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Asian-American Elderly: A Review Of The Quality Of Life And Social Service Needs

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This paper briefly reviews the historical, cultural, and socio-economic factors that affect and define the lives of Asian-American elderly. A close examination of the present quality of life of Asian-American Elderly is made to determine if there are differences between that population and other populations. This paper provides information about existing social services and a summary of culturally relevant social work intervention. In conclusion, the paper underscores the urgent need for additional data collection regarding the Asian-American elderly that will help guide appropriate policy decisions and social services for this neglected group.

Introduction

Even in the last two and a half decades of multi-ethnic consciousness which has led to the recognition of minority groups and subgroups in the United States, the elderly among Asian-Americans have received scant attention from social service agencies as well as from the government. Much research has been conducted on the Asian-American population itself but, again, very little on the elderly. This paper provides an overview of the factors affecting the quality of life of Asian-American elderly, the few services available to them, and the socio-cultural considerations that ought to be taken into account by social service providers and social workers if they wish to be effective service agents for this fast growing population.

Context of Neglect

The reasons for the neglect of Asian-American elderly are various, including the historical one of racial discrimination against Asian-Americans as a whole that goes back to the 1850s when Asians first began to immigrate to the United States (Miller, 1969; Barth, 1964; McWilliams, 1944). Asian-Americans often complain of their "invisibility" as an ethnic minority when it comes to public assistance and equal opportunities in education and employment (Beckett and Dungee-Anderson, 1992; Crystal, 1989; Commission on Civil Rights, 1975). Crystal (1989) suggests that when mainstream America occasionally takes notice of Asian-Americans as diligent, thrifty, and self-sufficient, it is often for ulterior political reasons: (a) as a proof against the existence of racism in the United States, since this ethnic minority has supposedly prospered in the American system; (b) as a way to condemn other minorities by contrasting them with such stereotypes as the "lazy" African-American, the native American "drunk", or the irresponsible Hispanic; or (c) as an argument for excluding them from federal funding and public assistance programs.

Seen in this light, the much publicized image of Asian-Americans as the "model minority" (O'Hare and Felt, 1991) that has "succeeded economically, socially, and educationally without resorting to political and violent confrontations with whites" (Shaefer, 1990) must be taken with extreme skepticism, for that is the story of only a small percentage of the Asian-American population. When President Ronald Reagan referred to Asian-Americans as "our exemplars of hope and inspiration" (Shaefer, 1990), he was either thinking only of the Asian-American elite (Beckett & Dungee-Anderson, 1992) or was engaging in a verbal gimmick to cover up the government's neglect of, and discriminations against, Asian-Americans (Crystal, 1989; Murase, 1978).

The median income of the Chinese male, for example, is the lowest in the country, and the proportion of Japanese-American elderly living below the poverty level is the highest among all ethnic groups. And yet Asian-Americans as a group receive the lowest average public assistance (Murase, 1978). Given this history of Asian-American neglect by the dominant society, it is neither surprising that there should be poor quality of life for the

vast majority of Asian-American elderly nor that little is being done to alleviate the problems of aging for the most vulnerable section of this minority population.

Aging and the Quality of Life for Asian-Americans in America

In 1980 there were 211,736 Asian-American elderly in the United States. In 1990, this figure more than doubled; 1990 Census shows that there about 454,458 Asian and Pacific Islanders in the age group of 65 and over (US Department of Commerce, Bureau of the Census, 1992). Recent studies highlight that the Asian-American population is the "fastest growing minority group" in America (Exter, 1992; Burr and Mutchler, 1993). Exter (1989) reports that the most rapid growth in this population will be specifically found among women aged 75 and over. The Asian American population over 75 is expected to increase by 325 percent for women and 173 percent for men from 1990 to 2010. Following Lum (1983), Beckett and Dungee-Anderson (1992:288) divide the Asian-American elderly population into the following categories:

1. retired single males, mainly Chinese and Filipino, who were denied marriage because of immigration restrictions;
2. elderly females, mainly Japanese, who entered the country as picture brides;
3. immigrants or Americans born during the early 1900s;
4. parents who accompanied their children to America from China, Taiwan, Korea, and the Philippines during the last two decades; and
5. persons who came to America in recent years with their families as a result of the Vietnamese and Cambodian wars.

Diversity among the Asian-American occurs through differences in country of origin (now over 30 countries), lack of a common language or religion, cultural values, and a very diverse socio-economic status (Browne and Broderick, 1994). Despite this diversity and the circumstances in their native countries that led them to migrate, such as political instability and persecution, overcrowding and poverty, and lack of economic and educational opportunities, this group of immigrants came to the United States

with certain common expectations, mainly economic advancement and a more comfortable life than they thought was possible in their home countries.

For most Asian-Americans, however, life in the United States, especially after retirement age, does not offer the quality of life they had expected. They face the same urban overcrowding in the United States from which they thought they had escaped; about 90 percent of Asian-Americans live in metropolitan areas. Those living in rural areas fare no better; 40 percent of them live below the poverty line (Beckett & Dungee-Anderson, 1992; Kim, 1983). Also, a very small percentage of the elite urban elderly live in households with incomes that are higher than many non-Hispanic white households. This tends to overshadow the increasing poverty rates, nearly double that of non-Hispanic whites (O'Hare and Felt, 1991), of the majority of the Asian-Americans. Hurh and Kim, (1989) aptly note that the "success" image of Asian-Americans appears primarily to be situational and a gross overgeneralization of that population within the United States.

Asian-American elderly retire later and generally put in more working hours when employed than do their counterparts of other ethnic groups including whites. Thirty percent of Asian-American elderly work after the age of 65, and 16 percent of those who are 75 and older continue to work (Beckett & Dungee-Anderson, 1992). Further, because nearly three-fourths of Asian-Americans over 65 years and older in 1980 were foreign-born, they have minimal or no social security retirement benefits. Only 64 percent received social security benefits in 1989 as compared to 92 percent of non-Hispanic whites, and the average benefits for Asian recipients was less (O'Hare & Felt, 1991). Stanley Sue (1980) has also shown that the proportion of the elderly poor in the Asian-American population is much higher than that of elderly African-Americans or Hispanic-Americans.

The consequences of changing one's domicile are unsettling for people of any age, but they can be devastating to the elderly. Like others in the general population, Asian-American elderly experience aging as "a cultural, behavioral, psychological, chronological, social, and biological process" (Beckett & Dungee-Anderson, 1992). But these multidimensional problems are further complicated and compounded for many Asian-American

elderly by their living in a condition of uprootedness. In addition to physical decline, as well as the loneliness and depression that often accompany the loss of friends and congenial surroundings, they experience a cultural vacuum which can lead to psychological problems.

The effects of impoverishment must be severe on the aging. Poor living conditions, inadequate nutrition, and hard work produce physical and emotional stress quite contrary to quality of life. Added to these are the social and personal pressures of starting life over in a new culture with a different language and unfamiliar surroundings, especially for refugees, and recent immigrants. In some cases, the strange, indifferent life in urban America has had a cruel impact. Mental illness is common, and the suicide rate among some Asian-American subgroups is three times the national average (Murase, 1978; Report of the San Francisco Chinese Community, 1969). The suicide rates rise sharply in some states such as California and Hawaii (Lester, 1992). However, admission records to social service agencies, emergency rooms and hospitals are not the best gauge of the magnitude of the problem, since such cultural attitudes as loyalty to family and sensitivity to shame among most Asian-American communities lead to dramatic under-utilization of mental health services (Browne and Broderick, 1994; Crystal, 1989).

What Asian-American elderly find most disturbing is the loss of traditional cultural values of the family they had in their native countries (Browne and Broderick, 1994). The extended families and close associations which they nurtured for mutual support are largely absent in the United States, and here, even the members of the immediate family tend to become independent of one another. Increased mobility and the contingencies of the American economic system promote independence and living apart. With the break of close ties comes the loss of the father's position as the patriarch and the mother's position as the emotional center of the family. This loss of authority and respect is more painful when the aging parents realize and blame their own inability to function in the new society. They are locked into a double-bind, where the generational gap between them and their children and grandchildren is exacerbated by the ethnic and cultural marginality of their lives in this country. Typically, tensions regarding their

marginal status arise with the older and younger generations pulling in opposite directions.

The problems of aging for Asian-American elderly, such as ill health and poverty, are much the same as those experienced by the general population living in inner city neighborhoods. However, these problems are compounded by the experience of social and cultural displacement which severely affect their physical, emotional, and psychological well-being (Browne and Broderick, 1994). Lack of data on the Asian-American and particularly the elderly is obvious from the literature (Lee, 1994). Lee points out that only recently has there been an attempt by the United States Bureau of the Census to publish additional data on the Asian-American population (1994). However, a lack of data often leads to a lack of social services designed to provide assistance to this special population. The present services may suffice should they become more sensitive to the problems listed above.

Existing Social Services for the Asian-American Elderly

The largest and best known social service agency for the Asian-American elderly is the Asian Human Care Center (AHCC) in Los Angeles, started in 1986 by the Synod of Southern California and the Hawaii Presbyterian Church (Tsukahira, 1988). It provides a host of services but concentrates mainly on providing information about the existing network of social services that the elderly can use, and teaching English to new immigrants and refugees. AHCC's "The Senior Empowerment Project: A Training and Awareness Program for Care Givers" has become a source of information not only for Asian families in the West who wish to learn about social service agencies but also for other agencies that are interested in providing care to Asian elderly. The AHCC has a videotape containing basic information on a variety of subjects aimed at Asian "senior empowerment." It also contains interviews with a home-health care consultant, and immigration attorney, a tenants' rights lawyer, and other service professionals. To ensure that the information reaches its multilingual and cultural target population, the videotape has been translated into several Asian languages (Tsukahira, 1988).

Besides English classes, AHCC's other programs include health screening, advice on Medicare, Medicaid, and in-home care, as well as an assortment of social activities to dispel boredom and loneliness. The positive response to AHCC's programs in Los Angeles should encourage the opening of similar centers in other major cities with large Asian populations.

The majority of the services currently available for Asian-American elderly, including those of AHCC, emphasizes dissemination of information on the utilization of existing service systems and methods. The aim is to bring the elderly and the services together. Important as that is, it is only the first step. The next step is the most crucial: to tailor the programs and modify the content and method of existing services, if necessary, to successfully address the particular needs of the target population. We believe there has been more theorizing than practice about culturally sensitive services for Asian-American elderly. To address this discrepancy, specific recommendations for practice with Asian-American elderly are presented in this article.

Suggestions and Recommendations

More than a decade and a half ago Murase (1978) outlined a set of principles which still apply for making social services culturally relevant to Asian-American communities. Among her suggestions are the following: immediately accessible service delivery site within the community itself; involvement of the community in decision making; employment of bilingual and bicultural staff; utilization of existing indigenous care/support system, including churches, associations, hometown clubs, and professional caretakers in the community; and intervention methods specific to Asians, such as (a) "actively supportive, directive, and highly personalized relationships" between not only the social worker and the client but also with the family unit; (b) flexibility in schedules, and establishing informality to obtain full and free communication; (c) differentiating "'cultural paranoia' from real pathology, cultural resistance from depressive withdrawal, traditional family needs from abnormal dependency needs"; and (d) recognizing the importance of a culturally familiar Asian milieu for those undergoing loneliness and alienation (pp. 46-7).

Because inability to speak English is a major barrier to the social and cultural adjustment of Asian-American elderly, some organizations are experimenting with innovative ways of teaching English as Second Language (ESL). Project LEIF (Learning English through Intergenerational Friendship) of Philadelphia brings together college-age tutors and elderly Asians on the one hand, and retired native speakers of English and young refugees on the other, in both community and private settings (Grognet, 1989).

Grognet's (1989) ESL teaching strategies closely reflect Murase's principles of client involvement. The first step, according to her, is to eliminate "affective barriers" to learning or removing from both the tutor's and the learner's minds the idea that adults are poor language learners. Grognet offers a theory of adult learning called *andragogy*, which entails that learning occurs easily and effectively when what is being learned is directly related to the learner's everyday needs and experiences. For example, while young learners approach arithmetic as a subject, adults learn it not as arithmetic but as additions and subtractions to keep a check book. Language learning, in other words, occurs best when it is related to fulfilling the learner's personal, social and cultural needs. For this to happen learners must be consulted about their goals and needs. In California and Washington, D.C., for instance, women learn English around their household chores such as baby sitting, cooking and sewing.

Like others, Grognet points out the connection between mental problems and inability of Asian refugees and new immigrants to function in the English language. Unable to express themselves or to communicate with others their traumatic experience of war, torture, rape, and death of loved ones, they go into depression and develop psychosomatic conditions. Hence the importance of effective and easily accessible ESL programs.

Two other services that can greatly alleviate the mental and emotional problems of the Asian-American elderly have to do with health care and companionship. Many Asian-American elderly have greater faith in traditional folk therapy than in modern medicine. The combined use of indigenous treatment and western medication will create the right psychological condition for recov-

ery. As for companionship, social policies and service programs should facilitate the sharing of homes and mutual interdependence among those living alone. This can be done by modifying existing policies that discourage such relationships by reducing the benefits of persons living with friends and family (Kim, 1983).

As indicated before, the lack of data on the Asian-American population and more specifically the aged is indicative of a general lack of professional awareness. Although the United State's Census has begun to collect more Asian-American sensitive data very recently, further effort can be made. The Inter-university Consortium for Political and Social Research (ICPSR), a clearing house for data sets, can begin to collect and publish more data sets specific to this population. Additionally, the General Social Survey (GSS) may include more specific questions to distinguish respondent's race instead of categorizing race into the three present categories of white, black or other. The current format of GSS data collected and the overall lack of data inhibits the ability of scholars to conduct research useful to this particular population. Once useful data collection takes place the myths and overgeneralization of populations, such as the model minority, may be dispelled or indeed even supported. Until then, little substantial empirical knowledge can be acquired.

Conclusion

Researchers on Asian-American communities and social workers familiar with their problems agree on the pressing need to pay attention to the welfare of this diverse, fast-growing minority group. But, as David Crystal has noted, if one were to go by degrees of need, "the plight of the Asian elderly deserves first priority" (1989). The rate of growth of the Asian-American elderly is stunning. The special needs of any population, Asian-American elderly included, must be met adequately in this culturally diverse country. Present data collection methods can be improved quite easily to distinguish differences in populations. Failure to collect and analyze data on any special population is to figuratively turn one's back on those people's needs. Even those social service agencies that attempt to reach out with a lot of

zeal and vigor may miss the mark due to misunderstanding and inadequate information.

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