the client. It has been the rule that when majority counselor/therapist and minority group counselee/client meet in the counseling/therapeutic relationship, it is the counselee/client that is required to change to adapt to the majority counselor/therapist's cultural level (Ford, 1981). Little is known about the personal and subjective experience of the therapists dealing with clients from different cultural traditions and about the therapists' contribution to the cross-cultural counseling process. Future study, therefore, should focus on the attitudes and perceptions of counseling personnel toward clients of different cultural backgrounds.

Traditionally, when counseling crosses the cultural lines, the focus is on barriers to effective counseling. Rarely in the counseling literature has attention been given to identifying the benefits of such an encounter. Further research and discussion need to focus on the benefits of counseling across the cultural lines. Cross-cultural counseling can involve benefits to both client and counselor that may not be possible in intra-cultural counseling. It can help both counselor and client gain a perspective on each other's culture. The encounter may lead both client and counselor to an understanding of their own beliefs and values as well as to a realization that their own languages, cultures, and ethnicities are not natural taken-for-granted realities, but as artifacts of human conventions. Gardner (1971) suggested cross-cultural counseling fostered self-disclosure, since the client did not have to worry that secrets would filter back into his or her

community as they were entrusted to counselor belonging to another community. Tran (1985) related instances where some Southeast Asian refugee clients requested to work with non-Southeast Asian therapists in order to assure that their problems would not have any chance of getting out into their communities, especially in small refugee communities where everybody knew everybody else.

It has been over 20 years since the first major wave of Southeast Asian immigrants arrived in the United States in 1975. Over a million have settled in the United States since then, and significant growth is further projected based on birth rate and additional family reunification immigration, thus making this group the fastest growing and one of the largest among Asian Americans.

Life changes tend to exert stress on the individual's physical and mental well-being. The greater and more abrupt the changes are the more severe their impact will be. The traumatic life events and their inherent drastic stress have certainly made the Southeast Asian immigrant students an at-risk group. Their whole pattern of life undergoes drastic changes: diet, sleep, work, leisure time, relationship, religion, ideas, and the like, all are subject to the type of radical changes that lead to what some authors termed culture shock (Garza-Guerrero, 1974; Furnham & Bochner, 1986). They constantly have to live in anxiety and discomfort provoked by unfamiliar social norms and behavior cues with which their previous learning and skills prove to be inadequate to cope. Their inability to speak English may leave their thoughts and feelings un verbalized in therapy, grief and depression may be expressed with little emotion, anger may be expressed obliquely and indirectly, yet the effect is real.

With the passing of time and the acculturation effect, the great majority of these immigrants have gone a long way toward integrating themselves into many aspects of the mainstream society. Some aspects of the new culture, such as language, rituals, conventions, and dress can be relatively easily acquired. Concerns may eventually cease to involve only survival and subsistence and may not be that different from those of the mainstream population. However, any radical changes in the fundamental value orientations, belief systems, and deeply ingrained behavior patterns would undoubtedly affect the underlying personality and tend to cause confusion, disturb internal harmony, and create problems. The reality of looking Asian in a society in which the role models are primarily Caucasians precludes any complete absorption. Unlike European immigrants who could be easily absorbed into the mainstream by giving themselves new identities by changing their names, Asian immigrants always have to wear a kind of racial uniform that serves as a master identity causing them to be judged not as individuals but as members of a certain group (Takaki, 1990). Whether by choice of ethnic assertion or by isolation on the part of the mainstream society, some remnants of the culture of origin continue to be a part of their overtly different identities. Counseling and psychotherapy that ignore this factor will foster unrealistic goals and create barriers to their credibility.

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Appendix A

Cover Letter with Permission Slip, Consent form, and Assent form:

English, Cambodian, and Vietnamese Versions

Tacoma Public Schools



"full of bright ideas"

Superintendent of Schools, Lillian Barna

DEPARTMENT OF PLANNING, RESEARCH AND EVALUATION
February 2, 1993

Dear Parent or Guardian:

Your child has been selected to participate in an important and confidential survey to collect information about the counseling needs of our foreign-born Asian-American students. As a counselor in the Tacoma School District, I am especially interested in how the counseling needs of Asian-American students differ from those of the rest of the student population. This research, which has been approved by the Tacoma School District, will help me complete my Ph.D. program at the University of Washington.

The study is being conducted in several Social Studies classes in Stadium, Lincoln, and Wilson High Schools. I have visited the classes, explained the project, and distributed these permission slips. Upon receiving your approval, participating students will be given a confidential questionnaire requiring 15 minutes of class time to complete.

I would like your child to participate in this study. Participation is strictly voluntary and you may withdraw your consent at any time. All responses will be anonymous. There will be no penalty to you or your child if you choose that he or she not participate, or later choose to withdraw from the study. If you choose to have your child participate, please complete the form below and have your child return it to school in the next few days.

Please call me at 596-1395 if you have any questions. Thank you for your cooperation and response.

Sincerely,

Phu Hoang
Ph.D. Candidate
University of Washington

I grant () do not grant () permission for my child, _____
to participate in the counseling needs survey.

Parent/Guardian

Date

Teacher's Name

School



Superintendent of Schools, Lillian Barua

DEPARTMENT OF PLANNING, RESEARCH AND EVALUATION
February 2, 1993

ខ្ញុំសូមជូនដំណឹង: ដល់ អ្នកប្រធានសាលា។

ក្នុងការងារស្រាវជ្រាវបានឆ្លើយតបនូវតម្រូវការរបស់សិស្ស និង គ្រូបង្រៀន ក្នុង
បរិបទសាលាសិក្សា និង ការងារ ផ្សេងៗ
ដូចជា យើងបានយល់ ដល់ តម្រូវការនៃ ការងារ បង្រៀន
នៅក្នុង អាជីវកម្មនេះ: ខ្ញុំមានចម្លងកម្រិត ខ្ពស់បំផុត
នៃ យោបល់ផ្សេងៗដូចជា តម្រូវការនៃ ការងារ បង្រៀន
ក្នុង ប្រទេស កម្ពុជា និង កម្ពុជា។ ការងារ បង្រៀននេះ បង្ហាញ
នូវ គំនិត ការងារ បង្រៀន ប្រកបដោយ ចិត្តស្នេហា និង
បញ្ចប់ កម្រិត P.R.D របស់ ខ្ញុំ នៅ លោកបណ្ឌិត
វិទ្យាសាស្ត្រ វិទ្យាសាស្ត្រ ។

ការងារ បង្រៀន បាន ឆ្លើយតប ដល់ តម្រូវការ ចំនួន ៣- បួន
នៅ លោក បណ្ឌិត Stadium, Lincoln, និង លោក បណ្ឌិត Wilson,
និង បាន ឆ្លើយតប ដល់ តម្រូវការ ឆ្លើយតប ប្រកបដោយ
ចិត្តស្នេហា និង ការងារ បង្រៀន ។ យើង បាន ឆ្លើយតប
ក្នុង របៀប ប្រកបដោយ ចិត្តស្នេហា និង ការងារ បង្រៀន
ចំនួន ១៥ នាទី ក្នុង ម៉ោង រៀន ។

និទាត់ បង្រៀន ក្នុង ការងារ បង្រៀន ប្រកបដោយ ចិត្តស្នេហា
និង ការងារ បង្រៀន ប្រកបដោយ ចិត្តស្នេហា ។

គ.....



Superintendent of Schools, Lillian Barna

DEPARTMENT OF PLANNING, RESEARCH AND EVALUATION

February 2, 1993

Kính thưa quý phụ huynh,

Con em của quý vị đã được tuyển chọn tham dự vào chương trình thăm dò dư luận nhằm mục đích lượm lặt đủ kiện liên quan đến nhu cầu khải đạo (counseling) của các học sinh Mỹ gốc A Châu. Với tư cách là cố vấn khải đạo (counselor) tại các trường công lập Tacoma, tôi rất quan tâm tìm hiểu xem các nhu cầu khải đạo của các em học sinh Mỹ gốc A Châu có khác với nhu cầu của các em học sinh thuộc các sắc tộc khác không. Công trình khảo cứu này đã được sở học chánh Tacoma chấp nhận và là đề tài luận an tiến sĩ tôi đang thực hiện tại đại học Washington.

Công trình sẽ được thực hiện tại nhiều lớp sử địa của các trường trung học Stadium, Lincoln, và Wilson. Tôi đã đến thăm các lớp này để giải đáp thắc mắc và phân phối giấy phép. Khi được quý vị cho phép, con em quý vị sẽ điền một bản thăm dò dư luận, các em sẽ hoàn tất trong vòng 15 phút.

Tôi rất cố võ con em quý vị tham dự vào công trình này vì những đủ kiện sẽ có ích rất nhiều trong việc hoạch định các chương trình khải đạo. Tuy nhiên, các em tùy nghi tham dự trong tư thế kín đáo và vô danh. Quý vị có thể rút phép bất cứ lúc nào. Nếu quý vị không cho phép con em tham dự hoặc sau này có đổi ý cách nào, con em của quý vị cũng không phải nề hà gì. Nếu quý vị đồng ý cho con em quý vị tham dự, xin quý vị vui lòng ký tên dưới đây và gửi trả lại trường. Đây chỉ là một thủ tục hành chánh. Sự công tác của quý vị có thể đóng góp rất nhiều vào chương trình khải đạo nhà trường sau này.

Nếu quý vị có thắc mắc gì khác, xin liên lạc với tôi tại số 596-1395. Thành thật cảm ơn quý vị.

Kính chào quý vị,

Hoàng Đình Phú,
Ứng viên Tiến Sĩ
Đại Học Washington

Tôi cho phép () không cho phép () con em tôi là _____ tham dự vào cuộc thăm dò dư luận nhu cầu khải đạo.

Phụ huynh

Ngày

Giao sử

Ngày

Tacoma Public Schools

P.O. Box 1357

Tacoma, Washington 98401-1357

(206) 596-1000

— An Equal Opportunity Employer —

UNIVERSITY OF WASHINGTON
CONSENT FORM
SCHOOL COUNSELING ATTITUDE SURVEY

Investigator: Phu Hoang, Doctoral student
Department: Educational Psychology, 322 Miller Hall,
Phone (206) 581-9928

Investigator's Statement

Purpose and Benefits

There are theories maintaining that attitude towards counseling among Asian American groups is different from that of the mainstream population. However, there is almost no empirical validation for that claim. I am investigating this attitude difference. I have chosen to conduct this study in partial fulfillment of the requirements for the degree of Doctor of Philosophy. The results which may help educators to design appropriate counseling services will be placed in the dissertation section of the University of Washington Library.

Procedures

Two samples of high school students aged from about 14 to 20 will be administered a questionnaire to elicit their attitudes regarding school counseling services. The questionnaire consisting of 62 items that cover typical school counseling services will be given to the students in group. The session will last about twenty minutes.

Risks, Stress, or Discomfort

Participation is completely voluntary, and children who decide not to participate are free to turn in blank or uncompleted questionnaires without any penalty.

Other Information

Individual responses to the questionnaires are anonymous. Names of the schools are not collected. Results will be reported in summary form in a dissertation which will be available in the University of Washington Library. Access to the actual data will be limited to the researcher. The questionnaire will be destroyed after the data are put into machine readable form.

Signature of investigator

Date

Subject's Statement

The study described above has been explained to me, and I voluntarily consent for my child to participate in this activity. I have had an opportunity to ask questions and understand that future questions I may have about the research or about subjects' rights will be answered by the investigator listed above.

Signature of participating child

Date

Signature of parent/legal guardian

Date

cc: Investigator's file

Parent

Đại Học Washington

Phân Khoa Sư Phạm

Mẫu Chấp Thuận

Thăm dò thái độ về khái đạo học đổng

Khảo cứu viên: Hoāng đình Phú, Ứng Viên Tiến Sĩ
Cố Vấn: Giảng Sư James Morishima, Ph.D
Ban: Tâm Lý Giáo Dục, Phân Khoa Sư Phạm, Đại Học Washington
Điện Thoại: (206) 581-9928 (tư gia)
 (206) 685-1499 (trởng)

Tuyên ngôn của người nghiên cứu:

Mục Đích và Lợi Ích

Nhiều chủ thuyết chủ trương rằng dân Mỹ gốc Á Châu quan niệm về khái đạo khác với dân Mỹ chính đồng. Tuy nhiên, không có bằng chứng thực nghiệm nào biện minh cho chủ trương đó. Vì thế, tôi muốn nghiên cứu xem chủ trương này có căn bản gì trong thực tế hay không. Tôi sẽ ghi nhận thái độ về khái đạo học đổng của cả hai nhóm dân gốc Á châu và dân chính đồng rồi đem kết quả đó ra phân tích và so sánh. Tôi chọn dự án này là một trong những điều kiện để hoàn tất chương trình tiến sĩ của tôi. Kết quả của dự án này có thể giúp các nhà giáo dục trong việc hoạch định chương trình khái đạo trong các trường.

Thủ Tục

Các em học sinh trung học tuổi từ 15 đến 18 sẽ được kêu gọi đến vào bản thăm dò về thái độ đối với vấn đề khái đạo nhà trường. Bản thăm dò gồm 66 tiết mục bao gồm các dịch vụ khái đạo tại trường trong đó các vấn đề giả thiết được đặt ra chẳng hạn như thất bại trong việc học hành, phụ huynh ly dị, các chứng bệnh về đổng sinh dục. Các em trả lời những tiết mục đó bằng cách xác định xem nếu các em có cảm thấy thoải mái bàn luận về những vấn đề ấy với cô vấn khái đạo nhà trường không. Các em hoàn toàn tự do trả lời hay bỏ qua bất cứ mục nào. Thời gian cần thiết để hoàn tất bản thăm dò này khoảng chừng 15 phút.

Rủi ro, Áp Lực, và Khó Chịu

Tham dự vào dự án này có tính cách hoàn toàn tự do. Các em dưới 18 tuổi muốn tham dự phải có giấy phép của phụ huynh. Phép chấp thuận muốn rút lại lúc nào cũng được mà không phải nề hà gì.

Linh Tinh

Bản thăm dò sẽ được phân mẫu để tiện việc phân tích kết quả theo từng trường. Tuy nhiên phân trả lời cá nhân sẽ được hoàn toàn giữ nặc danh và bảo mật. Chỉ có người khảo cứu có tên dưới đây mới được đọc những dữ kiện. Và sau khi các dữ kiện đã được đưa vào máy điện toán thì các mẫu thăm dò sẽ được hủy bỏ. Bản tổng trình về kết quả của công trình nghiên cứu này sẽ được lưu trữ trong phần luận án tiến sĩ tại thư viện Đại Học Washington.

Người nghiên cứu ký tên

Ngày

Tuyên ngôn của người tham dự:

Tôi đã được nghe giải thích về công trình khảo cứu ở trên và tôi chấp thuận cho con em tôi tham dự. Tôi đã có dịp đặt nghi vấn và ý thức rằng người khảo cứu sẽ cố gắng hết sức giải đáp mọi thắc mắc tôi có thể nêu lên trong tương lai về quyền lợi của người tham dự cũng như về công trình nghiên cứu này.

Phụ huynh/giám hộ ký tên

Ngày

bản sao: hồ sơ

phụ huynh

UNIVERSITY OF WASHINGTON

College of Education

Assent Form

School Counseling Attitude Survey

Investigator: Phu Hoang, Doctoral student

Advisor: Professor James Morishima, Ph. D.

Department: Educational Psychology, College of Education, University of Washington

Phone: (206) 581-9928 (Home)

(206) 685-1499 (School)

Investigator's Statement:

Purpose and Benefits

There are theories maintaining that attitude toward counseling among Asian American groups are different from that of the mainstream population. However, there is almost no empirical validation for that claim. I am investigating this attitude difference. Attitude toward school counseling will be sought from both mainstream and Southeast Asian student populations. The results will be analyzed and compared. I have chosen to conduct this study in partial fulfillment of the requirements for the degree of Doctor of Philosophy. The results may help educators to design appropriate counseling services.

Procedures

High school students aged from 15 to 18 will be administered a questionnaire to elicit their attitudes regarding school counseling services. The questionnaire, consisting of 66 items that cover typical school counseling services, will be given to the students in groups. You will be asked to respond to hypothetical situations - such as school failures, parental divorces, and

sexually transmitted diseases - by indicating whether you would be willing to discuss them in a school counseling setting. You are free not to answer any question you do not wish to answer. The session will last about 10 to 15 minutes.

Risks, Stress, or Discomfort

Participation is completely voluntary. Parent permission is required for students under 18. And consent may be withdrawn at any time without any penalty. If you have any concerns you wish to discuss, I am available after the session or at any time through your school counselors in the Guidance Office. Also, you can contact me at 596-1395 during school hours.

Other Information

The survey forms will be color coded to allow results to be calculated for each school. However, individual responses to the questionnaires are anonymous and confidential. Access to the actual data in a form that would allow the reconstruction of the identity of any subject will be limited to the researcher only. The questionnaire will be destroyed after the data are put into machine readable form. The written report of the results of the study will be placed in the dissertation section of the University of Washington library.

Signature of investigator

Date

Subject's Statement:

The study described above has been explained to me, and I voluntarily consent to participate in this activity. I have had an opportunity to ask questions and understand that future questions I may have about the research or about subjects' rights will be answered by the investigator listed above.

Signature of participating student

Date

cc: Investigator's file
Student

លេខកាត - ដោយបង្ហាញថា អ្នកមានសិទ្ធិចុះឈ្មោះប្រើប្រាស់នេះនៅ
ក្នុងពេលប្រើប្រាស់ ឱ្យយុត្តិធម៌ ។ អ្នកមានសិទ្ធិសម្រេចយល់ស្របការ
ណាមួយដែលអ្នកមិនចង់ឆ្កើត ។ កម្រិតប្រើប្រាស់នេះ គឺជាពេល
ប្រើប្រាស់ 10 ទៅ 15 នាទីប៉ុណ្ណោះ ។

ការប្រើប្រាស់ ការកម្រិត ឬ ការរាប់រាល់

ការចូលរួម គឺ ការប្រើប្រាស់ កម្រិត ការកម្រិត ឬ ការរាប់រាល់
នៃការប្រើប្រាស់នេះ ក្នុងលក្ខណៈដែលមានអាយុកាល 18 ឆ្នាំ ដោយការ
យល់ព្រម និង បញ្ជា ប្រើប្រាស់ ពេលវេលា ដោយមានការដឹងយល់ច្បាស់
ប្រើប្រាស់ អ្នកមានការចាប់អារម្មណ៍ ចំពោះ ដំបូង ការណាមួយ ឬ ការ
ស្រាវជ្រាវ ឬ ការស្រាវជ្រាវ ក្នុងពេលណាមួយ ឬ ការស្រាវជ្រាវ ក្នុងការ
ស្រាវជ្រាវ ដើម្បី ដោះស្រាយ កាត់តាម អ្នក ឱ្យយុត្តិធម៌ ជាលក្ខណៈ ។
រួច ដោយ អ្នក អាច ទាក់ទង ដល់ ភ្នាក់ងារ 596-1395 ក្នុងពេល
តើ មាន ការ ណា មួយ ។

ទាត់ មាន ល្បឿន

ក្រសួង ពាក្យ គ្រប់ គ្រង និង មាន លេខ ចាត់ លេខ ដើម្បី ដើម្បី លើ ដល់ រាល់ ក្រុង
នៃ ប្រទេស កម្ពុជា ដោយ ចុះ ចេញ របស់ ក្រសួង ចុះ ចេញ ចំពោះ ការ គ្រប់
គ្រង គឺ អនាម័យ ដោយ គ្រប់ គ្រង ។ ក្រសួង គ្រប់ គ្រង កំណត់ ក្នុង ពាក្យ និង
អនុញ្ញាត ឱ្យ មាន ការ រាប់ រាល់ រឹត ភាព ដល់ កម្រិត ដាច់ ដាច់ ដើម្បី គ្រប់ គ្រង
នៃ កម្រិត គ្រប់ គ្រង អ្នក ប្រើប្រាស់ ប៉ុណ្ណោះ ។ ក្រសួង គ្រប់ គ្រង និង ចុះ ចេញ និង គ្រប់
ប្រើប្រាស់ ពេល ពេល ដែល មាន បញ្ហា ក្នុង ការ គ្រប់ គ្រង គ្រប់ គ្រង ។
ទាត់ មាន ល្បឿន ណាមួយ ក្នុង ការ គ្រប់ គ្រង គ្រប់ គ្រង គ្រប់ គ្រង នេះ ដល់
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ព្រះរាជាណាចក្រកម្ពុជា រាជធានីភ្នំពេញ

ប្រយោគ កម្រិត

ការ គ្រប់ គ្រង ដែល មាន អាយុ កាល ខាង លើ នេះ មាន ប្រសិទ្ធភាព ដល់ គ្រប់ គ្រង
ប្រើប្រាស់ ដោយ គ្រប់ គ្រង ក្នុង សកម្មភាព នេះ ។ ឧទាហរណ៍ ការ គ្រប់ គ្រង
គ្រប់ គ្រង គ្រប់ គ្រង នេះ ដោយ គ្រប់ គ្រង គ្រប់ គ្រង គ្រប់ គ្រង គ្រប់ គ្រង
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ព្រះរាជាណាចក្រកម្ពុជា រាជធានីភ្នំពេញ

cc: គណៈកម្មាធិការ គ្រប់ គ្រង គ្រប់ គ្រង

Đại Học Washington

Phân Khoa Sư Phạm

Mẫu Đông Ý

157

Thăm dò thái độ về khái đạo học đấng

Khảo cứu viên:

Hoàng đình Phú, Ứng Viên Tiến Sĩ

Cô Vấn:

Giảng Sư James Morishima, Ph.D

Ban:

Tâm Lý Giáo Dục, Phân Khoa Sư Phạm, Đại Học Washington

Điện Thoại: (206) 581-9928 (tư gia)

(206) 685-1499 (trường)

Tuyên ngôn của người nghiên cứu:

Mục Đích và Lợi Ích

Nhiều chủ thuyết chủ trương rằng dân Mỹ gốc Á Châu quan niệm về khái đạo khác với dân Mỹ chính đồng. Tuy nhiên, không có bằng chứng thực nghiệm nào biện minh cho chủ trương đó. Vì thế, tôi muốn nghiên cứu xem chủ trương này có căn bản gì trong thực tế hay không. Tôi sẽ ghi nhận thái độ về khái đạo học đấng của cả hai nhóm dân gốc Á châu và dân chính đồng rồi đem kết quả đó ra phân tích và so sánh. Tôi chọn dự án này là một trong những điều kiện để hoàn tất chương trình tiến sĩ của tôi. Kết quả của dự án này có thể giúp các nhà giáo dục trong việc hoạch định chương trình khái đạo trong các trường.

Thủ Tục

Các em học sinh trung học tuổi từ 15 đến 18 sẽ được kêu gọi điền vào bản thăm dò về thái độ đối với vấn đề khái đạo nhà trường. Bản thăm dò gồm 66 tiết mục bao hàm các dịch vụ khái đạo tại trường trong đó các vấn đề giả thiết được đặt ra chẳng hạn như thất bại trong việc học hành, phụ huynh ly dị, các chứng bệnh về đấng sinh dục. Các em trả lời những tiết mục đó bằng cách xác định xem nếu các em có cảm thấy thoải mái bàn luận về những vấn đề ấy với cô vấn khái đạo nhà trường không. Các em hoàn toàn tự do trả lời hay bỏ qua bất cứ mục nào. Thời gian cần thiết để hoàn tất bản tham dò này khoảng chừng 15 phút.

Rủi ro, Áp Lực, và Khó Chịu

Tham dự vào dự án này có tính cách hoàn toàn tự do. Các em dưới 18 tuổi muốn tham dự phải có giấy phép của phụ huynh. Phép chấp thuận muốn rút lại lúc nào cũng được mà không hề hấn gì. Nếu các em có thắc mắc, băn khoăn gì, xin liên lạc với người nghiên cứu ngay sau khi điền bản thăm dò, hoặc qua trung gian phái đoàn viên nhà trường để lấy hẹn. Các em cũng có thể liên lạc với khảo cứu viên tại số 596-1395 trong các giờ trường học mở cửa.

Linh Tinh

Bản thăm dò sẽ được phân mẫu để tiện việc phân tích kết quả theo từng trường. Tuy nhiên phần trả lời cá nhân sẽ được hoàn toàn giữ gìn danh và bảo mật. Chỉ có người khảo cứu có tên dưới đây mới được đọc những dữ kiện. Và sau khi các dữ kiện đã được đưa vào máy điện toán thì các mẫu thăm dò sẽ được hủy bỏ. Bản tổng trình về kết quả của công trình nghiên cứu này sẽ được lưu trữ trong phần luận án tiến sĩ tại thư viện Đại Học Washington.

Người nghiên cứu ký tên

Ngày

Tuyên ngôn của người tham dự:

Toi đã được nghe giải thích về công trình khảo cứu ở trên và tôi đồng ý tham dự. Tôi đã có dịp đặt nghi vấn và ý thức rằng người khảo cứu sẽ cố gắng hết sức giải đáp mọi thắc mắc tôi có thể nêu lên trong tương lai về quyền lợi của người tham dự cũng như về công trình nghiên cứu này.

Người tham dự ký tên

Ngày

bản sao: hồ sơ
tham dự

Appendix B

Self-Administered Questionnaire

SCHOOL COUNSELING ATTITUDE SURVEY

We would like to know what you think about school counseling. Please read each statement carefully and indicate your response by circling the appropriate space.

If you agree, circle _____ [YES]

If you are not sure or undecided, circle _____ [MAYBE]

If you disagree, circle _____ [NO]

Please respond to each item as best you can. Estimate if you are not sure. It is very important that you complete all the items whether or not you have had direct experience with school counseling services.

Your responses are **ANONYMOUS**. To maintain complete confidentiality, please do not write your name or the name of your school anywhere on this questionnaire. Your participation in this survey is **STRICTLY VOLUNTARY**. However, it is very important that you complete it since your input may help in planning future counseling services.

A. I will see my school counselor

1. [YES] [MAYBE] [NO] when I want to work on a plan to raise my grades.
2. [YES] [MAYBE] [NO] when there are errors about my grades.
3. [YES] [MAYBE] [NO] when I get unfair grades.
4. [YES] [MAYBE] [NO] to work on my new schedule.
5. [YES] [MAYBE] [NO] to change classes.
6. [YES] [MAYBE] [NO] to find out what classes I have to take.
7. [YES] [MAYBE] [NO] to find out what classes I have to take to prepare myself for college.
8. [YES] [MAYBE] [NO] to plan appropriate classes to take next quarter or next year.
9. [YES] [MAYBE] [NO] to find out what I should do to get a job that interests me.
10. [YES] [MAYBE] [NO] when I have an attendance problem.
11. [YES] [MAYBE] [NO] when I got too many detentions.
12. [YES] [MAYBE] [NO] when I need help in filling out job applications.
13. [YES] [MAYBE] [NO] when I need information about scholarships or grants.
14. [YES] [MAYBE] [NO] when I need information about student loans.
15. [YES] [MAYBE] [NO] when I need information about work study or other forms of financial assistance.
16. [YES] [MAYBE] [NO] when I get into a fight with my friends at school.
17. [YES] [MAYBE] [NO] when I get in trouble at school.

B. I would talk with my counselor

18. [YES] [MAYBE] [NO] if I could not get along with my parents.
19. [YES] [MAYBE] [NO] if I broke up with my boyfriend or girlfriend.
20. [YES] [MAYBE] [NO] if someone made sexual advances to me.
21. [YES] [MAYBE] [NO] if I drank alcohol.
22. [YES] [MAYBE] [NO] if I used illegal drugs.
23. [YES] [MAYBE] [NO] if I was pressured by friends to try illegal drugs.
24. [YES] [MAYBE] [NO] if my friend was raped.
25. [YES] [MAYBE] [NO] if I was raped.
26. [YES] [MAYBE] [NO] if my father or mother physically hurt me.
27. [YES] [MAYBE] [NO] if my step father or mother physically hurt me.
28. [YES] [MAYBE] [NO] if I felt teachers did not treat me fairly.
29. [YES] [MAYBE] [NO] if I was suspended from classes.
30. [YES] [MAYBE] [NO] if my father or mother used drugs.
31. [YES] [MAYBE] [NO] if my step father or step mother used drugs.
32. [YES] [MAYBE] [NO] if my brother or sister smoked pot or took cocaine.
33. [YES] [MAYBE] [NO] if other kids at school hurt me.
34. [YES] [MAYBE] [NO] if I felt upset.
35. [YES] [MAYBE] [NO] if I felt lonely.
36. [YES] [MAYBE] [NO] if I felt angry.
37. [YES] [MAYBE] [NO] if I felt hopeless.
38. [YES] [MAYBE] [NO] if I felt sad.
39. [YES] [MAYBE] [NO] if I felt I was discriminated against at school.
40. [YES] [MAYBE] [NO] if I felt like hurting myself.

C. I would discuss these topics in counseling:

41. [YES] [MAYBE] [NO] my parents fight.
42. [YES] [MAYBE] [NO] my parents separate.
43. [YES] [MAYBE] [NO] my parents get divorced.
44. [YES] [MAYBE] [NO] information regarding birth control.
45. [YES] [MAYBE] [NO] rape.
46. [YES] [MAYBE] [NO] sexual abuse.
47. [YES] [MAYBE] [NO] teenage pregnancy.
48. [YES] [MAYBE] [NO] teenage sex.
49. [YES] [MAYBE] [NO] abortion.
50. [YES] [MAYBE] [NO] incest.
51. [YES] [MAYBE] [NO] sexually transmitted diseases (STD's).
52. [YES] [MAYBE] [NO] AIDS.
53. [YES] [MAYBE] [NO] suicide.
54. [YES] [MAYBE] [NO] homosexuality.

D. Now we would like to know something about you.

55. Your age in years (if you are not sure, please estimate) : _____
56. You are: [Female] [Male]
57. Your ethnic Group: [Cambodian] [Laotian] [Vietnamese]
- [Chinese American] [Japanese American] [Filipino American]
- [Samoan American] [Hispanic] [American Indian]
- [Caucasian] [Black] [Others] _____
58. Your current grade: [9] [10] [11] [12]

59. You were born in: _____(Country)
60. If you are not born in the United States, what year did you arrive in this country?__
61. Your mother was born in: _____(Country)
62. Your father was born in: _____(Country)
63. Do you know who your counselor is for this year ? [Yes] [No].
64. How many times have you seen your school counselors this year:
- [0] [1-2] [3-5] [5 and over]
65. How do you rate their services:
- Not useful [1] [2] [3] [4] [5] Very useful
66. If you have any other comments regarding school counseling services, please write them in the space below.

Thank you very much for completing the survey.

Appendix C

Figure C1: Map of Asia and the Pacific Islands

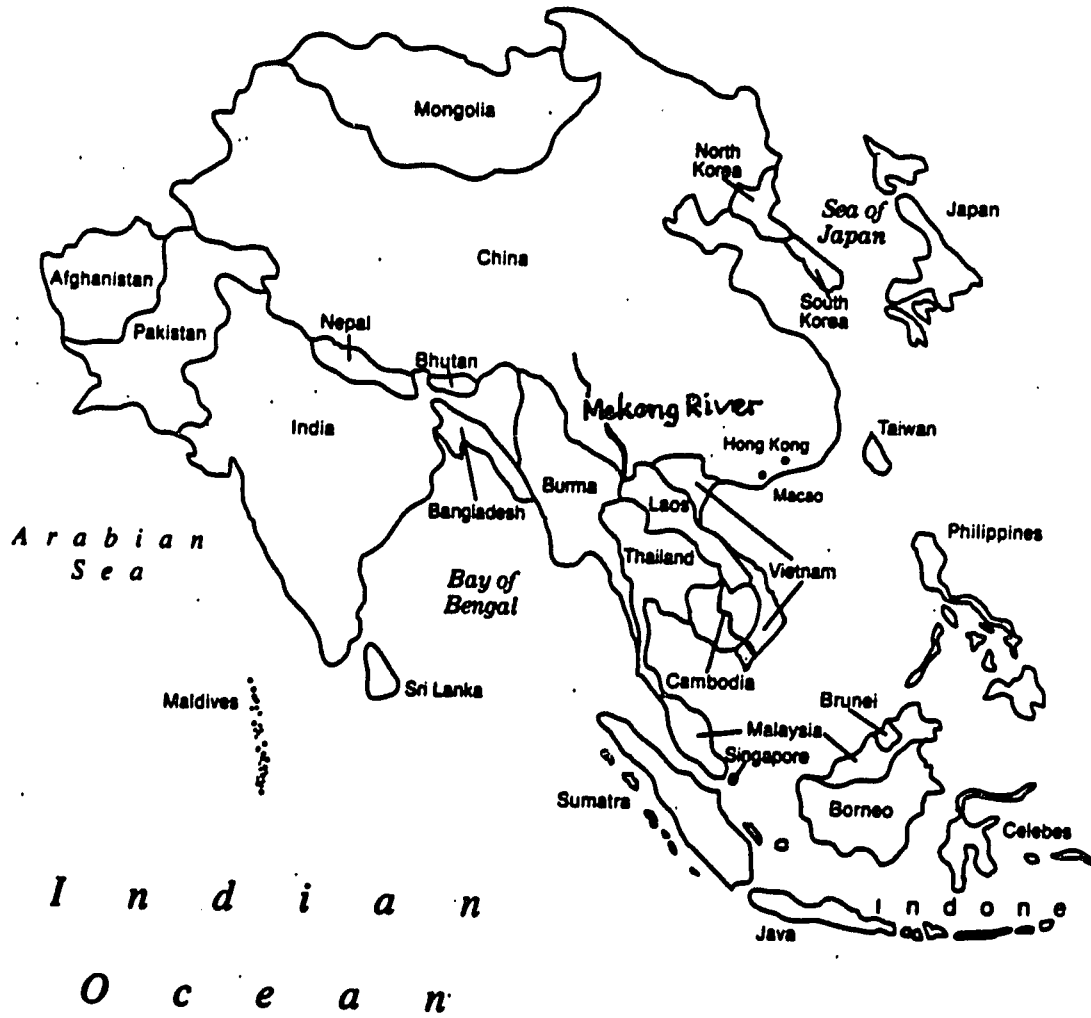


Figure C1: Map of Asia and the Pacific Islands

VITA

The course of my own formal education spanned several continents, several countries, and several cultures. I have received training from institutions as diverse in scope and nature as a public vocational school where education is believed to be for everybody, and a private exclusive boarding school where education is believed to be the privilege of the few. Whereas each level of experience exposed me to certain philosophical educational orientations, some of which are as opposite to one another as day and night, never did I doubt for a moment the promise that education kept for each individual in expanding the wealth of the community.

Born in North Vietnam at the height of the Franco-Vietnamese War, I was caught in early childhood with my family in the whirlwind of war refugees migrating south in 1954. A network of private and public schools in the south provided my primary and secondary schooling. I passed the national baccalaureate in 1964, which is equivalent to an American high school graduation, except it is more demanding and more comprehensive. While the draft awaited every able bodied young men after graduation, I managed to earn a B. A. in liberal arts at the University of Saigon in 1972. When I arrived with other war refugees in the United States in 1975, I counted in my possessions a broken heart and a few years of teaching experience. While working at two jobs and starting a family, I attended evening classes at the University of Puget in Tacoma and received an M. Ed. degree in 1980. Between 1980 and 1996, I was working in the Tacoma school district in different capacities. Sometime during this period, I began fulfilling the requirements for the Doctor of Philosophy degree while working and raising my three daughters.

Now that my formal education is completed, I am looking forward to contributing to the field of education.