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— FOR —
ASIAN AND PACIFIC ISLANDERS

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CHAPTER 4

Japanese Americans

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INTRODUCTION

Social service and mental health planners in the United States are increasingly turning their attention to three areas: developing continuums of care, increasing linkages among service providers, and containing costs. A frequent by-product of these efforts is the implementation of standardized procedures for organizations and individuals providing services. Unfortunately, this strategy may cause organizations and providers to ignore cultural and social factors that affect both the presentation of problems and the acceptability of services.

This chapter describes some cultural and social factors that are important in planning for and providing services to Japanese Americans. We explore the legacy of the Japanese immigrants who came to the United States, their cultural values, and how these values may influence the presentation and resolution of social and psychological problems and issues. One caveat should be given: We intend to outline some central cultural and social issues that may be important in providing social services to Japanese Americans, and in doing so, we walk a thin line between describing general guidelines and stereotyping. The material in this chapter should be seen as a baseline from which to understand Japanese American behavior. Service providers can use this knowledge to solicit additional information to develop service plans that are sensitive to the unique needs of the Japanese American individual.

HISTORICAL BACKGROUND

Japanese immigration to the United States and the territory of Hawaii began in significant numbers around 1885, peaked in the decade between 1900 and 1910, and virtually stopped after 1924. The decline in Japanese immigration after 1924 was the result of the National Origins Act, which barred Asians from entering the country.

This sharply constrained immigration pattern produced a unique generational layering of the Japanese American community. The *Issei* or first-generation immigrants are largely in their 80s or older. The *Nisei*, or second generation, were the first generation born in the United States and are approximately 50 to 70 years old. A subset of *Nisei* who were educated in Japan are called *Kibei*. *Sansei* are the third generation and range in age from mid-30s to 50s. The fourth generation, *Yonsei*, are largely school-aged children to young adults.

Each generation has integrated Japanese and American cultural patterns differently and experienced distinct historical events in the United States. Not surprisingly, Japanese culture is the most salient for *Issei* and becomes less so in each succeeding generation as American cultural elements become more prominent. However, it is important to note that cultures are not static systems and are constantly being changed, integrated, destroyed, and recreated.

The Early Years

United States. The Japanese experience in the continental United States has been heavily agricultural and small-business oriented (Glenn, 1986). When the immigrant generation (*Issei*) first arrived, most with little money, they started out as farm laborers working in Japanese crews led by Japanese labor contractors. For example, in the first decade of the twentieth century, the majority of grape pickers in the Fresno, California, area were Japanese (U.S. Immigration Commission, 1911). It was not long, though, before the *Issei* moved into sharecropping and leasing because they believed that it was one of a few ways they could realize their sojourner dream of making enough money to return to Japan. The sojourner outlook of temporarily living in America to amass a small fortune and then returning to Japan was the dominant perspective of the immigrants who came to America (Moriyama, 1984; Bonacich and Modell, 1980).

Prior to World War II, the Japanese were the targets of a considerable amount of *de jure* and *de facto* discrimination. When Japanese Americans started to become established in small-scale farming, alien land laws were passed that attempted to push them out of independent farming. As mentioned earlier, in 1924 they were barred from entering the coun-

try. On a more personal level, they were frequently prevented from buying homes in desirable parts of town, using certain public facilities (e.g., swimming pools and theaters), and entering many professions. *Nisei* (second-generation) women could not teach in the very schools in which they had recently excelled (Kitano, 1976, pp. 97-98).

Hawaii. In the early nineteenth century, Hawaii's sugar cane growers sought contract workers from foreign countries to alleviate personnel shortages in the plantation economy. Chinese laborers were the first Asian group to immigrate to the territory of Hawaii during the period of 1823 to 1898. Immigrants from Japan followed the Chinese, coming in three different waves from 1868 to 1924.

Workers lived under deplorable conditions on the plantations. One factor in the Japanese American adjustment to and subsequent exit from the plantations was the establishment of the family unit. While many Japanese workers came to the plantations alone, they, like the Japanese in the continental United States, eventually sent for their families or negotiated for a "picture bride" from Japan. The establishment of the family unit made plantation life and conflicts more tolerable and provided the foundation for a Japanese American community in Hawaii.

Japanese workers frequently left the plantations as soon as it became feasible. Approximately 22 percent of the 180,000 Japanese immigrants returned to Japan, and a similar percentage went to the continental United States. The majority remained and formed communities in Hawaii called "camps." After leaving the plantations and finding entry into certain occupations closed, the Japanese established their own businesses, became artisans, or entered the helping professions such as social work, nursing, and teaching. They found service occupations acceptable partly because of the influence of Buddhism on their cultural values; these occupations were also seen as another avenue for entry into the middle class when other paths were blocked (Rogers and Izutsu, 1980).

The Internment

United States. Discrimination against Japanese Americans climaxed during World War II, resulting in the only mass incarceration of a civilian population in modern American history. Economic competition was a major factor in the removal and incarceration of Japanese Americans from the west coast. This is clearly illustrated in the following statement made in the Delano, California, Chamber of Commerce in reaction to the Attorney General who was sympathetic to the Japanese:

Is it any wonder that prices of vegetables have advanced when the average wage per hour has advanced from 25 cents to \$1.00 and more? Do you think a white man can subsist on rice and fish and live in a miserable hovel like the Jap

does? Do you want us to lower our standards of living to the level of the Jap? Did you personally ever thin lettuce, pick asparagus or perform other stoop labor tasks? . . . And yet you want our white laborers to do it for the same wages the Jap expected and received? We will admit the Jap vegetable growers were stiff competition. They were for two reasons. First, the Jap and his entire family worked from dawn to dusk in the field. Second, the Jap farmer was subsidized by the Japanese Imperial Government and did not worry if he lost money year after year. Of that we have no doubt. (Taylor, 1945, p. 391)

On February 19, 1942, President Franklin D. Roosevelt issued Executive Order 9066, which initiated the mass incarceration of the west coast Japanese, two-thirds of whom were American citizens. At that time, there were 127,000 Japanese Americans living in the United States; 113,000 lived in the Pacific coast states of Washington, Oregon, and California. California had nearly 80 percent of the Pacific coast total (93,000). In the spring of that year, the west coast Japanese were forced to move to temporary quarters until more permanent facilities could be hastily built in the interior part of the country. These temporary quarters were called assembly centers and were most often fair grounds or race tracks. By the fall of 1942, most of the evacuees had been moved to one of the ten crudely erected "relocation camps."

Hawaii. Even though Hawaii was much closer to the war zone, the Japanese American community was not incarcerated except for about 1,000 individuals. Most of the Hawaii internees were sent to the continental United States; a few were detained on Oahu (Kotani, 1985). President Roosevelt was in favor of incarcerating all of the Japanese in Hawaii; however, the military convincingly argued that there were not enough ships to handle the mass migration and that Japanese labor was critically needed to rebuild the damaged island economy. After all, the Japanese comprised about 30 percent of the population and a large proportion of the skilled laborers in Hawaii at that time (Culley, 1984).

Effects of the Incarceration

Although it will never be possible to measure fully the impact of the evacuation, incarceration, and resettlement on Japanese Americans, some facts are incontrovertible. The most obvious is that many persons suffered catastrophic economic losses. One *Issei* farmer reported shortly after the war:

Before war I had 20 acres in Berryessa. Good land, two good houses, one big. 1942 in camp everybody say sell, sell, sell. Maybe lose all. Lawyer write, he say sell. I sell \$650 acre. Now the same land \$1500 acre. I lose, I cannot help. All gone. Now I live in hostel. Work like when first come to this country. Pick cherries, pick pears, pick apricots, pick tomatoes. Just like when first come.

Pretty soon, maybe one year, maybe two years, find place. Pretty hard now. Now spend \$15,000 just for (half as much) land. No good material for house. No get farm machinery. No use look back. Go crazy think about all lost. Have to start all over again like when come from Japan, but faster this time. (War Relocation Authority, 1947, p. 53)

The psychological sequelae of the camp experience are subtle and extremely difficult to verify empirically. Nevertheless, the stress from long periods of uncertainty, separation from family members, economic losses, and stigmatization have no doubt left their marks on those who were forced to endure internment. It is clear that the experience produced greater dependency in some *Issei*. Before World War II, very few *Issei* received public aid, but after the war significant numbers appeared on the rolls (War Relocation Authority, 1946).

Among the *Nisei*, the incarceration created a degree of cynicism and distrust of government that, not surprisingly, persists to this day. In telling euphemisms, *Nisei* refer to this bifurcation of their lives as "before camp" and "after camp" or "before the war" and "after the war." The psychological effect of these events is subtly portrayed in Monica Sone's book, *Nisei Daughter* (Sone, 1953). Before the war, relocation, and internment, the main character is an outgoing, slightly brash, highly Americanized teenager full of spunk and adventure. After the internment, she is a self-contained, reserved, and cautious young woman. The transformation of this character may serve as a metaphor for the social and psychological experiences of west coast and some Hawaii Japanese Americans.

Postwar Accommodation

Although there was initially some violence directed against the returning evacuees, the postwar period saw an opening up of the occupational opportunity structure for Japanese Americans, particularly for the *Nisei* who were just beginning to establish careers. The Japanese could not return to the west coast until 1945. Prior to 1945, they resettled primarily in the midwest or on the east coast. Before World War II, about 200 Japanese lived in Chicago. However, by the end of the war, it had become a major resettlement destination. At the peak of the exodus out of the concentration camps, over 1,000 Japanese per month moved into the city. For the most part, *Nisei* reported that they felt more welcome in areas outside the west coast. This is not to say that most escaped the sting of discrimination and prejudice. For example, attempts to buy a house in an all-white neighborhood frequently resulted in petitions from neighbors or pressure from real estate agents. Most *Nisei* did not resist these pressures and purchased homes in areas where the neighbors were more receptive.

Social changes also occurred rapidly in Hawaii after World War II. A large number of *Nisei* began pursuing higher education and majoring in fields such as law and medicine, which were previously inaccessible. Many of them used the GI Bill of Rights to help reach their educational goals. They formed political alliances with liberal Caucasians in the Democratic party and the labor unions.

Shortly after it achieved statehood in 1959, Hawaii's political structure changed from one dominated by the Caucasian-run Republican party to one dominated by the Democratic party, in which Japanese Americans were influential (Coffman, 1973). Since the early 1960s, Japanese Americans have been well represented in the professions and overrepresented in a number of fields such as teaching and government. Ironically, given their historical background, the Japanese in Hawaii presently are perceived by several ethnic groups as a source of discrimination in state and local government.

SOCIODEMOGRAPHIC OVERVIEW

In 1980, there were approximately 716,331 Japanese living in the United States. Immigration during the past decade has been quite low, less than 5,000 annually. California contained the largest number, 268,814 (37.5 percent); Hawaii was second with 239,734 (33.5 percent). Even though many Japanese resettled in the midwest and the east after the incarceration, most eventually returned to their former homes on the Pacific coast.

An important demographic difference between Japanese American communities in California and Hawaii is the proportion of the state population they represent. In California, Japanese Americans are the third largest Asian American group but make up only 1.1 percent of the state's population. Compare these figures to Hawaii where Japanese Americans are the second largest ethnic group in the state and the largest Asian American group, comprising 25 percent of the state's population. The differences in political fortunes, local histories, and sociodemographic characteristics between the Japanese on the continental United States and in the state of Hawaii cannot help but lead to different psychosocial profiles between the two groups.

With regard to current income, the 1980 Census documents that most Japanese Americans were solidly middle class, their average family income being \$30,537, the highest of any Asian American group. Their family income was also higher than the mean white family income of \$23,092. However, this difference is somewhat misleading. It is partly a function of more working family members and a disproportionate number residing in areas with a high cost of living. For example, the

high cost of living in Hawaii forces many individuals to work at more than one job.

The Japanese American emphasis on education is also reflected in the Census figures. The percentage of Japanese Americans who had completed high school in 1980 was 87.5 percent for those aged 25 to 64, while the corresponding white figures were 75.3 percent (Barringer, Takeuchi, and Xenos, 1990).

The age distribution of the Japanese American population has important social service implications. Japanese Americans have the highest median age (33.5) of all the Asian American ethnic groups. They also have one of the highest percentages of adults who are 65 years old and over (7.3 percent). These data suggest the importance of social service programs for the elderly in Japanese American communities.

VALUES AND BEHAVIORAL NORMS

This section explores some general cultural values and behavioral norms that may be useful in understanding Japanese Americans and enhancing social services. Specific terms will be used to describe the cultural values that appear to influence Japanese American behavior. Japanese culture is distinct from other Asian cultures. Moreover, there are multiple ways of expressing a Japanese heritage. Over time, Japanese Americans have adapted traditional Japanese cultural values to fit the unique social, political, and economic structures of their community and the larger society (Yanagisako, 1985). It is erroneous to assume that cultural factors are not important in explaining the behavior of younger Japanese Americans, but differences between individuals of the same subculture should not be ignored.

An understanding of Japanese American culture must begin with the concept of self in Japanese American terms. Western concepts of self place the individual at the center with all other relationships arranged around the self. The Japanese concept sees the self as part of a set of interpersonal relationships of which the family system is the core. The individual learns to subordinate the self to a social unit, emphasizing solidarity and suppressing autonomy. Consequently, Japanese Americans find it difficult to stand out publicly as individuals, preferring to couch their individual achievements in the context of group accomplishment. Examples of this can be seen in their frequent reluctance to give speeches, to speak in meetings or classrooms, or to talk about themselves in casual conversations.

In Western society autonomy is prized and dependency is devalued. Japanese culture, on the other hand, fosters *amae* or interdependency, which is seen as enhancing group solidarity. Social relationships are based primarily on the preservation of harmony and suppression of

conflict. Behavior oriented toward the group is strongly approved, and self-serving behavior is seen as disruptive to the group. When conflicts in relationships occur, they often take the form of ritualistic resistance. This involves the preservation of one's values while outwardly conforming to established behavior patterns.

On is a sense of obligation within the Japanese hierarchy. *On* forms the basis for reciprocal relationships between peers and within social networks. While *on* is taken for granted within the family, the Japanese frequently guard against accepting casual help from strangers because they want to avoid becoming entwined in a reciprocal relationship with unknown individuals. This behavioral form may be seen in the reluctance of elderly Japanese Americans to accept help from social service agencies.

Another example of *on* is the following. It is common for one member of a family to sacrifice his or her own educational goals to help finance his or her sibling's college education. In return, family members treat this person with the same reverence and respect accorded a parent. This sense of obligation is passed on to the children. As this person reaches old age, the family insures that he or she is cared for to the point of sacrificing their own financial stability.

H. L. Kitano (1976) suggests that the *enryo* syndrome explains a large part of Japanese behavior. *Enryo* emphasizes modesty, respect, and deference to others and has two components. *Hazu kashii* is the implicit fear of being ridiculed manifested by embarrassment and reticence. *Hige* is the denigration of self and others. Both concepts emphasize conformity to group norms and, if the individual accomplishes something of importance, minimization of the accomplishment to maintain the singular importance of the group. An example of *enryo* can frequently be seen when Japanese Americans achieve something of importance. Many a *Sansei* has experienced a *Nisei* parent's reaction to an outsider's praise. If someone praises a *Sansei* child—and by association the parents for their responsible socialization—the parents rarely accept the compliment but will deflect the praise with some disparagement about the child in a different area. If the child is praised for being well behaved or a good scholar or athlete, the parent will make a remark about his or her inability to keep his or her room clean or how the child "really" behaves at home. The parent is reacting in a Japanese cultural way—being modest about the child's accomplishments and teaching the child to be modest. The child, however, who is more socialized in individualistic American values, may feel denigrated or unappreciated by the parents. This may have psychological effects on the child who may desire a more straightforward American approach to praise and demonstration of love. Again, this example illustrates how generation leads to different levels of

integration into Japanese and American cultural values and interpretations.

Gaman refers to the internalization and suppression of anger and emotion. During an unpleasant incident, the individual avoids confrontation and accepts the results of the negative social interaction. *Gaman* also means to bear up under adversity. Related to *gaman* is *shikata ga nai*—the notion that whatever has happened cannot be helped or nothing more can be done to improve the situation.

PROFILE OF SOCIAL AND PSYCHOLOGICAL PROBLEMS AND ISSUES

Help-Seeking Behaviors

While empirical studies on the help-seeking behavior of Japanese Americans are scant, two commonly reported observations are that Japanese Americans (a) generally do not seek or delay seeking professional help for their personal problems, and (b) generally do not complete treatment (Leong, 1986; Sue, 1977). Cultural and social factors seem to suggest several reasons for this help-seeking and treatment pattern.

Kitano (1969) speculates on possible reasons for the underutilization of mental health services by the Japanese: (1) the strength of the Japanese family and community to control and "hide" problem behavior, (2) different cultural styles of expressing problems, (3) inappropriateness of current therapeutic organizations, and (4) lack of relevant connections to the therapeutic community. Other reasons that are offered include the lack of bilingual therapists, the inability of therapists to provide culturally responsive forms of treatment (Sue, 1977), community stigma due to emotional problems, crossethnic relationships involving racism, lack of service alternatives, and the poor reputation of the treatment system (Lee, 1982).

The stigma attached to emotional problems is a significant deterrent to seeking help from social service agencies within the Japanese American community. For the Japanese, "craziness" is often traced to the family as (1) a hereditary trait running in the family line, (2) punishment for the past behavior of the family (similar to *karma*), or (3) a reflection of poor guidance and discipline by the family leader (Shon and Ja, 1982, p. 222). An individual or family may not seek services because of the anticipated disgrace. Japanese Americans frequently try to keep the person with the problem in the family unless the individual is acting out. *Gaman* and *shikata ga nai* can be mechanisms to deny a problem exists or to avoid dealing with it.

To talk about personal problems with an outsider is frowned upon

because it incurs a loss of face for the group (family, church, community), which is viewed as having "failed" in its responsibility to the individual member. The shame and loss of face resulting from such culturally inappropriate actions are frequently used to reinforce adherence to a prescribed set of obligations in the Japanese American community since individuals may prefer to suffer personally than to have the group criticized. They may also fear that seeking professional help will make them stand apart from others in the group and that they will be denigrated or ridiculed for their inability to resolve problems on their own. One's character and one's health, whether physical or mental, are intimately intertwined. Weakness in health is viewed as weakness in character or will. To admit or submit to physical or psychological distress is to publicly display a character flaw.

On affects help-seeking behavior in several ways. First, Japanese Americans may hesitate to seek help because they feel they may become obligated to an outsider. Second, they may not seek professional services because they feel that their family or close friends will help them. Third, family members may feel it is necessary to take care of their own members. This sense of obligation is often seen in many lower- and middle-class Japanese families who overburden their financial and social resources to take care of an elderly parent or relative.

Problem Presentation

When Japanese Americans do seek help, they are likely to attribute their discomfort to somatic symptoms, thus expressing their distress only indirectly. A number of studies have found that Asian Americans, including the Japanese, tend to express symptoms via somatization (Leong, 1986; Marsella, Kinzie, and Gordon, 1973; Rahe, Looney, Ward, Tung, and Liu, 1978; Sue and Morishima, 1982). Physical dysfunction is a culturally accepted means of expressing emotional distress in Japanese culture. T. J. Tracey, F. T. Leong, and C. Glidden (1986) examined the nature of presenting complaints at a counseling center in Hawaii and found that Asian American clients are much more likely to perceive themselves as having educational and vocational concerns, in contrast to Caucasian clients who are more likely to endorse personal and emotional concerns. S. C. Kim (1985) suggests that these somatic, educational, or vocational problems should be taken seriously and accepted graciously, recognizing that they may be a culturally acceptable way for Japanese Americans to obtain help through therapy without "losing face."

Kitano (1970) notes that one of the first signs of mental distress leading to hospitalization among Japanese inpatients is difficulty at work (a demotion, being fired, or walking off the job). Given the primacy of

work in the Japanese ethic, dysfunctional behavior in this particular area can be a significant marker of distress. It may be that Japanese Americans place a higher priority on the functional requisites necessary to survive in society so that the abilities to work hard, support the family, and provide food, shelter, and clothing are equated with mental health. Mental health professionals, in contrast, may tend to define mental health in terms of "quality of life, open relationships, sharing of feelings, and amount of psychological insight" (Kitano, 1982, p. 163).

SOCIAL SERVICE INTERVENTION

Principles of Practice

The accessibility of social services can be enhanced through community outreach and the use of bilingual and bicultural staff. The use of clinicians is not a familiar avenue of help-seeking for Japanese Americans, particularly *Issei* and *Nisei*, so that the inclusion of staff who can speak Japanese and who understand Japanese American culture may make services more accessible to them. Intervention for Japanese Americans does not begin with the patient initiating contact with the worker's office; community involvement and outreach are critical to familiarize Japanese Americans with this option. Since they are reluctant to express problems in their lives about which they need social service assistance, outreach is important in establishing social networks within the community. When service providers are an integral part of the community, they can make residents comfortable with the agency or individual worker.

Accurate assessment of the client's background and presenting problems is essential. In striving to provide culturally sensitive services to their Japanese American clientele, workers need to remember that it is possible to be "culturally sensitive" without being sensitive to the needs of a given individual. Careful assessment of the individual in the context of his or her Japanese American heritage is necessary before the appropriate culturally and individually sensitive treatment strategy can be formulated.

Treatment goals should reinforce the cultural expectations of effective intervention. These expectations are based on physical and behavioral changes necessary to resume life responsibilities, including the ability to work, maintain good health, and assume family roles. In order to appear acceptable, treatment goals should be defined in terms of problem-solving tangible outcomes on a short-term basis. Long-term goals, however, may be broken down into a series of interrelated short-term goals, presented as renegotiable with the family. The importance of insight, dynamics, and emotional expressiveness should not be ignored,

but the individual and/or family must be engaged in the therapy before the therapist can offer other options and goals (Kim, 1985).

Conceptual Models of Intervention

Two models indigenous to Japanese culture, which focus on mental distress (*seishin ijo*), are Morita therapy and *Naikan* therapy. These models are compatible with many cultural values and behavioral norms and may be useful in conceptualizing social service intervention.

Morita therapy, founded by Dr. Shoma Morita, is derived from principles stemming out of Zen Buddhism (Murase and Johnson, 1974). It consists of four treatment periods undertaken in an inpatient setting. The first period consists of virtual bed rest and social isolation for up to a week or more. During this time, the patient is discouraged from indulging in self-recrimination or "destructive" introspection. The goal is to achieve a peaceful condition of both mental and physical rest. The second period marks the beginning of occupational therapy, where the patient is allowed to carry out a few simple tasks under the supervision of the therapist. Introspection, however, is still discouraged. During the third period, the patient is instructed to engage in heavier physical labor and is allowed to read selected books and have more contact with people in the environment. The work is designed to give the patient an opportunity to experience satisfaction and confidence in the accomplishment of simple physical tasks, as well as to produce a state of natural, physical tiredness. At the same time, the therapist meets briefly with the patient to make suggestions on how he or she may correct both his or her "thinking" and behavior. Finally, during the fourth period, the patient is encouraged to begin to accommodate to external reality and gradually to resume his or her activities in the outside world. Having achieved success through rest, light activities, and, finally, physical labor, the patient is ready to leave the hospital. The goals of therapy are met when the patient is no longer obsessed with doubts and "destructive self-consciousness" and is no longer experiencing neurasthenic and/or psychophysiologic symptoms. In positive terms, the patient has learned *arugamama*, that is, to accept philosophically "things as they are" (Murase and Johnson, 1974) and the ability to once again take up his or her social roles and responsibilities. Mental health from this perspective, then, can be viewed as the successful fulfillment of life roles and social responsibilities.

Naikan (literally, *nai* meaning "inside" or "within" and *kan* meaning "looking") was founded by a lay practitioner, Ishin Yoshimoto, and is a more introspective form of psychological treatment than Morita therapy. *Naikan* is a highly structured regime of self-reflection, rooted in the Jodo-shin sect of Buddhism. There are two related goals: (1) to rediscover

personal guilt for having been ungrateful and irresponsible toward individuals in the past, and (2) to discover a positive gratitude toward individuals who have extended themselves on behalf of the client at some time in the past (Murase and Johnson, 1974). These particular attitudes of guilt and gratitude are part of the fundamental cultural assumptions that govern norms of social relatedness in Japan (Murase and Johnson, 1974) and are not considered to be dysfunctional individual attributes.

Both Morita and *Naikan* therapy sharply limit the boundaries of introspection. Free association would probably be viewed as undisciplined thinking and destructive. In Morita therapy, especially, the physical, mental, emotional, and spiritual aspects of the client are treated holistically, as fundamentally inseparable from each other. There is a clear emphasis on the functionality of emotions and behavior so that those cognitions, emotions, and behaviors that do not serve a clear purpose are part of the destructive "waste" that the individual should leave behind. Intrapsychic processes are largely ignored; instead, particularly in *Naikan* therapy, the client is instructed to focus on interpersonal relationships with significant others in a highly structured fashion. In fact, it is not inconceivable that much of the "psychologic insight" Western practitioners so highly prize would be reclassified as "destructive" introspection by Japanese therapists.

Specific Skills for Intervention

Skills Related to the Worker. In the Japanese language, the term "therapist" translates broadly into a title that encompasses both "doctor" and "teacher." Usage of this word reflects the expectation that the therapist is an authority who possesses a wide range of skills for assuming multiple roles, such as a teacher and guide (Kim, 1985). S. Sue and N. Zane (1987) clarify two dimensions of worker status: *Ascribed* status refers to the role assigned to the worker by others that is dependent on such factors as age and sex, while *achieved* status refers to the worker's skills and expertise. They suggest that lack of ascribed status may be the primary reason for the underutilization of service, while lack of achieved status may better explain premature termination of treatment.

An implication of this distinction is that a worker's behavior must provide clear social cues regarding ascribed status, or confusion about the worker's competence will result. Hence, workers should display all degrees, certificates, and other concrete indications of professional competence on the walls of their offices and often refer to themselves as an authority (e.g., using phrases such as "in my professional judgment" and "after seeing many similar cases"). The worker should not hesitate to be assertive in such matters as indicating who should speak first, how

much they should speak, and what the topic of discussion should be. A directive style is especially critical in the initial visit since a passive approach would be viewed as a lack of knowledge, skill, or interest (Shon and Ja, 1982; Lee, 1982).

Gender-matching between the worker and client in individual treatment may also be important in establishing trust and rapport. This match may be especially significant for *Issei* and older *Nisei* for whom male and female roles may be distinctly marked (Yanagisako, 1985). However, whether these treatment approaches would be appropriate for a given Japanese American client would depend on such factors as level of acculturation, ethnic identity, involvement in the Japanese American community, and familiarity with the intervention process.

Skills Related to Communication. In Japanese culture, the content of communication largely depends on the characteristics of the persons involved. S. P. Shon and D. A. Ja (1982) note that such factors as age, sex, education, social status, family background, and marital status often influence specific behaviors such as who will bow lowest, initiate the conversation, speak more softly or loudly, change subjects, or look away first with eye contact. Depending on the attributes of the individuals and the nature of the relationship, even the structure of the language—including syntax, word endings, and terminology—will vary. Consequently, any role or status ambiguity in social situations is a source of great anxiety for fear that a social blunder in behavior or speech will be committed and the person will lose face. The acceptable response to this ambiguity is to withdraw into silence and watchfulness for cues that will indicate the appropriate pattern of interaction that is called for (Shon and Ja, 1982, p. 215). Thus, for example, a worker who does not provide specific cues about the nature of the worker-client relationship for subsequent interactions with the family will exacerbate the anxiety caused by this social ambiguity. Additionally, the worker may mislabel an individual's appropriate response to this ambiguity as resistance.

Not surprisingly, much of what is labeled as resistant behavior in Western treatment is a reflection of proper upbringing in Japanese culture. What is called "openness" in Western culture may be construed as a sign of immaturity and lack of self-control in Japanese cultures if it entails the premature disclosure of emotions to a stranger (Kim, 1985). Premature "openness" can even bring shame to the family. Reframing is a useful skill that can often prevent this shame. Reinforcing a family's worldview and protecting them from revealing secrets prematurely, for instance, effectively allows the worker to give the individual or family "permission" to temporarily withhold information (Kim, 1985). Japanese culture emphasizes controlling strong emotions as a prerequisite for maintaining mental health and as an indication of maturity and wisdom. Again, workers should be careful before labeling such emotional control

as dysfunctional or as treatment resistance, instead acknowledging its cultural value and function (Lum, 1982).

Service providers must also be aware of body language—their clients' and their own. Since Japanese Americans may be indirect with their responses to questions, verbal statements should not be taken at face value. If the discussion is about the source of psychological distress, it is likely that delicate and successive urgings are needed during the intervention session. A common example of this process occurs in everyday life. When asked if he or she would like something to eat, a Japanese American is likely to respond in the negative. However, if the host does not persuade the person to eat, then the host may be seen as insensitive. A "good host" will make sure that the guest is not just being polite and will encourage the person to eat (Ishizuka, 1978). In much the same way, service providers must be equally sensitive to nonverbal cues to better understand and serve the client.

CONCLUSION

In this chapter, we provide a historical, social, and cultural context for service providers working with members of the Japanese American community. Several important variables such as generation, geographic location, and wartime experiences are useful in understanding the heterogeneity found among Japanese American clients. Knowledge of these variables help form the foundation for culturally sensitive services.

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