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Handbook of Race and Development in Mental Health

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Chapter 10
Psychology of Asian American Adults: Challenges and Strengths

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Chapter Focus

This chapter examines the mental health issues of Asian American adults from two perspectives. First, there is a focus on prejudice and discrimination, acculturative stress, and family conflict as major challenges to psychological adjustment and mental health. Second, psychosocial factors that contribute to resilience in Asian American adults are discussed, specifically, cultural values, family, religious and community institutions, and ethnic identity.

Demographic Characteristics of Asian American Adults

An examination of Asian American health issues must be placed in the context of the nature of the population. The Asian American/Pacific Islander population is the fastest growing group in the United States and is quite diverse. By 2050, the Asian American population is expected to increase by 213% to 33.4 million (U.S. Census Bureau 2000). The Asian population increased faster than the total U.S. population between 1990 and 2000 (48% vs. 13%). Native Hawaiians and other Pacific Island-ers numbered 0.3% of the U.S. population. Another important characteristic of the Asian population is its diversity. More than 50 Asian American groups have been identified. The largest subgroups are Chinese Americans (2.4 million), Filipino Americans (1.9 million), Asian Indians (1.7 million), Vietnamese Americans (1.1 million), Korean Americans (1.1 million), and Japanese Americans (0.8 million). Native Hawaiians are the largest Pacific Islander group, followed by Samoans. More than half of Pacific Islanders live in two states: Hawaii and California (U.S. Census Bureau 2000). The diverse nature of the Asian population is also revealed

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by the proportion of the population born in other countries. The vast [1]majority of Chinese, Filipino, Vietnamese, Koreans, and Thai are foreign-born (U.S. Census Bureau 2000).

Other demographic characteristics revealed by the 2006 American Community Survey are important to note (U.S. Census Bureau 2000). The Asian American population and the general population do not markedly differ in gender composition (percent of females: AAs—52%, PIs—49%, National—51%) or in marital status (percent of married-couple families: AAs—60%, PIs—51%, National—50%). However, there are substantial differences in college graduation rates (AAs—30%, PIs—10%, National—17%), median household income (AAs—$ 63,000, PIs—$ 49,000, National—$ 48,000), and per capita income (AAs—$ 27,000, PIs—$ 18,000, National—$ 25,000). Poverty levels are quite similar for Asian Americans and the U.S. population, but a larger percentage of Pacific Islanders fall below the poverty line (AAs—11%, PIs—16%, National—13%).Again, important inter-Asian differences are found in educational attainment. For example, the percentage of Asian Indians with a bachelor's degree (64%) was much higher than that of Hmong Americans (8%).

Challenges to Maintaining Mental Health

Many Asian Americans face significant challenges to their mental health. These challenges result from daily stressors that can create problems for individuals' mental health and well-being. Daily life stress can occur in various forms—financial stress, family stress, etc., and stress has long been associated with psychological well-being (Kessler 1997). In this section, three challenges are discussed in terms of their influence on Asian American mental health: prejudice and discrimination, acculturative stress, and family conflict.

Prejudice and Discrimination

The Surgeon General's Report (U.S. Department of Health and Human Services (USDHHS) 2001) listed racial discrimination as a serious risk factor for mental disorders. Jones (2000) defined discrimination as actions from individuals and institutions that negatively and systematically impact groups with less power. Asian Americans have faced a long history of discrimination in the United States (Fong 2002). Although they have been in the United States since the 1500's, Asian Americans have faced discrimination in issues of citizenship, land ownership, and due process under the law (Fong 2002). Earlier, discrimination was institutionalized

through the Chinese Exclusion Act of 1882, Executive Order 9066, the Gentleman's Agreement, as well as by means of miscegenation and other anti-Asian laws. Many of these actions resulted from fears of the "yellow peril," that multitudes of ruthless and sneaky Asians would threaten the "American" way of life and eliminate scarce jobs and resources for White Americans (Mok 1998). Even today, Asian immigrants may face racism and discrimination because of concerns that they are monopolizing resources, services, and jobs that would otherwise be available to Americans (Young and Takeuchi 1998). Although explicit prejudice is not as prevalent today, a sizable number of "racial microaggressions" against Asian Americans continue to occur (Sue et al. 2007b). Microaggressions are "brief, everyday exchanges that send denigrating messages to people of color because they belong to a racial minority group" (Sue et al. 2007b, p. 273). These microaggressions may be intentional or unintentional, and are so subtle that they often leave individuals wondering if they truly were the object of discrimination. Asian Americans describe strong and lasting negative reactions (e.g., anger, rage, frustration, sense of being invalidated) to the racial microaggressions they encounter (Sue et al. 2007a). Covert types of discrimination may be more harmful than overt behaviors because individuals may be less able to detect and cope with these more subtle forms of racism.

Discrimination is associated with various mental health outcomes, including mental health adjustment, self-esteem, happiness, depression, and generalized anxiety disorder among Blacks, Latinos, and Whites (Kessler et al. 1999). Similarly, for Asian Americans, discrimination is associated with depressive symptoms (Mossakowski 2003), substance use (Gee et al. 2007a) among Filipino Americans, and poor mental health (Gee 2002). Discrimination has also been related to depressive symptoms among gay Asian Americans (Yoshikawa et al. 2004). Japanese American college students who perceive more racial prejudice and inequality are also more likely to have lower self-concept (i.e., lower self-worth or self-satisfaction) than those who perceive less racial prejudice (Asamen and Berry 1987).

Using a nationally representative sample of Asian Americans, Gee et al. (2007b) examined the relationship between self-reported discrimination and mental disorders. Results demonstrated that after controlling for poverty, family cohesion, and acculturative stress, discrimination was associated with mental disorders (e.g., depressive, anxiety, or any DSM-IV disorder). Even among immigrants, discrimination appeared to be a more important predictor of mental disorders than acculturative stress or years in the United States. Therefore, contrary to the notion that Asian Americans do not face discrimination, findings from various studies highlight the fact that not only do Asian Americans continue to perceive discrimination, but that it is related to poorer mental health. Studies have shown that expecting to be the target of prejudice is cognitively depleting and exhausting, and perhaps this effect eventually contributes to poorer mental health (e.g., Richeson et al. 2005).

Stereotypes also can have a harmful effect on the mental health of Asian Americans. In the early 1900s, common stereotypes of Asian Americans were that the men were sneaky and corrupt while the women were exotic and servile (Mok 1998; Sue and Kitano 1973). In the latter part of this century, Asian Americans have been viewed as the "model minority" (Sue and Morishima 1982; Uba 1994). This ste-

reotype of Asian Americans encompasses the notion that Asian Americans represent the "American Dream" since they are hardworking, high-achieving individuals with few psychological problems. This image portrays Asian Americans as having achieved economic parity with Whites, despite language and other cultural barriers (Hune and Chan 1997). However, the perception that Asian Americans are the model minority appears to be a myth for several reasons. One, the myth fails to take into account the heterogeneity of the Asian population. While some Asian American groups may have achieved success in certain areas, other groups (e.g., Southeast Asians) have not thrived socially or economically (Rumbaut and Cornelius 1995). Two, even for those groups who appear to be succeeding, their success may occur in only one domain, such as academic performance. In terms of mental health, prevalence rates of depression, somatization, and post-traumatic stress disorder among Asian Americans are at least as high as those for White Americans, and, in many cases, higher (Lee et al. 2001). In addition, research highlighting the economic success of Asian Americans has focused only on household income. When adjusting for working hours and number of workers in the household, the individual earnings ratio for Asian Americans is actually lower than for Whites (Hurh and Kim 1989). Moreover, the model minority stereotype denies the reality that Asian Americans continue to encounter racism and discrimination. Finally, it may create a significant amount of pressure by making Asian American students believe that unless they are excelling academically, they are not normal. Cheryan and Bodenhausen (2000) found that Asian American students performed significantly worse on a math test when they were made to think about their ethnic group identity compared to those in a control group. Cheryan and Bodenhausen attributed this decrement in performance to the fear of failing to confirm a positive stereotype, or not living up to the expectation. This type of pressure has the possibility of leading to considerable negative outcomes for Asian Americans. Thus, not only do stereotypes affect self-esteem and general well-being, they have the power to affect performance in important domains, like school and work (Leong 1998; Shih et al. 2006; Steele and Aronson 1995).

Stress Associated with Migration and Acculturation

A major source of stress involves the circumstances under which Asian immigrants leave their native country. Premigration trauma has been found to be a major predictor of psychological distress for Southeast Asian refugees (Chung and Kagawa-Singer 1993; Hinton et al. 1997; Mollica et al. 1987). For many individuals, such as Southeast Asians, the conditions that forced them to immigrate to the United States were traumatic. Many studies have demonstrated the relationship between premigration trauma experiences and the level of adjustment and adaptation to the United States (Chung and Bemak 2006; Chung and Kagawa-Singer 1993). Traumatic experiences that Southeast Asian refugees faced included food and shelter deprivation, physical injury and torture, incarceration and reeducation camps, and

witnessing killing, experiencing torture, or both (Mollica et al. 1985). Because of their premigration experiences and possible postmigration obstacles, some groups have been identified to be at high risk for developing serious mental health problems (Chung and Bemak 2007).

Another significant source of stress for Asian Americans stems from the challenges associated with acculturation. Acculturation is a process in which members of one cultural group adopt the beliefs and behaviors of another group. It involves acquiring the language, attitudes, values, and roles of the dominant society, and the process of adjusting to these changes (Berry 1980; Organista et al. 2003). Acculturative stress involves the strains of adjustment and adaptation among immigrants, including the demands of learning a new culture, worries about legal status, and potential guilt for leaving behind loved ones (Berry and Annis 1974; Berry et al. 1987).

Acculturative stress has been associated with depression, anxiety, and other negative health outcomes (Noh and Kaspar 2003). Vega et al. (2004) found that stressors due to adjustment in a new culture were associated with poorer mental health for immigrants. Acculturative stress can impact people by narrowing the range of options that they perceive as feasible. As daily pressures increase, people with more acculturative stress start having "tunnel vision" and experience a decrease in the ability to make and execute decisions effectively (Smart and Smart 1995). As their perception of viable choices is narrowed, individuals with greater levels of acculturative stress may start feeling hopeless (Kim 2007). A meta-analysis of 49 studies on acculturation and adjustment indicated that greater acculturative stress was positively correlated with psychosocial and health problems (Moyerman and Forman 1992).

Family Conflict

Certain characteristics within Asian American families may serve as protective factors against mental health problems. However, other characteristics may put individuals at risk for developing mental health problems. Family conflict may act as a compelling stressor resulting in substantive distress (Abe-Kim et al. 2002). First, a disruption in traditional gender roles that differ from Asian Americans' native country can generate family conflict. In the United States, men typically experience economic and social loss while women become either coproviders or the sole providers for their families (Espiritu 2001). Because of the traditional patriarchal family structure in many Asian American families, conflicts with gender roles can cause much stress for the family. Second, Asian American children may want to date and/or intermarry individuals from other ethnicities, and this also can cause major disagreements within families (Chung 2001). Third, Asian American children may be more skilled with the English language and mainstream social norms, thrusting them into the role of cultural and language brokers for their parents. Consequently, parents may feel inadequate and ashamed because they have to depend on their

children. These changes in family dynamics can serve as major sources of stress and conflict in the family. Fourth, the experience of Asian American parents and children may differ in terms of majority and minority status. That is, parents who immigrate to the United States were raised in a culture and environment where they were most likely the ethnic majority, while their children living in the United States tend to make up the minority. Therefore, they may not understand their children when they express their feelings of prejudice and discrimination because of their minority status. Because parents do not have the same experience, they may ignore their children's complaints (e.g., that their teachers are discriminating against them because they are Asian American), and this can lead to greater family conflict. Finally, another significant source of stress in Asian American families may be the clash of valuing certain emotions over others. Due to the value placed on emotional restraint in many Asian cultures, parents may be less likely to express their emotions toward their children, be they positive or negative emotions. In contrast, more acculturated children may start to value being praised and shown physical affection. Thus, the suppression of positive emotions in the family can serve as a significant source of stress in Asian American families (Yee et al. 2007). However, it may be that less acculturated parents and their more acculturated children place similar value on certain emotions, but these emotions may be expressed differently. For Asian American children, expressing care and love may be achieved through physical and verbal affection. For Asian American parents however, care may be communicated through gestures and behavioral actions—like cooking dinner for their children or doing their laundry. Thus, the "language of emotion" may vary between more acculturated and less acculturated family members, and this communication difference may be an additional stressor.

Intergenerational conflicts stemming from acculturation differences between parents and children can negatively influence family cohesion (Tseng and Fuligni 2000). Family cohesion reflects the degree to which family members are connected and involved with one another (Crane et al. 2005). Individuals from low cohesion families are often at higher risk for depression, suicidal ideation, anxiety, and social avoidance (Harris and Molock 2000; Reinherz et al. 2003). The mental health consequences of intergenerational conflict for both Asian American parents and children have been well documented. Southeast Asian parents have reported feeling betrayed and dismayed by this conflict (Kibria 1993; Ying and Chao 1996). The greater the differences in acculturation level between parents and children, the greater the likelihood that parents and children may make choices that can lead to significant intergenerational conflicts (Uba 1994).

In summary, it is evident that Asian Americans may encounter many difficulties related to prejudice and discrimination, acculturative stress, and family conflict that may pose significant challenges to their mental health and well-being. However, some Asian Americans have thrived in spite of such hardships and stressors, and this is evident from their success in certain areas (e.g., academics). It appears that there are various resources and coping strategies used by Asian Americans that may make them more resilient to these stressors.

Strengths Contributing to Mental Health

Resiliency is characterized as a process in which one faces risks and challenges but is able to draw on resources to yield positive outcomes (Yee et al. 2007). In this section, resources such as cultural values, family, religious and community institutions, and a sense of ethnic identity will be discussed as these protective factors may help Asian Americans cope with the stressors in their environment.

Cultural Values

Cultures may influence how one perceives and manages stressful life events. The collectivistic cultures of East Asia espouse a set of values and beliefs that may promote resiliency in a different manner than what is found in individualistic societies. In particular, the value of harmonizing oneself with the environment can impact one's control orientation. This value can lead to the use of secondary control, in which case an individual gains control by aligning oneself with the existing conditions and altering one's psychological response to the situation (Rothbaum et al. 1982; Weisz et al. 1996). Principles underlying secondary control such as accommodating to and accepting a situation may be conducive to well-being, especially under circumstances that are directly outside of one's influence (Cross and Markus 1999). Secondary control tends to be emphasized more in collectivistic societies than in individualistic ones (Heine 2008; Lam and Zane 2004; McCarty et al. 1999; Morling 2000; Morling and Evered 2006; Morling et al. 2002). While primary control is the preferred mode for handling stressful situations, recognition that certain situations do not lend themselves to personal control may lead to the use of secondary control (Rothbaum et al. 1982).

Sastry and Ross (1998) investigated the relationship between sense of personal control, or lack thereof, and depression and anxiety among Asians (in Asia and in the United States) and non-Asians. Asians and Asian Americans reported having significantly less personal control than non-Asians, and while lack of personal control was positively related to depression for non-Asians, it was not significantly related to depression for Asians or Asian Americans. Sastry and Ross suggested that the relationship between personal control and well-being may not be as strong for Asians in general because well-being may not result from pursuing self-interests via primary control but rather, from fulfilling cultural norms, which may be related to secondary control.

Similarly, Chang's work illustrates how certain cultural values may influence the degree of optimism and pessimism among Asian Americans. An orientation toward maintaining harmony and interconnectedness may lead some to adopt a more pessimistic outlook. By anticipating incidents that may result in negative consequences for the group, one may be more inclined to initiate preventive actions (Chang 2001). In a series of studies (Chang 2002 1996a, b), Asian Americans were similar to Cau-

casians in levels of optimism, but Asian Americans were significantly higher in levels of pessimism. Despite Asian Americans tendency to be more pessimistic, it was the lack of optimism that best predicted their depressive symptoms, whereas pessimism emerged as a good predictor of maladjustment for Caucasians (Chang 1996a). Asian Americans employed more *problem avoidance* strategies when dealing with stress, but there were no ethnic differences in depressive and physical symptoms. This research highlights that well-being may not be solely affected by proactive strategies directed at the stressor, as is the view in many Western cultures, but also by alternative strategies that emphasize regulating one's emotional response to stressful events.

In a similar vein, Heine's work (e.g., Heine et al. 1999; Ross et al. 2005) on self-enhancement among Asians reveals much the same in that well-being is tied to being interdependent and in harmony with the group. One feels good about himself/herself when one strives for accord with others and honors the obligations that one has as a member of the group. Influenced by the teachings of Confucius which suggest that one should respect relationships and strive to fulfill the roles and duties associated with these relationships, research has shown that Asians are more inclined to focus on their shortcomings as that indicates that they are making efforts to improve themselves (Heine 2001). Such a self-critical outlook serves as a face maintenance strategy for many Asian Americans as it facilitates a positive reputation, and as a result, enhances their self-esteem (Heine 2004).

In summary, resiliency and well-being appear to be influenced by cultural norms and value orientations to a great degree. Cultural norms that promote interconnectedness and harmony seem to shape Asian Americans' behaviors and coping methods. By acknowledging that primary control sometimes may be unattainable, secondary control may afford one the endurance to overcome adversity. Additionally, research illustrates that coping methods influenced by collectivistic and interdependent values may also contribute to one's well-being. A defensive pessimistic outlook may, at times, help better prepare Asian Americans for disappointments and failures. Self-critical efforts aimed as self-improvement also may result in greater persistence on tasks in the face of stressors, increasing the likelihood that these efforts will result in success or effective coping. Moreover, defensive pessimism, self-criticism, and avoidance problem solving were positively related to the mental and physical health of Asian Americans but not White Americans. These interesting ethnic differences in what constitutes protective factors underscore the relative nature of adaptive behavior across cultures.

Familial, Religious, and Community Institutions

Family, religious, and community institutions serve as important sources of social support for many Asian Americans. Such networks have the ability to protect against the adverse effects of life and acculturative stress. Research has generally found a positive relationship between social support and mental health (e.g., Krause and Liang 1993; Li and Liang 2007; Okabayashi et al. 2004), and the research re-

viewed below illustrates the positive effects that family, religious, and community institutions may have on Asian Americans.

In East Asian cultures, the family is the essential unit for self-definition, support, and well-being. Principles emphasized by Confucianism situate the family as the fundamental unit in a person's life (Park and Chesla 2007). The interdependent nature of Asian American families tends to generate intergenerational support in which the welfare and integrity of the collective is prioritized over the personal needs of the individual. In Western cultures typically centrality is placed on the nuclear unit of the family whereas in many Asian American families, multiple generations tend to reside in the same household and thus are able to contribute to its welfare (Yee et al. 2007). The connectedness promoted in Asian American families can offer many psychological benefits. Hsu (1971) argued that Asian Americans have a better sense of who they are because the family provides a person with a stable and consistent reference for one's identity. Further, DeVos (1978) has noted that the structure of Asian American families, in particular Japanese American families, may make the members more resistant to stress due to the nature of the relationships. Specifically, clearly defined roles and a hierarchical structure make relationships predictable and less stressful (DeVos 1978).The structure of Asian American families often provides a supportive environment that can buffer individuals against stressors associated with deviance and acculturative pressures (Choi 1997; Jang 2002; Thomas and Choi06; Vartanian et al. 2007). The communal nature of these families coupled with the interdependent tendencies emphasized in Asian cultures may foster a shared understanding in which family members collectively work to support a member in distress. Distress may be assuaged with the knowledge that others are there to help (DeVos 1978). Taylor et al.'s (Taylor et al. 2007) found that implicit support (i.e., being in the company of others without disclosing or sharing one's problems) produced psychologically and physiologically beneficial outcomes for Asian Americans over explicit support (i.e., soliciting advice and emotional comfort from one's social support network), whereas the opposite was found for European Americans. Thus, for Asian Americans, well-being seems to be enhanced by the mere presence of others and the recognition of their availability to help (Taylor et al. 2007).

While the family plays a crucial role in providing support to its members, religious institutions also assume a major role in the lives of Asian Americans. Participation in religious activities has a positive effect on psychological health (e.g., Ellison 1993; Krause 1995). In particular, religious communities offer companionship through the fellowships available at churches or temples, which have been found to reduce psychological and physical stressors (Seybold and Hill 2001); moreover, religious beliefs may help one to develop an optimistic explanatory style to understand the negative events in one's life, which may facilitate beneficial resolution of such events (Seybold and Hill 2001). For Korean Americans, churches strengthen cultural ties and identification and offer emotional support in times of crisis (Hurh and Kim 1990). Religious institutions also are actively involved in providing assistance to recent Asian immigrants by offering services that help them adjust to the new culture (Bankston and Zhou 1995; Min 2000). These services may reduce the experience of acculturative stress and help to maintain positive mental health.

Lastly, community institutions and organizations often serve as sources of social and economic support for Asian Americans. Ethnic communities provide a variety of services to their constituents that enhance upward mobility and ease adjustment problems (Vartanian et al. 2007). These local institutions provide social capital to help many Asian Americans succeed in business and other careers. They also provide a social support system, a sense of belonging, and a sense of personal identity. For example, Zhou (2000) documented how an ethnic enclave, like New York City's Chinatown, provided great economic and social support for Chinese Americans residing in that area so that they could integrate and become successful members of society.

Ethnic Identity

As an ethnic minority group, Asian Americans have the highest percentage of ethnic immigrants (Yee et al. 2007). As such, ethnic identity issues often play a major role in the social and psychological adjustment of this group. Ethnic identity has been positively linked to academic achievement as well as a number of favorable psychological outcomes such as self-esteem and well-being (Cheryan and Tsai 2007; Crocker et al. 1994; Fuligni et al. 2005; Lee and Yoo 2004; Phinney 1992; St. Loius and Liem 2005; Tsai et al. 2001). In a study examining Asian American college students, Lee and Yoo (2004) found that ethnic identity was related to self-esteem. A sense of belonging and a rich understanding of one's ethnic group can contribute to a positive identity which, in turn, can help to maintain a positive sense of well-being.

Ethnic identity also may foster resilience in coping with discrimination. Some studies have found that ethnic identity can serve as a buffer to discrimination (e.g., Phinney et al. 1998), while others have not (e.g., Lee 2003). Lee (2003) found that ethnic identity was positively correlated with well-being. However, the results did not support the prediction that ethnic identity would protect against the effects of discrimination. Yoo and Lee (2005) found that Asian Americans with strong ethnic identities were less adversely affected by discrimination when discrimination was perceived to be low but not when it was perceived to be high.

The previous research suggests that the salutary effects of ethnic identity for Asian Americans may be limited depending on the social context in which the discrimination is experienced. The findings seemed to vary depending on the region in which the research was conducted. Incidents of and experiences with discrimination and tokenism may be greater in Midwestern and Southern states (Lee 2003; Yoo and Lee 2005) than in the Western coastal states due to the greater concentration of ethnic minority individuals in the latter region. In the former, more frequent discrimination combined with fewer social support resources may result in minority individuals feeling more threatened compared to those who reside in areas with greater ethnic minority populations. Under these conditions, even a strong sense of ethnic identity may not be sufficient to buffer minority individuals against the negative consequences of discrimination and racism-related stressors.

Discussion

Applying Strengths to Meet Challenges

The psychosocial strengths found among Asian Americans include certain cultural value orientations, family, religious, and community institutions, and ethnic identity. These culturally based psychological resources and resiliencies can be activated through a number of means to address the challenges involved in coping with prejudice and discrimination, acculturative stress, and family intergenerational conflict. First, social institutions or organizations in Asian American communities that are especially effective in affirming one's cultural heritage may foster those very orientations and values that have been found to enhance one's resistance to stress. Second, on a more personal level, certain cultural orientations, such as the emphasis placed on secondary control, may mitigate the effects of acculturative stress among Asian Americans. If stress-inducing situations cannot be or are difficult to change, by accommodating oneself to the situation, Asian Americans may be more able to emotionally cope and adapt rather than engaging in futile efforts to affect immutable conditions (Cross and Markus 1999). Third, mastery and empowerment experiences may be optimized by social institutions, family practices, and community activities that foster greater ethnic identification with one's culture. The social activities and processes found in these community units often enhance ethnic identification through the process of being around similar others (Hammond 1988). Ethnic and collective identity serve as major sources of psychological well-being for ethnic minorities (Crocker et al. 1994; Oetting and Beauvais 1991). Ethnic identification involves psychological stake in which individuals systematically engage and participate in a certain cultural lifestyle with the expectation of receiving some psychological benefits (e.g., social support, self-definition, cultural rules for success, sense of belonging). As such, the process of ethnic identification often leads to developing competencies and mastery experiences instrumental for adjustment and well-being (Oetting and Beauvais 1991). Moreover, as Rappaport (1981) has noted, these empowerment experiences can increase the likelihood that individuals will make greater efforts to change inequitable social conditions that often cause life stress for individuals. Essentially, this empowering process of ethnic identification constitutes another pathway in which ethnic identification may work to offset the deleterious effects accruing from prejudice and discrimination, acculturative stress, and family conflict.

Future Recommendations

A number of recommendations can be made to enhance future research on factors that optimize mental health among Asian Americans (see Table 1). This review highlighted the benefits of family, religious, and community institutions, but most of the supporting evidence was anecdotal in nature. Due to the lack of empirical

Table 1 The Asian American population: Challenges and Strengths

Demographics	Challenges	Strengths	Recommendations
Asian American (AA) population has increased by 48% from 6.9 million in 1990 to 10.2 million in 2000. This group is expected to grow 213% to 33.4 million by the year 2050 Native Hawaiians and other Pacific Islanders (PI) comprise 0.3% of the US population	Prejudice and discrimination • Perceived discrimination is associated with poorer mental health for Asian Americans because discrimination serves as a stressor • Research has shown discrimination to be negatively associated with psychological well-being and positively associated with distress	Cultural values • By voluntarily relinquishing control, especially in situations impermeable to change, secondary control may afford one endurance during hardships • Harmonizing oneself with the group may also promote well-being. By being a dutiful member of a group, one may receive validation from others and this may lead to greater well-being	• Empirically test mediating influences of community and religious institutions on Asian American mental health • Examine individuals who are resilient and hardy • Integrate cultural features into mental health treatment
Largest nationalities represented include Chinese (2.4 million); Filipino (1.9 million); Asian Indians (1.7 million); Vietnamese(1.1 million); Korean (1.1 million); Japanese (0.8 million) Native Hawaiians are the largest Pacific Islander group	Acculturative stress • Stressors associated with the adjustment in a new culture may contribute to poorer mental health because of the perception that viable options are limited and this can create hopelessness for some immigrants • For particular immigrant groups (i.e., Southeast Asians), premigration trauma coupled with possible postmigration obstacles may put some at risk for developing serious mental health problems	Family, religious, and community institutions • The structure and the interdependent nature of Asian American families foster intergenerational support and the good of the collective • Religious and community institutions may offer services that may facilitate adjustment for recent immigrants. These institutions may also foster a sense of belonging among its constituents	• Include biracial individuals into study of Asian American mental health

Table 1 (Continued)

Demographics	Challenges	Strengths	Recommendations
Asian Americans are highly concentrated in California, New York, and Hawaii. More than half of the Pacific Islanders live in Hawaii and California Education: 30% of AA and 10% of PI have a college degree vs. 17% national rate) Median household income: AA: $ 27,000; PI: $ 18,000; National: $ 25,000	Family conflict • Changes in roles may create conflict. Men may experience economic loss while women may play a greater role in being a provider for the family. • Some Asian American children may outmarry and this may create problems within the family • Parents may feel embarrassed for depending on their children to serve as cultural brokers	Ethnic identity • Ethnic identity may be related to positive mental health outcomes. Knowledge of one's ethnic group may produce a positive self identity. This, in turn, may contribute to positive well-being • Some have found ethnic identity to protect against discrimination. Ethnic identity has been found to be a protective factor when discrimination is perceived to be low, but not when it is perceived to be high (Yoo and Lee 2005)	

investigations, it is unclear whether the roles of these institutions are equivalent or if one institution may be more effective or efficient at promoting well-being than another. Possible mediating factors that may explain the relationship between such institutions and mental health also are unknown. Another promising approach would be to shift the focus in research from those who succumbed to the adverse influences of their sociocultural environment to also include those people who may have been exposed to these negative elements but, were able to resist these stressors or even develop greater strengths in response to them. For example, examining those who may have experienced discrimination but were able to deflect the negative consequences of such experiences may offer insights into hardy Asian American personalities, which may offer valuable information about mental well-being. It also is highly advisable to pursue research that systematically integrates cultural strengths into current health and mental health care practices for Asian Americans. Capitalizing on a group's cultural strengths may be a very promising alternative and more efficient way of developing culturally competent interventions. By its nature, the cultural strength approach guarantees that the approach will be culturally relevant and appropriate. Culturally competent care continues to be a major issue in heath and mental health sectors (Zane 2005). To date, few interventions have systematically used the cultural orientations discussed here as the basis for changing behaviors and attitudes of Asian American clients. The approach would need to withstand the usual empirical tests, but it appears to be a viable and potentially useful strategy to providing culturally informed or culturally nuanced health and mental health services and treatment. Lastly, given the rising numbers of interracial unions among Asian Americans, it is important to engage in more research on biracial individuals for several reasons. Research is needed to enhance understanding of adaptive functioning of and the mental health of this rapidly growing population in the United States. More importantly, biracial individuals are excellent exemplars of multicultural functioning so the study of Asian American biracial mental health can provide major insights into how individuals vary in their efforts to negotiate between and/or integrate their experiences and learning from diverse cultural frames. In view of the increasing complexity in the United States as a multicultural society, such processes need to be better understood.

Concluding Comments

Asian Americans encounter a significant number of challenges to their mental health and well-being, but they also possess resources, internal and external, that could potentially help them overcome these challenges. Clearly, some of these strengths (e.g., ethnic identity, social supports) have similar effects across cultures but the mediators or moderators of effects may differ among cultures. More examination of the strengths of Asian Americans as a group, particularly those individuals who seem to be quite proficient in these adaptive capacities, might shed some interesting information on how to overcome various psychosocial challenges as well as how to develop more culturally syntonic interventions and services.

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