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ASIAN AND CAUCASIAN AMERICANS' PERCEPTION OF COUNSELING: ACCULTURATION AND DIRECTIVENESS

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ABSTRACT

ASIAN AND CAUCASIAN AMERICANS' PERCEPTION OF COUNSELING: ACCULTURATION AND DIRECTIVENESS

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A 2 X 2 X 2 (Counselor Race X Participant Race X Counseling Approach) analogue factorial study was conducted to test the following relationships: participants' perception of counselors' effectiveness as a function of counselor-participant race, preference for an ethnically similar counselor as a function of the extent of acculturation among Asian Americans, and preference for directive or non-directive counseling counseling approaches by Asian Americans and Caucasian Americans. Results based on reponses of 62 Caucasian students and 44 Asian American students showed that regardless of the race of participants, all participants rated the Asian counselor as more effective. Both groups of participants also rated the counselor who utilized a directive counseling approach as more effective. The extent of acculturation of Asian Americans correlated with their perception of the Caucasian counselor's effectiveness, but not with their extent of preference for seeing the Caucasian counselor.

Dedication

This Master thesis is dedicated to my loving parents, Mr. Chan Yuk Biu, who hardly finished his primary education, and Mrs. Chan Chiu Pik Yuk, who did not complete her secondary education because of the war and economic hardships in their earlier years. They have impressed upon me the importance of hardworking in striving for success by their life examples. Their incessant emotional and financial support from the other side of the globe, Hong Kong have tremendously helped me in finishing this work.

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Introduction

With the increasing number of ethnic minorities in the US and the mounting demands for counseling services in the last few decades, racial similarity or difference between counselors and clients becomes an important variable in the counseling process and outcome. One of the ethnic groups that infrequently appears in articles in mental health professional journals, and yet constitutes the fastest growing minority in the US to date, is the Asian American. According to the 1980 U.S. Census report, there were 3.5 million Asian Americans, that is, 1.5% of the total U.S. population of 226.5 million as of April 1, 1980. It is the third largest minority group after Blacks (26.5 million and 11.7% of the total) and Hispanics (14.6 million, 6.4% of the total). Currently, Asian Americans account for about 2.1% (i.e., 5.1 million) of the total U.S. population, and the percentage is rapidly increasing. The almost 50% increase of Asian Americans in this decade reaffirms the fact that the Asian American is the fastest growing minority in the U.S. Researchers projected that unless there is a substantial change in the existing U.S. immigration law (e.g., the U.S.'s policy to admit 25,000 S. E. Asian refugees per year over the next few years), Asian Americans could increase to a total of 9.9 million by the year 2000, and approach 4% of the U.S. population (Gardner, Robey, & Smith, 1985). Thus, it seems important to investigate whether the existing mental health system provides services that meet the needs of this particular fast growing ethnic group. Not until

the early 1970's did empirical studies investigate the process and outcome of inter-racial counseling involving Asian Americans. More research with the Asian American in the context of mental health is long overdue.

Proponents of Intra-cultural counseling

As yet there is no conclusive agreement among researchers as to how ethnic similarity or discrepancy in the client-counselor relationship affects the process and outcome of counseling. Proponents of intra-cultural counseling argue that counselors who are ethnically similar to their clients are more capable of understanding their clients' problems, of serving as clients' role model, and of resolving their clients' problems. They base their argument on the theory of social influence (Simons, Berkowitz & Moyer, 1970; Strong, 1968). This theory proposed that the most important elements in maintaining constructive counseling relationship are source (counselor) credibility, attractiveness, and influence. More importantly, these essential factors in successful counseling are seen to be a function of similarity between the source (counselor) and the receiver (client). Furlong, Atkinson and Casas (1979) also cited various empirical studies that suggest that there are obstacles to effective counseling involving Caucasian counselors and minority clients. For example, minority participants express greater

preference for an ethnically similar counselor because they feel the counselor would understand them more, and would therefore be more able to help them to explore different issues. Therefore, it seems reasonable to hypothesize that an ethnic minority client will prefer a counselor who is ethnically similar over one who is ethnically dissimilar, and the counseling outcome for such an intra-racial dyad is presumably more effective.

Proponents of cross-cultural counseling

Proponents of cross-cultural counseling, on the other hand, argue the opposite. They contend that counselors can be trained to be culturally-sensitive enough so that cultural differences can be overcome just as other differences must be transcended (e.g. religious, gender, and socioeconomic) between themselves and their clients (Atkinson, 1983). Atkinson, Mortensen and Sue (1978) cited studies on minority counselor - majority client dyads which suggest that clients may find it easier to share information that is regarded as socially unacceptable or embarassing. Thus, self-disclosure of certain materials is enhanced. Clients who are disenchanted with the existing Establishment may also prefer a minority counselor, whom they perceived as more qualified to deal with their feeling of being oppressed, and see such counselors as less likely to let secrets filter back into the client's community. In addition, another study (Jackson, 1973) indicates that such an inter-cultural dyad

lessens the tendency for the client to view the counselor as omniscient, and therefore help that client to become more motivated to explore conflicts. Other benefits of inter-cultural counseling include: potential for cultural learning by both the client and the counselor, increased need for the counselor and the client to focus on their own processing, and potential for dealing with culturally dissonant components of the client's problem. Furthermore, proponents of inter-cultural counseling postulate that while cultural and ethnic differences constitute unique differences for both the client and the counselor, experiences as human beings are remarkably similar -- that "we are more alike than different" (Atkinson, Morten & Sue, 1979).

mpirical studies of minority clients' racial preference for counselors

Empirical studies of minority clients' racial preference for couselors have focused primarily on American Blacks. In particular, Black clients' preference for White counselors has been explored (Abramowitz & Murray, 1983; Atkinson, 1983; Hall & Malony, 1983; Sattler, 1977). Although there has been a somewhat consistent preference by Black participants for counselors of their own ethnic group, results obtained are hardly conclusive. Surveying the literature extensively, Abramowitz and Murray (1985) reported results based on 10 analogue studies. These findings suggest that, "the therapist's race is for the most part

not a significant variable in affecting the client's performance and reaction .... The position that Blacks prefer to be counseled only by Black or White therapists does not hold" (Sattler, 1977, p.236). However, other reviewers contended that such a definite conclusion is not warranted. Another reviewer, E. E. Jones (1978) regarded that the therapist's race and experience were both found to be of primary importance. Responding to Sattler's (1977) conclusion, Jones pointed out that three negative findings (i.e., therapist's race is not a factor in influencing outcome) were not mentioned in Sattler's review. Jones further inferred that "the preponderance of the studies indicate that Blacks respond more favorably to Black counselors than to White counselors" (p.227). Substantiating such a position further, Griffith and Jones (1979) observed that "the results of analogue studies concerning Black-White interactions in interviews simulating counseling situations support the conclusion that the White-Black patient interactions are frequently ineffective" (Abramowitz and Murray, 1985, p.229).

Similar controversy exists in regard to data collected from field research. After reviewing 10 field studies of the impact of race on therapeutic outcome, Sattler (1977) stated that all but one study supported the conclusion that "Black clients report that they have benefitted from treatment received from White therapists, who have used, so far as can be determined, traditional forms of therapy" (p.271). Countering such a standpoint, both E. E.Jones (1978) and Griffith and Jones (1979) stated that although the naturalistic research produces somewhat less evidence of racial effects on outcome than the analogue data, they maintained that the direction was still positive

(i,e., therapist's race constitutes a significant influence on the outcome). Some researchers contended that these divergent viewpoints on the subject may be related to the reviewers' race. That is, Sattler (1977), a White reviewer, saw little evidence that Blacks get less effective therapy with Whites; whereas, Griffith and Jones (1979), both Black reviewers, found ample evidence that this is in fact so. A more moderate viewpoint regarded that "in all likelihood the empirical "truth" lies somewhat in between the [two] polarized positions" (Abramowitz and Murray, 1985).

More research needs to be done in order to delineate whether these findings can be applied to another ethnic minority group on which the present investigation is focusing -- the Asian American. Based on the few relevant studies with Asian Americans, no obvious pattern of preference for ethnic counselors can be inferred. For instance, Atkinson, Maruyama, and Matsui (1978) found that although Asian American university students see Asian American counselors as more credible and approachable than Caucasian American counselors, Asian American subjects recruited from the Young Buddist Association in the same study view both types of counselors as equally credible and approachable. Atkinson, Ponterotto and Sanchez (1984) also found that Vietnamese refugees in the United States have no consistent preference for racially similar counselors. These inconsistent findings prompt the present researcher to elucidate further Asian American and Caucasian American students' perception of counselors' effectiveness and preference of counselors' race.

A number of reseachers believe that ethnic group membership does not predict clients' race preference of counselors. Rather, it is within-group differences such as the extent of racial/cultural identity attitudes that account for minorities' race preference of counselors. Cross's (1971) racial identity model epitomizes such a within-group difference among Blacks, and it serves as a theoretical base for later empirical research in predicting counselor's race preference by Blacks.

Racial Identity Models

According to Cross (1971), there were five different progressive stages of racial identity that describe the "Negro-to-Black Conversion" experience, especially in a primarily racist and oppressive society. The five stages are: the pre-encounter (pre-discovery) stage; the encounter stage (discovery stage); the immersion-emersion stage; the internalization stage; and the commitment stage. In the pre-encounter stage, Black people are conditioned to view and think of the world as being non-Black, or anti-Black. Their world-view is dominated by Euro-American determinants. Blackness is degraded. People at this stage carry a historical perspective that distorts Black history. For example, they believe that Black people came from an uncivilized, "dark" continent, and Black history did not start until 1885 when Blacks were in touch

with the White society during the period of slavery in America. Moreover, Black people in this stage are highly dependent on White leadership. They think that the assimilation-integretion paradigm is the only model for cohesive race relations. They regard that they must subscribe to the "White-Anglo-Saxon-Protestant" characteristics in order to be identified as Americans. White are seen as intellectually superior and technically mystical. Preencounter Black people typically distrust Black-controlled businesses or organizations, and prefer to be called "Negro," "civilized," "colored," "human being," or "American citizen."

In the encounter stage, Black people "encounter" some experiences that "manage to reflect or even shatter their current feelings about themselves and their intepretation of the condition of Blacks in America." Guilt plays an important role in that middle-class people feel guilty for degrading their Blackness. They become increasingly angry as they realize that they have been "programmed" or led to believe in White supremacy. They now regard Whites as their vicious enemy. Blacks in this stage are "frantic, determined, oppressive , and extremely motivated in searching for Black identity."

In the immersion-emersion stage, "Blacks immerse themselves into the world of Blackness." Anything of value must be Black or relevant to Blackness. The immersion is described as strong, powerful, dominating sensation constantly fueled by Black rage, guilt, and a developed sense of pride. Blacks in this stage accept their hair, skin color, and their very being as "beautiful." They consider their Blackness as pure and

acceptable. They love Black literature. The word "Negro" is dropped, and they become Afro-Americans, Blacks, Black Americans, or even Africans. At the same time, they tend to "turn inward and withdrawn from anything perceived as being or representing the White world." Carried to the extreme, the impulse is to confront White people, generally the police, on a life-or-death basis. As the immersion period dominates individuals, they begin to gain awareness and control of their behavior during the emersion phase. In this second phase of the third stage, Blacks alter their mindset from the dead-end, either/or racist, oversimplified aspects of the immersion experience. They begin to discard or seriously question the simplistic component of the "Black is beautiful" philosophy, especially the tendency toward reverse racism. Whites are humanized, and are recognized as equal to Black people at birth. Black rage is synthesized with reason. Blacks in this phase are more receptive to the critical analysis of the Afro-American condition from a cultural, political and socioeconomic perspective. They are more willing to focus on transformation of the Black life-styles if necessary. When control and awareness predominate, the person is progressing into the fourth stage.

In the internalization stage, Blacks achieve a feeling of inner security and are more satisfied with themselves. They become "nice" Black people with Afro-hairstyles and an attachment to Black things. However, the feeling of "Black is beautiful" is an end in itself rather than the source of motivation for improving one's skills for a deeper understanding of the Black condition.

In the final stage, the internalization-commitment stage, the major difference from the previous stage is that individuals are committed to a plan in actively trying to change their communities. They are going beyond rhetoric and into action, and they define change in terms of the masses of Black people, rather than the advancement of a few. Moreover, they have compassion toward people who have not completed the process. They watch over "new results," helping them to conquer reactionary White hatred. They also understand and accept the necessity of all phases of the "Negro-to-Black" conversion.

Based on this theoretical model of Black's progressive racial identity, Parhem and Helms (1981) attempted to correlate the racial identity stage and the racial preference for a counselor. Results validate Cross's racial identity model in that Blacks who are in the pre-encounter stage, which is characterized by denigration/denial of "blackness" and idealization/identification of "whiteness" demonstrate preference for White counselors. On the other hand, Blacks who are in the encounter or immersion-emersion stage, which is characterized by idealization of "blackness" and denigration/rejection of "whiteness," demonstrate preference for Black counselors. These authors suggested that "as the Black person becomes more comfortable with his or her racial identity, the race of counselor per se becomes a less crucial variable."

Consistent with Parham & Helms' findings, Pomales et al. (1986) reported that the different developmental stages in Cross's racial identity model influence Black students' perception of White counselors' cultural sensitivity.

Jackson's Black Identity Model

A similar model was formulated independently at almost the same time as the Black's model. Jackson (1975) identifies a four-stage process in the racial identity development of Blacks. In stage one -- passive acceptance -- the Black person accepts and conforms to the White social, cutural and institutional standards. In stage two -- active resistent -- the Black person rejects all that is White, and attempts to distance himself away from all white influences upon his/her life. In stage three -- redirection -- the Black person no longer admires or despises the White culture, but rather considers it irrelevant to the Black culture. In stage four -- internalization -- the Black person acknowledges and appreciates the uniqueness of the Black culture, and begins to accept and reject various aspects of the American culture based on their own merits.

Minority Identity Development Model

While Cross (1975) and Jackson (1977) address the ethnic identity development of Blacks, another racial identity model that pertain not only to the Blacks was developed for different minority groups who experience oppression from the dominant culture. Atkinson, Mortensen and Sue (1979) proposed that

oppressed groups experience changes in attitude toward themselves, their own minority groups, other minority groups, and members of the dominant culture as a result of oppression. Hence, a five-stage identity model was devised to describe the continous process of identity development under oppression as minorities struggle to understand themselves. Authors of the Minority Identity Development Model also stated that not all minority individuals experience the entire range of these stages in their lifetime. Nor is the developmental process to be interpreted as irreversible. They believed that minority individuals are raised by parents functioning at level five (see below), but in the process of searching for their own identity, they often move from level five to one of the lower levels. Moreover, it does not appear that lower levels of development are necessary prerequiste to behaving at higher levels.

Specifically, in stage one -- the conformity stage -- similar to the passive acceptance stage of Jackson's model, minority individuals are distinguished by their preference for the dominant culture over their own. The physical characteristics and/or cultural characteristics which constitute them as the minority are a source of pain, and are either viewed with disdain or are repressed from consciousness. In stage two -- the dissonance stage -- minority individuals are characterized by cultural conformity and conflict. They begin to encounter information and/or experience that are inconsistent with their previous accepted values, and therefore their own beliefs, acquired in the conformity stage, are challeged. In stage three -- the resistance and immersion stage -- similar to the immersion and emersion stage of the Black's model and the active resistance

stage of the Jackson's model, minority individuals completely endorse the minority point of view, and reject those of the majority. They are motivated to eliminate oppression from the dominant culture. In stage four -- the introspection stage -- similar to the internalization stage of Jackson's model, minority individuals direct attention to the notion of greater individual autonomy, and despise the rigidly held position in the resistance and immersion stage. In the last stage -- the synergetic articulation and awareness stage -- individuals experience a sense of self-fulfillment with regard to cultural identity. There is an absence of conflicts and discomforts experienced in the previous stage. They enjoy more individual control and flexibility, and are more objective in examining and accepting or rejecting values of other minorities and those of the dominant group. They are also committed to eliminating all forms of oppression. A summary of the different stages of the Minority Identity Development Model in terms of how minority individuals view themselves, others of the same minority, others of different minority, and the dominant group is presented in Table 1.

Table 1: Minority Development Identity Model

Stages of Minority Development Model	Attitude toward self	Attitude toward others of the same minority	Attitude toward others of different minority	Attitude toward dominant group
Stage 1 Conformity	self-depreciating	group depreciating	discriminatory	group-appreciating
Stage 2 Dissonance	conflict between self-depreciating and appreciating	conflict between group-depreciating and group-appreciating	conflict between dominantly held view of minority hierarchy and feelings of shared experience	conflict between group appreciating and group depreciating
Stage 3 Resistance and Immersion	self appreciating	group-appreciating	conflict between feelings of empathy for other minority experiences and feelings of culturocentrism	group-depreciating
Stage 4 Introspection	concern with basis of self-appreciation	concern with nature of unequivocal appreciation	concern with ethnocentric basis for judging others	concern with the basis of group depreciation
Stage 5 Synergetic Articulation	self-appreciating	group-appreciating	group appreciating	selective appreciation

and Awareness

Source: Atkinson, Morten and Sue (1979)

Although all these identity models are in their exploratory stage of development, and are yet to be empirically demonstrated with more research, these formulations of racial identity stages of minorities undoubtedly provide valuable paradigms for counselors to understand minority clients' attitudes and behaviors. Particularly relevant to the present research, all these ethnic identity models unequivocally agree on the heterogeneity existing within each particular ethnic group. Each minority group should no longer be viewed as a homogenous whole, and individual differences in their identity stages may eventually determine certain preferences of the counselor's race and the perceived counselor's effectiveness.

The Role of Acculturation in Counselor's Race Preference

The level of acculturation is another way to conceptualize the different stages of ethnic identity of minorities. Reviewing the literature on this topic, Suinn et al. (1985) indicated that the level of acculturation has been found to be associated with the pattern of conflicts resolution (Kagan, Zahn & Gearly, 1977), clinical symptomatology (Arce, 1982), personality characteristics (Sue & Kirk, 1972), utilization of psychotherapy resources (Szapocznik, Santisteben, Kurtines, Hervis & Spencer, 1982), dropout from treatment (Miranda, Andujo, Acballero, Guerro, & Ramos, 1976),

and educational achievement (Pacilla, 1980). More importantly, the factor acculturation plays a significant role in planning treatment intervention for Asian Americans. For instance, Sue (1981) demonstrated that the appropriateness of various treatment philosophy is a function of the level of acculturation of the client. Sue provided a systematic analysis showing the relationship among acculturation level, client expectation, and therapist/therapy characteristics. Consistent with these postulations, Suinn et al. (1985) cited Gaws (1982) that "acculturation level is an important consideration in psychiatric decisions as it affects the nature of symptoms and presenting complaints, the patient's understanding of the origins of symptoms, and the family's reaction to therapy" (p.3-4).

Another study that investigates Mexican-Americans also indicates that preference of counselor's race is a function of the extent of acculturation to the dominant culture. Sanchez and Atkinson (1983) found that students with a strong commitment to the Mexican-American culture and less commitment to the Anglo-American culture expressed the greatest preference for Mexican-American counselors.

In light of the important role of the acculturation process of Asian American clients in counseling and in responding to numerous researchers' suggestion (Atkinson, 1985; Casas, 1985; Parham & Helms, 1981) that studies on client preference for counselor ethnicity should incorporate within-group differences, the present study also attempts to investigate preferences of counselors' race by Asian Americans as a function of the extent of acculturation to the mainstream American culture. Acculturation here is defined as

the degree to which Asian Americans are identified with and integrated into the white majority culture. It is measured multidimensionally by assessing the language ability, the self-identity designation, the friendship choice, the cultural behavior, the generation/geographic history, and the general acculturation attitude of Asian Americans.

The Underutilization of Mental Health Facilities by Asian Americans

In addition, the present study attempts to investigate the potential causes of both the underutilization of mental health facilities and the exceptionally high dropout rate during the counseling process with Asian Americans in the US (Brown et al., 1973; Hatanaka, Watanabe, & Ono, 1975; Kimmich, 1960; Kitano, 1967; 1969a; Mochizuki, cited in Uba, 1982; D. W. Sue & Kirk, 1974, 1975; Sue & McKinney, 1975; S. Sue & D. W. Sue, 1974; Yamamoto, James, & Palley, 1969). One of the dominant hypotheses in explaining such a high dropout rate relates to the counseling strategy used by traditional counseling services. Researchers contend that Asian American clients experience cultural conflicts during counseling sessions where the "majority" counselor uses affective, reflective and ambigous counseling approaches (Atkinson, Maruyama & Matsui, 1978). Since Asian American children from traditional families are taught to hide their feelings, to restrain potentially disruptive emotions, and to follow concrete suggestions by authoritative figures, they develop an expectation that the counselor should be an authority figure prescribing more definite and clear-cut

solutions to their problems while they assume a more passive and dependent role (Fukuhara, 1973; Higgnbotham, 1977; Yuen & Tinsley, 1981). This is consistent with another set of findings about Asian Americans' personality. Sue and Kirk (1972) found that "with respect to a stylistic measure of perception, they [Asian Americans] appear to dislike uncertainty, ambiguity, and novel experiential situation in favor of more straightforward ones." Hence, their expectations about counseling are in conflict with counselors who use non-directive and exploratory methods. This leads to premature termination of the counseling process. In order to validate such a hypothesis, a partial replication of Atkinson et al.'s (1978) study is incorporated in the design of this study.

These phenomena, which characterize Asian Americans' utilization of mental health facilities, have been widely documented in the empirical literature. For instance, based on a multiethnic sample in Hawaii, Kinzie and Tseng (1983) concluded that psychiatric clinic utilization "was highly related to ethnicity, with Caucasians highly over-represented in proportion to the population, and other [Asian] groups, especially Japanese, being greatly under- represented." Table 2 shows the unproportional representation of the ethnic distribution of the clinic population.

Table 2: Ethnic Distribution of a clinic population in Hawaii

Ethnic Group (1972-1973)	Clinic Population (1970)		Honolulu Population	
	N	%	N	%
Caucasians	233	56.6	110,097	33.9
Hawaiians	44	10.7	25,636	7.9
Japanese	43	10.5	109,489	33.7
Chinese	15	3.6	35,639	11.0
Filipino	12	2.9	29,481	9.1
Other and Mixed	64	15.6	14,529	4.4
Total	411			

$X^2 = 266.36$ (Yates correction) df = 5 $p < .001$

Source : Kinzie and Tseng (1983)

These data are comparable to an earlier set of data released from the State of Hawaii (1970, 1978). Table 3 shows the ethnic distribution of mental patients and of the state's population. All Asian groups exhibited lower rates of admission than expected from their proportions in the population.

Table 3: Ethnic Distribution of a mental hospital population in Hawaii

	First Admissions (1969-1970)		Population 1970	
Group	Percent	Number	Percent	Number
Caucasian	48.5	346	39.2	301,429
Japanese	15.0	107	28.3	217,669
Filipino	8.0	57	12.4	95,354
Hawaiian	.6	4	9.3	71,274
Chinese	1.5	11	6.8	52,375
Korean	-	-	1.3	9,625
Black	-	-	1.0	7,517
Indian	-	-	.2	1,216
Other	26.4	189	1.6	12,100
Total	100	714	100	768,559

Source : Based on information from State of Hawaii (1970,

1978). Hospital data for Korean, Black, and Indian groups were not available.

Similar findings were reported in another study that was carried out in another geographic area. After surveying 13,450 patients seen at 17 community health facilities in Seattle, Washington, Sue and McKinney (1975) concluded that "the 3 largest Asian American groups were found to represent only .6% of the patients, while they represented 2.38% of the population within the catchment areas of the facilities ($X^2 = 18.08$, df = 1, $p < .001$).

Some researchers might argue that the low utilization of mental health facilities by Asian Americans represents better psychological health among them. They support their argument with stereotypes of Asian Americans that they are all hardworking, good citizens, a model minority, socially mobile, and better educated, and therefore require less usage of psychiatric facilities. However, it is highly unlikely that epidemiologists would regard the utilization rate as a valid indicator of low rates of psychopathology among Asian Americans, particularly when subcultural values, hospital policies, and the perception of facilities' helpfulness often influence the utilization of psychiatric facilities. For instance, an atypical utilization rate of an Asian American Counseling and Referral Service in Seattle by Asian Americans was reported. This agency has in one year seen nearly the same number of Asian patients as did the 17 community mental health facilities combined over a period of three years.

Researchers attributed the greater responsiveness of Asians to the widespread publicity, the use of bilingual therapists, and the ability of the therapist to understand the needs and lifestyle of Asians in the community in this agency (Sue & McKinney, 1975). Thus, it is deceptive to view the utilization rate of the 17 community mental facilities by Asian Americans as epidemiological data.

Moreover, a number of studies have shown that Asian Americans who do utilize mental health facilites exhibit unproportionally greater severity. For example, Sue & McKinnney (1975) reported that Asians had a higher proportion of individual with a diagnoisis of psychosis than their Caucasian counterparts, that is, 22.4% of the Asian sample versus 12.7% of the Caucasian sample (n=101) in the 17 community mental health facilities surveyed ($X^2 = 4.38$, df = 1, $p < .05$). This would suggest that only the most disturbed Asian Americans sought treatment; those with milder disorders failed to utilize or under-utilize the mental health facilities.

Research on the Asian college student population reflects consistent findings. After comparing the Minnesota Multiphasic Personality Inventory (MMPI) records of Chinese and Japanese college students with non-Asian students at a West coast university psychiatric clinic, Sue and Sue (1974) concluded that Asian students exhibited significantly greater proportions of clinical elevations and more psychotic profiles. Although there were similar patterns in the MMPI profiles between the two groups, Asian students tended to exhibit greater severity when pathology was evidenced.

Kinzie and Tseng (1983) also provided data that indicated that Caucasian psychiatric patients manifest less psychological disturbance than that of the Asian psychiatric patients. As indicated in Table 5, Caucasian patients have a high percentage of neurotic diagnoses and less schizophrenia, while the Japanese have a high percentage with schizophrenia and less neurotic diagnoses.

Table 4: Major Diagnosis of Different Ethnic Groups

Ethnic group	Major Diagnosis: Schizophrenia N	Schizophrenia %	Neurosis N	Neurosis %	Situational Reaction N	Situational Reaction %
Caucasian (233)	50	21	99	42	37	16
Hawaiian (44)	18	41	17	39	5	11
Japanese (43)	20	46	10	23	5	12
Other (91)	34	37	27	30	13	14
Total	122	30	153	37	60	15

$\chi^2 = 18.85$ df = 6 $p < .01$

Source : Kinzie and Tseng (1983)

Several studies also contended that low utilization rates of university psychiatric services do not imply superiority in psychological adjustment for Asian college students. Asian American college students on both the West and the East coast were found to experience racial isolation. In particular, Asian students on the West coast tended to exhibit attitudes and behaviors that characterized socially alienated individuals as they expressed greater feelings of loneliness, isolation, and anxiety than the general student population (Minatoya, 1973; D. W. Sue & Kirk, 1972, 1973).

Thus, rather than reflecting the accurate epidemiology of Asian Americans' mental health, the utilization rate of psychiatric facilities in fact underestimates the prevalence of mental problems of Asian Americans (Sue & Sue, 1974; Sue & McKinney, 1975). The argument that Asian Americans utilize psychiatric facilities less because they are "psychologically healthier" should be refuted.

Sue and McKinney (1975) also reported that the dropout rate was generally significantly higher for Asian American (52%) than white Americans (29.8) ($X.^2 = 20.99$, df = 1, $p < .001$). Moreover, Asian Americans received significantly fewer therapy sessions (M = 2.35) than white Americans (M = 7.78), not counting the initial intake interview ($t = 4.37$, df = 12.88, $p < .001$). Researchers did not find evidence of different treatment for differnt ethnic groups. Not only do Asian American clients have a higher dropout

rate from therapy, but it was also found that they received less intensive psychotherapy, a phenonmenon similar to the experience of clients coming from low socioeconomic backgrounds (Yamamoto, James and Palley, 1968).

Consistent with these findings, Lee and Mixson (1985) reported similar results based on a sample of 73 Asian American clients at a California university. They reported that Asian American clients tended to receive fewer therapy sessions (M = 3.49) than did white clients (M = 5.88), despite expression of similar concerns by both groups.

A number of researchers have noted the scarcity of empirical studies on the therapy process with Asian Americans. According to a recent comprehensive review article by Leong (1986), only one published which examined ethnic similarity and matching pertaining to Asian Americans in the therapeutic situation was reported in the psychological literature. The present study aims at delineating further the unique therapeutic process with Asian American clients.

Since the present study is designed to partially replicate Atkinson et al's (1978) study, a similar analogue experimental design is employed. Essentially, participants are asked to rate the effectiveness of a counselor after listening to a simulation of a therapy session carried out by that counselor. When interpreting the result of this study, one should note that participants' ratings of their perception of a counselor's effectiveness based on an audiotape is somewhat different from a situation in which a client actually sits down with a counselor in a real counseling

session, and then evaluate the effectiveness of the counselor.

Uniqueness of the study

In spite of this limitation, the present study differs in three respects when compared to Atkinson et al.'s (1978) study. First, in terms of the sample composition, Asian American subjects from the Midwest region are recruited for the first time to participate in a similar type of study. As a result, findings of this study will elucidate the generalizability of results from previous studies on Asian American participants, which were mostly carried out on the West Coast. Second, this research attempts to study how the process of the acculturation of Asian Americans influences their counselors' race preference. Specifically, this study attempts to answer: Does the extent of acculturation of Asian American students affect their extent of preference of counselor's race? If so, in what direction. Third, this study attempts to look at the effectiveness of Asian minority counselors as perceived by Caucasian American students.

Hypotheses

1) Based on the theory of social influence which emphasizes the importance of similarity between the source (the counselor) and the receiver (the client) in maintaining constructive counseling relationships, it is hypothesized that counselors will be perceived as more effective when their ethnicities are similar to the person who do the ratings. Thus, the independent variable, "Participant and Counselor Race Matching" influences the dependent variable, the effectiveness ratings in the Counselor Effectiveness Rating Scale (CERS, see Method section).

2) The extent of acculturation of Asian American participants correlates with their extent of preference for an Asian counselor. Specifically,

a) less acculturated individuals will prefer Asian counselors;

b) more acculturated individuals will prefer Caucasian American counselor.

3) Since it is expected that Asian Americans value a more directive counseling strategy, these participants will assign greater effectiveness ratings to a counselor employing a directive

counseling approach than to a counselor employing a non-directive counseling approach. Thus, the independent variable, "Counseling Approach" influences the independent variable, the effectiveness ratings in the CERS.

4) In a similar manner, since Caucasian Americans are assumed to expect a less directive counseling approach, it is hypothesized that Caucasian American participants will assign higher effectiveness ratings to a counselor utilizing a non-directive counseling approach than to a counselor using a directive approach. Similarly, the independent variable, "Counseling Approach" influences the dependent variable, the effectiveness ratings in the CERS.

Operational Hypothesis

1) It is hypothesized that the mean ratings on the CERS for Asian and Caucasian participants are higher when they rate a counselor who is racially similar than the one who is dissimilar to them.

2) Since a low score in the Suinn-Lew Asian Self-identity Acculturation Scale (SL-ASIA, see Method section) signifies high Asian identification and a high score in the CERS represents designation of effectiveness of the counselor, the following relationships stated:

a) a statistically significant negative correlation is hypothesized between the acculturation scores of Asian participants

(i.e., in Asian counselor group) and the score on dimension 7, "The Asian Counselor as Someone That I Would See for Counseling" of the Counselor Effectiveness Rating Scale (CERS). That is, Asian participants who are less acculturated to the mainstream American culture will prefer to see an Asian counselor.

b) a statistically significant positive correlation is hypothesized between the acculturation scores of Asian participants (i.e., in Caucasian counselor group) and the score on the dimension 7 of the CERS.

3) It is hypothesized that the means of CERS scores of Asian American participants are higher when they rate a counselor using a directive counseling approach than a non-directive one.

4) It is hypothesized that the means of CERS scores of Caucasian participants are higher when they rate a counselor using a non-directive approach.

Method

Participants

Participants were 62 Caucasian American and 44 Asian American students after discarding 11 at a large Midwestern university. Most of the Asian American subjects,who reside in different complexes on campus, were recruited with the assistance from the Asian Minority Aids. Four Asian Minority Aides contacted potential Asian participants in their residential complexes through the phone.

The Asian subject pool was composed of: 14 Chinese (all from Taiwan), 11 Korean, 7 Japanese, 6 Vietnamese, 3 Filipinos, 1 Laotian, 1 Nepalese and 1 Burmese. Their age ranged from 18 to 30, and the mean age equalled 19.77. There were 21 males and 23 females in the Asian American group. Three pieces of data were discarded from the Asian group because 2 of them were Indians, and one did not complete the demographic information sheet.

In the Caucasian group, all but 1 (a Canadian) were American born. Their ages ranged from 18 to 48, and the mean age equalled 20.11. There were 20 males and 44 females in this group. All together eight subjects were dropped from the original subject pool because 3 of them were identified as Black, 1 as Indian, 1 hispanic, and 2 were caught fiddling when completing the measures.

All other volunteers were enrolled in several large

classes in introductory psychology. Participants recruited from these classes earn extra credits for their classes by volunteering for research. Foreign Asian students who reside in the US only temporily were excluded in the Asian American participant group. All of the participants were only told that the purpose of the study is to assess students' perception about counselors.

Design and Stimulus Material

The present study utilizes a 2 X 2 X 2 (Participant Race X Counselor Race X Counseling Approach) factorial design, with at least 10 participants (except one condition) per cell. There was uneven distribution of participants in the eight cells. There were: 13 participants in the Caucasian Participants X Caucasian Counselor X Directive Counseling Approach condition; 11 in the Caucasian Participants X Caucasian Counselor X Nondirective Counseling Approach condition; 21 participants in the Caucasian Participants X Asian Counselor X Directive Counseling Approach condition; 16 participants in the Caucasian Participants X Asian Counselor X Nondirective Counseling Approach condition; 13 in the Asian Participant X Caucasian Counselor X Nondirective Counseling Approach condition; 11 in the Asian Participant X Caucasian Counselor X Nondirective Counseling Approach condition; 13 in the Asian Participant X Asian Counselor X Directive Counseling Approach condition; and 7 in the Asian Participant X Asian Counselor X Nondirective Counseling Approach condition.

Two scripts of counseling sessions described in the Atkinson Maruyama and Matsui's (1978) article are used (see Appendix I). They stated that "the counseling approaches examined . . . are labeled directive and non-directive for convenience and are not intended to represent any particular theoretical approach to counseling." The script involves a counselor working with a male student who has a career goal that differs from those of his parents. The beginning section, approximately 3 minutes long, is identical for both scripts. For the remainder of the two scripts, approximately 8 minutes long each, the counselor's responses to the client vary greatly, portraying a logical, rational, directive counseling style in one script and a reflective, affective, and non-directive counseling style in the other. The clients' reponses are identical in both scripts. Two clincial psychology graduate students record the scripts. The voice on the tape exemplifies standard Midwestern English. A detailed validation process of the two scripts is described in Atkinson et al's (1978) article (see Appendix II). Portions of the two scripts are presented here to demonstrate the two types of counselor reponses to identical client reponses.

Directive Script

Client: Well, right now I don't see that many alternatives in making a decision.
Counselor: You've already come up with one -- sociology. Let's talk about that further.
Client: I've been thinking a lot about changing my major, but if I did, I'd feel like I was avoiding, I was just quitting, like it's rough for me and I'd just be giving up instead of really trying.
Counselor: That's one problem with a major in sociology. Are there other disadvantages? Let's talk about them.
Client: One of the things I'm thinking about too is that -- it's so impractical to major in sociology. My parents and even I'd wonder what kind of job I could get with a major in sociology.
Counselor: What kind of information do you have on the vocational avenues for sociology majors?

Non-directive Script

Client: Well, right now I don't see that many alternatives in making a decision.
Counselor: It seems like there aren't many ways to go.
Client: I've been thinking a lot about changing my major, but if I did, I'd feel like I was avoiding, I was just quitting, like it's rough for me and I'd just be giving up instead of really trying.
Counselor: By changing majors, you'd feel like you were quitting.

Client: One of the things I'm thinking about too is that -- it's so impractical to major in sociology. My parents and even I'd wonder what kind of job I could get with a major in sociology.
Counselor: You're also considering what kind of job you could get with a sociology major.

In addition, the tone of voice of the counselor appeared in both versions may be different. Thus, a measure of "cold - warm" with a Likert scale format was constructed (see Appendix III) to ascertain whether there was such a difference.

Dependent Measures

The Counselor Effectiveness Rating Schedule (CERS), devised by Akinson & Carskaddon (1975) is used in evaluating subjects' perception of ethnically similar or dissimilar counselors (see Appendix III). This is a 10-item semantic differential scale. Using Cronbach's alpha (Nunnally, 1967), a reliability coefficient of .90 was found. Concurrent validity was also reported as the CERS was compared to another similar rating scale, the Counselor Rating Form (CRF), which has shown high reliability. The correlation between the two instruments was .80. Thus, the CERS has been demonstrated to have satisfactory reliabilty. As the CRF was reported to be highly

useful in predicting willingness to self-refer to the counselor observed, the CERS could also be regarded as equally successful in predicting self-referral to counselors, and it has the benefit of being considerably shorter than the CRF. Based on a sample of 206 college undergraduate students, Atkinson and Wampold (1982) reported high internal consistency reliability coefficients (coefficient alpha) across the subscales: the expertness (.88), the attractiveness (.78), the trustworthiness (.75), and the total score (.80). Since there are high intercorrelations among subscales (ranging from .74 to .76), they stated that "the expertness, the attractiveness and the trustworthiness dimensions of the CERS are not independent and may be best conceptualized as components of a single dimension of perceived counselor behavior" (Atkinson & Wampold, 1982).

The CERS is a semantic differential scale measuring concepts related to counselor credibility and counselor utility. It has been used in a number of studies for this purpose since its inception (Atkinson & Carskaddon, 1975; Atkinson & Dorsey, 1979; Atkinson, Maruyama, & Matsui, 1978; Heubusch & Horan, 1977; LaFromboise & Kixon, 1981; Wiley & Locke, 1981). Subjects rated each subscale on a 7-point bipolar continuum (i.e., bad = 1, good = 7) using the evaluative dimension of meaning (Osgood, Suci, & Tannenbaum,1957).

In the initial version of the CERS, respondents were asked to assess a counselor's a) knowledge of psychology; b) ability to help the client; c) willingness to help the client; d)

comprehension of the client's problem and e) the counselor as someone who the repondent would see if he or she had a problem to discuss. Furlong, Atkinson and Casas (1979) later modified the CERS to 2 items for each of the five concepts: expertness, trustworthiness, understanding, sincerity, and utility. Additional modification was completed by Atkinson and Wampold (1982). The existing CERS consists of three concepts in representing each of the three dimensions: expertness (i.e., Expertness, Competence, and Skill), trustworthiness (Sincerity, Reliability, and Trustworthiness), and attractivenss (Friendliness, Approachability, and Likeabilty). A fourth dimension ("Someone I Would See for Counseling"), referring to counselor utility, was included on the basis of content validity. The order of the concepts was randomly determined, while the order of the bipolar scales for successive concepts was systemically alternated (Atkinson & Waampold, 1982).

Similar to the Atkinson et al's (1978) study, the semantic differential is used. The semantic differential is a widely used method for measuring the "connotative" meaning of concepts, including attitude changes, appraisal of individuals, groups, situations and objects, abstract concepts, and self-concept. The semantic differential has been used in applied clinical research (Piotrowki, 1985). For example, using Osgood's semantic differential to evaluate effectiveness of psychotherapists, Gillieron and Bovet (1980) concluded that the "semantic differential could contribute effectively to the evaluation of psychotherapy."

The Suinn-Lew Asian Self Identification Acculturation Scale (SL-ASIA)

The Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA) (see Appendix IV) is used to measure the extent of acculturation of Asian American subjects. The scale is basically constructed after the model of the Acculturation Rating Scale for Mexican Americans (Cuellar, Harris, & Jasso, 1980). This scale encompasses cognitive, behavorial, and attitudinal aspects of acculturation. In particular, the SL-ASIA consists of 21 multiple choice questions that assess ability in language (4 questions), identity (4 questions), friendship choice (4 questions), behaviors (5 questions), generation/geographic history (3 questions), and attitudes (1 question). It demonstrates satisfactory content validity in that it includes all of the essential components that an Asian acculturation scale needs to cover as suggested by Leong (1986) and Sue, Zane and Ito (1978), who investigated the drinking behavior of Asian Americans as a function of the process of acculturation. Moreover, all of the dimensions identified by Padilla (1980) in his multidimensional model of acculturation are also assessed by the SL-ASIA.

In recogition of the concern that Asian subjects might not encounter certain experiences mentioned in the instrument, some items are worded in such a way that they would assess "ideal" preference, rather than actual attitude or behavior based on

experiences.

An alpha coefficient of .88 was found for this instrument. This suggests that there is a high level of internal consistency. Three approaches have been used in order to ensure validity of the instrument. First, since acculturation levels should logically correlate with "generation" differences, an analysis of variance (ANOVA) was performed on the acculturation scores by subjects' generation levels. Out of the 59 subjects studied, 14 were first generation American; 15 were second; 18 were third; 8 were fourth; and 4 were fifth. Statistically significant results ($F = 7.2$, $p = .001$) suggested that the instrument does measure acculturation. The mean value on the scale increases as the generation of the participants progress, i.e., first generation, 2.96; second generation, 3.57, third generation, 3.78; fourth generation, 3.78 ; and fifth 3.85.

Assuming that the length of stay in the US relates to the acculturation process, researchers used a second approach to validate this instrument. An ANOVA was computed for the total scores of the 5 groups (i.e., Raised in Asia only; Raised mostly in Asia; Raised equally in Asia and in the US; Raised mostly in the US; and Raised in the US only). Results show that these groups are indeed significantly different ($F = 14.26$, $p = .00001$). The mean scores of the 5 groups show the expected direction in the range of scores, i.e., raised in Asia only, 2.36; raised mostly in Asia, 2.87; raised equally in Asia and in the US, 2.48; raised mostly in the US, 3.33; and raised in US only, 3.67.

The last approach utilizes one of the items as a separate scale (the twentieth item: "How would you rate yourself") to validate whether different reponses to this item would constitute significantly different total scores. The ANOVA was significant ($F = 15.55$, $p = .0001$). The means were in the expected direction as follows: "very Asian," 2.49; "mostly Asian," 2.91; "bicultural," 3.36; "mostly Anglicized," 3.81; and "very Anglicized." 4.41. These results were judged to be very encouraging in ascertaining that the SL-ASIA is a valid and reliable measure of the acculturation of Asian Americans (Suinn, Rickare-Figuesoa, Lew & Vigil, 1984).

Procedure

Partially replicating the procedure used in Atkinson et al's (1978) study, participants were recruited to participate in the "Attitudes about Counselors Study," and were randomly assigned to each of the eight treatment conditions that are generated by crossing the three variables, i.e., Counselor's Race, Participant's Race, and Counseling Approach. Each of the treatment conditions was conducted together by both a male Caucasian and a male Asian experimenter in order to minimize demand characteristics. Both experimenters, aged 20 and 23, were in semi-formal attire. The Caucasian experimenter was a

sophisticated looking undergraduate student recruited from an advanced psychology course, and the Asian experimenter was the principal investigator of the study. All instructions of the experiment were recorded on an audiotape, and were played to the participants to ensure standardization of all the experimental conditions. There were minimal interference from both experimenters during the experiment.

In addition, in order to enhance participants' projection into the counseling session, the clients' race in the script was introduced as the participants' race.

Participants were instructed to listen to and read the following instructions, which was printed on the Instruction Sheet and Departmental Consent (Appendix V):

1. Please complete the demographic information sheet (Appendix VI).
2. Please read the description of the background of the counselor (see Appendix VII). You are about to listen to one of his counseling sessions.
3. Then, listen to an audiotaped simulation of a session between that counselor and a client.
4. Please read the corresponding script as you listen to the tape.
5. Next, you should complete the CERS.
6. Following the evaluation of the counselor, fill out the SL-ASIA (for Asian American subjects only).

Then, subjects were debriefed (Appendix VIII) and thanked for participation. The whole procedure took about 30 to 40 minutes to complete.

Results

The first hypothesis was based on the theory of social influence which proposed that participants will perceive an ethnically similar counselor as more effective. Specifically, it was expected that the mean ratings on the CERS of Asian and Caucasian participants should be higher for racially similar counselors than for racially dissimilar counselors. Results do not confirm such a hypothesis. Using a univariate analysis of variance (ANOVA) in analyzing the CERS ratings of all

participants, a main effect, "the counselor's race" was found. Results demonstrate that both ethnic groups significantly rated the Asian counselor higher on the CERS ratings, $F(1,98) = 4.193$, $p < .05$. The mean CERS ratings of the Asian group toward the Caucasian counselor and the Asian counselor are 4.94 and 5.32 respectively and the mean CERS ratings of the Caucasian group toward the Caucasian counselor and the Asian counselor are 5.30 and 5.70 respectively. Thus, the present data do not confirm the hypothesis that the independent variable: "Participant and Counselor Race Matching" will influence the dependent variable: the CERS ratings. Instead, results indicate that both ethnic groups rated the counselor who was introduced as an Asian American as more effective than the counselor who was introduced as a Caucasian American. In other words, regardless of the ethnic background of raters, all participants rated the Asian counselor as more effective.

Insert Figure 1 about here

The second hypothesis stated that the extent of acculturation of Asian American participants correlates with their extent of preference for an Asian counselor and for a Caucasian counselor. The correlation coefficient between the acculturation and the extent of preference of "the counselor as someone I would see" (i.e. dimension 7 of the CERS) for the Asian participants who listen to the Asian counselor ($n = 20$) or the Caucasian counselor ($n = 24$) are: $r = .0027$, $p = .495$

and r = .2235, p = .147 respectively. These results indicate that the extent of acculturation of Asian participants does not in any way relate to their extent of preference of seeing a counselor who is ethnically similar or different. Thus, this hypothesis was not confirmed.

Possible confounding issues

Since some of the Asian participants in all four conditions listened to the directive counseling strategy and some to the non-directive counseling strategy, "directiveness," rather than the counselor's race may become a confounding variable that may influence Asian participants' ratings. In order to avoid the effects of such a confounding factor, deviation scores of dimension 7 of the CERS (i.e., individual scores substracted from its group means) were used in correlating the SL-ASIA acculturation scores. Results generated from this statistical procedure did not change the findings. No significant correlations were found. The correlation coefficient between the acculturation scores and the deviation scores of the extent of preference of participants who listened to the Asian counselor (n = 20) was r = .0313, p = .448, and participants who listened to the Caucasian counselor (n = 24) was r = .3282, p = .059.

The third and the fourth hypotheses stated that Asian American students will assign higher CERS ratings to the counselor who utilizes a "directive" counseling approach and Caucasian American students will assign higher CERS ratings to

the counselor who utilizes a "non-directive" counseling approach). Results of the ANOVA on the CERS ratings between directive and non-directive counseling approach yielded a significant main effect. That is, both ethnic group rated the directive counseling approach as more effective than the non-directive counseling approach, $F(1,98) = 7.46$, $p < .01$. Rather than supporting the original hypothese that participants will rate the directiveness of the counseling approach differently because of their ethnic background, the present data indicate that both ethnic groups unequivocally regard the directive counseling approach as more effective.

Insert Figure 2 about here

A summary F-table for all the main and interaction effects is presented here:

Table 5

Summary of the Analysis (Counselor Race X Subject Race X Counseling Approach)

Source of Variation	SS	df	MS	F
Counselor Race(C)	3.510	1	3.510	4.193*
Directiveness of Counseling(D)	6.245	1	6.245	7.460**
Subject Race(S)	3.760	1	3.760	4.491*
C X D	.064	1	.064	.783
C X S	.014	1	.014	.017
D X S	.806	1	.806	.962
C X D X S	.032	1	.032	.038
Error	82.044	98	.837	
Total	97.989	105		

* p < .05 level. * p < .01

Possible confounding variable

Since the tone of voice of the counselor appeared in the 2 versions of the counseling sessions may confound with the main factor: directiveness of the counseling approach in influencing participants' perception of the effectiveness of the counselor, a post-hoc t-test was performed to ascertain whether there is such a difference. Results show that there is no significant difference in the tone of voice in the scale of warm - cold of the counselor in the two version of the counseling sessions ($t = 1.32$, $p = .189$). Since no other variables were suspected to play a role in contributing to the difference of the two counseling tapes, it is reasonable to conclude that the directive counseling approach is perceived as more effective than the non-directive counseling approach by both groups of participants.

Discussion

Hypothesis 1

The present findings do not support the first hypothesis, which derives from the theory of social influence, that race-similarity matching is a causal factor in enhancing perceived counselor's effectiveness across different ethnic groups. Although Asian participants rated the ethnically similar counselor as more effective, Caucasian participants did not rate the Caucasian counselor as more effective, as suggested by the theory of social influence. On the contrary, Caucasian participants rated the dissimilar counselor, the Asian counselor, as more effective. Thus, it is reasonable to conclude that the theory of social influence is not a sufficient theory in explaining and predicting Asian and Caucasian Americans' perception of effectiveness of Asian counselors and Caucasian counselors.

The finding that Asian participants rated the Asian counselor as more effective support the efficacy of intra-cultural counseling for the Asian American. It suggests that more qualified Asian American counselors are needed to work with Asian minorities.

Furthermore, the fact that Caucasian participants rated the Asian counselor as more effective may be explained by the positive view of Asian Americans in recent years as perceived by the general US population. Statistics show that as compared to the 24% of the White work force who hold jobs of managerial, professional or executive levels, Asian Americans who are either native-born or foreign-born register a higher percentage in these job levels. For instance, in 1980, 33% of native-born Chinese, 30% of foreign-born Chinese, 26% of native-born Japanese, 28% of foreign-born Japanese and 26% of native-born Korean held jobs in the high-level category (Gardner, Robey & Smith, 1985). Moreover, Asian medical doctors and engineers are highly represented in the Midwest region, where the study was conducted. Hence, the sterotype that Asian are more competent and effective professionals may create a more positive image of Asian American professionals in the mental health field.

An alternative explanation is the possible effect of Demand Characteristics in this study. In anticipation of this, two experimenters were used. One was Asian and the other one was Caucasian. Yet it is possible that participants still perceived the Asian experimenter as the principal investigator of the research project (e.g., the consent form stated that the research was conducted by the present author with an Asian last name). They may have perceived the Asian experimenter as more enthusiastic and committed to the study. Hence, it is possible that the participants rated the Asian counselor higher in effectiveness ratings in order to meet the expectation of or to please the Asian experimenter.

Hypothesis 2

With respect to the finding that the extent of acculturation has no relationship to the extent of preference of a particular counselor, it may be unrealistic to assume that the less acculturated Asian Americans will prefer to see an Asian counselor, and the more acculturated Asian Americans will prefer to see a Caucasian counselor. We noted that according to the first hypothesis, Asian Americans perceived Asian counselors as more effective. This may have had an overriding effect so that any possible differences may have "washed out". In addition, there may be factors other than acculturation which account for the lack of differences between more and less acculturated individuals. These include possible prejudice against dissimilar ethnic groups.

A post-hoc correlation analysis between the acculturation scores and the total CERS scores generates a more interesting finding. Correlating the deviation scores of the total CERS with the SL-ASIA scores suggest that there is a significant positive correlation between the acculturation scores and the CERS total scores for Asian participants who listen to the Caucasian counselor ($r = .4149$, $p < .05$). However, no such significant correlation was found between the two variables for

Asian participants who listen to the Asian counselor. In other words, acculturation does influence Asians' perceived counselors' effectiveness when they were seen by Caucasian counselors, but not by an Asian counselor. The implication is that acculturation level becomes a relevant variable only when Asian Americans were seen by a Caucasian counselor. This finding suggests that Caucasian counselor should be exceptionally aware of the acculturation factor of their Asian clients in order to be effective in working with them. They should make attempts to assess the acculturation level of their Asian clients, and to understand its implications in relation to clients' conflicts. It would also be interesting to investigate if this finding is generalizable to Asian Americans who are seen by other ethnic groups such as the Blacks and the Hispanics.

Finally, the significant correlations between the extent of acculturation and the perceived counselor's effectiveness further argues against overgeneralizations. One should not view each ethnic group as an entirely homogenous entity. This is consistent with the idea of constructing different ethnic identity models such as the Cross model (1971), the Jackson model (1975) and the Minority Identity Model (1979) in describing the unique characterics within minority groups with respect to counseling (e.g. the choice of counselor's race).

Hypothesis 3 and 4

The present study replicates results of the Atkinson et al's (1978) study with respect to counseling strategy. Results indicate that Asian American participants prefer a logical, rational, structured counseling approach over an affective, reflective ambiguous one. They consistently rated the counselor who asked for specific information and encouraged the client to proceed in a rational and intellectual fashion higher on perceived counselor's effectiveness than counselors who primarily paraphrased, reflected and re-capitualated feelings.

Moreover, the present finding is in disagreement with Atkinson et al's (1978) contention that the preference for a directive counseling approach is a unique characteristic of Asian Americans. This is based on the fact that, unlike Atkinson et al's (1978) study which only include Asian participants, the present study ascertains the preference for directive and non-directive counseling approaches for both Caucasian and Asian American students. The current findings indicate that all participants on the average perceived the counselor who utilizes the directive counseling approach as more effective.

One can speculate about these findings. Both groups of participant were primarily freshmen and sophomores. To the extent that these students are concerned about their future, a script which involves "career choice" may have special meaning. If we assume that these participants are concerned with their future career choices, a directive approach may have a strong "pull". It is also possible that directive counseling is

viewed more favorably when the counseling script is a brief one. It may takes longer for participants to perceive a non-directive counseling approach as effective. Thus, the short exposure to the counseling session may confound the present finding.

Although results from this study demonstrate that findings from the Atkinson et al's (1978) study is generalizable to other Asian Americans who do not live in the West coast, the analogue design of the present investigation poses a limitation to the generalizablity of these results.

Furthermore, since the SL-ASIA acculturation scale used is newly developed, previous validations of the scale were preliminary. Although present findings seem to indicate that the scale does differentiate test takers on the continuum of acculturation, more studies are needed in the future to further validate this measure. It is also possible to apply this measure in studying other acculturation-related phenomena such as the relationship between one's acculturation level and the overall mental health outlook.

In conclusion, the present study replicates Atkinson et al's (1978) study which finds Asian American counselors to be more effective as perceived by Asian Americans. It also supports preference for a directive approach by Asian Americans. However, it is essential to note that the unique preference for a directive counseling approach by Asian Americans is conclusive only if reseach findings show that such preference does not exist in other ethnic groups. Atkinson et

al's (1978) study falls short of taking these concerns into consideration. The present study demonstrates that such unique preference of the directive counseling modality does not exist solely among Asian Americans. Caucasian Americans also perceive the directive counseling approach as more effective. It may be stereotypic to contend that Asian Americans prefer directiveness because of their cultural background which is traditionally characterized by more restraints in emotional expressions and high expectation of directiveness from the authority. Atkinson et al's assumption that Asian Americans underutilize counseling services because mostly non-directive counseling approaches are offered needs further research. Perhaps, other factors such as the availability of culturally sensitive counselors and bilingual counselors and poor publicity about counseling services to the Asian American community are more plausible factors in explaining the underutilization of mental health facilities.

Figure 1. CERS ratings of participants (Counselor Race X Participant Race)

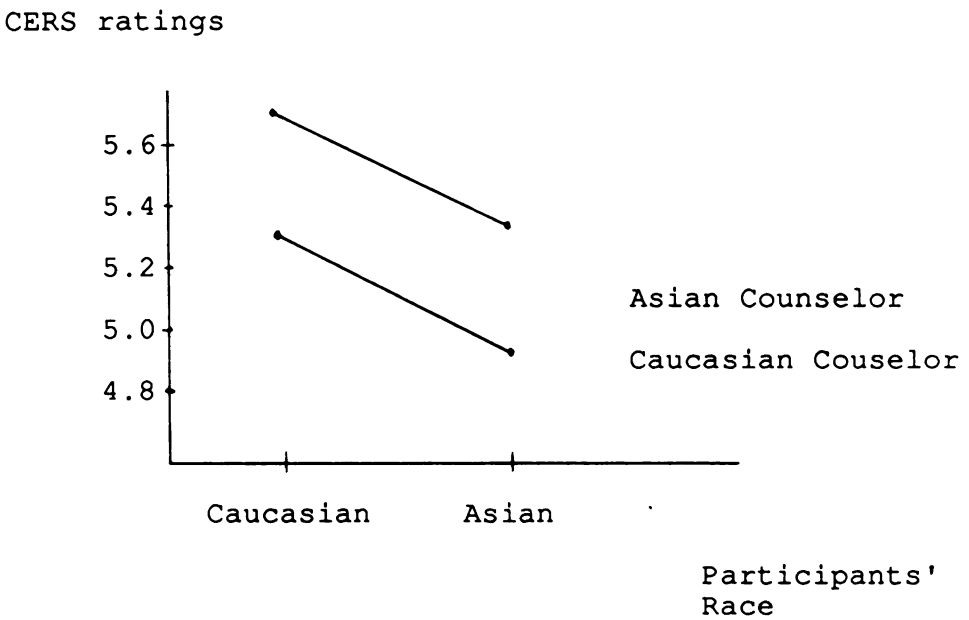
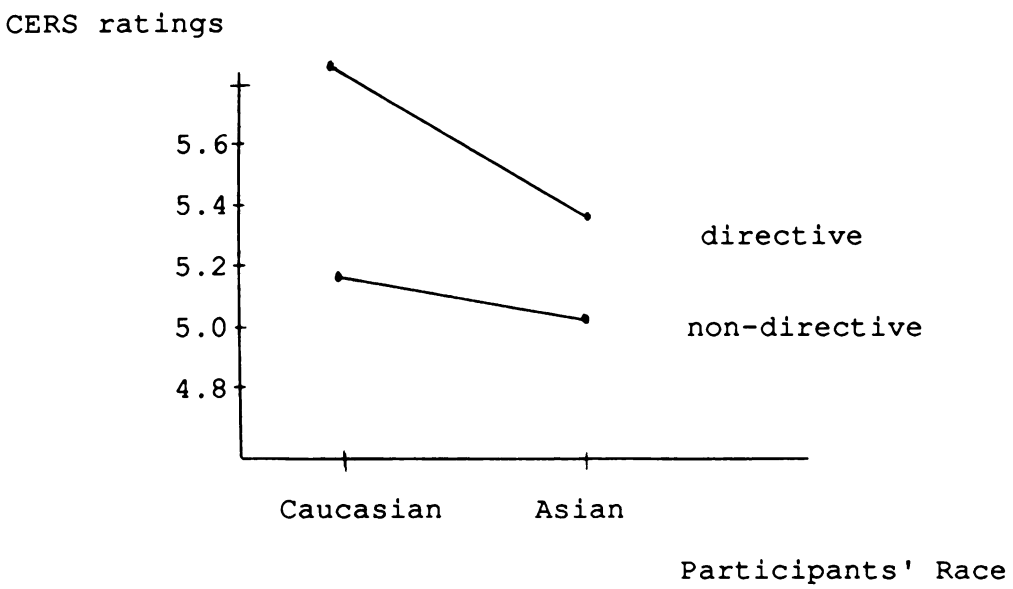


Figure 2: CERS ratings of participants
(Directiveness X Participants Race)



Appendix I

INTRODUCTION

(First three minutes)

Co: I'm wondering what you're here to see me about today.

Cl: Well, I'm not sure where to go or what to do, I'm sorta confused. I thought that someone who hears lots of problems might be able to give me some advice. I never really talked about my problems to other people, so I thought maybe a counselor would be able to see things objectively, since you don't really know me.

Co: You seem a little nervous right now. How do you feel about being here?

Cl: Yeah, I am kinda nervous right now. Like I say, I've never been to a counselor before, so I don't know what goes on or what to expect.

Co: What do you think will happen here?

Cl: I dunno...maybe just to have someone listen...give me ideas on how to deal with some issues that are concerning me.

Co: What are some of these issues?

Cl: I have a lot of questions related to my schoolwork and my future plans.

Co: Could you be a little more specific? About your schoolwork, your future plans?

Cl: I'm questioning whether or not what I'm doing is right for me.

Co: How far along in school are you?

Cl: I'm a sophomore.

Co: Do you have a major now?

Cl: Well, it's biology, but...

Co: How are you doing in it?

Cl: I'm doing OK, but I'm worried about not getting accepted into Med. school.

Co: It's really important for you to get into Med. school.

Cl: Yeah, it's <u>really</u> important; my parents expect me to be a doctor, and they're putting me through school for that reason.

Co: So you're planning on becoming a doctor.

Cl: Well, that's one of the reasons I wanted to talk to you.

Co: Uh huh.

Cl: You see, I'm not sure if Med. school is what I want. But it's so important to my parents, I just can't let them down.

Co: Could you tell me what you think your parents expect from you?

Cl: Well,...maybe if I tell you about my family, you'd get a better idea of the whole situation.

Co: Sure, go ahead.

Cl: Let's see, my dad's a gardener and my mother's a housewife, but she helps my dad out whenever she can. They have to work really hard to keep their business going in order to pay my way through school.

Co: Uh huh.

Cl: My older brother dropped out of college to get married. And my parents were really disappointed. My sister is a surgical nurse...and my uncle is a medical doctor. So you can see that medicine has had a high regard in our family.

Co: Your family sees medicine as a good profession.

Cl: Yeah, my parents see being a doctor as a real success in life,

Co: I see...

Cl: So..they've always wanted that for me..to become a doctor, I mean.

NON-DIRECTIVE

Co: I'm wondering what your feelings are about being a doctor.

Cl: Well, I'm not sure.

Co: Uh huh.

Cl: It's important for me to please my parents, but now I'm finding that I have my own needs and just can't tell them.

Co: Your parents' wishes are important to you, yet you're uncertain about becoming a doctor.

Cl: Yeah, I have a lot of doubts about becoming a doctor. I feel sort of guilty about telling my parents, letting them down. I really have to be a doctor.

Co: You really have to be a doctor.

Cl: Well, I wouldn't mind being a doctor, it's just so hard for me; I just don't think I'm capable of doing it.

Co: So working toward a career in medicine is difficult for you.

Cl: Yeah, but I feel selfish thinking only of myself and my own problems. What am I going to do about my parents and how they feel? I don't know how I can let them down.

Co: Thinking about your own feelings is hard for you. Have you given it much thought at all?

Cl: If I were to decide to become a doctor--that would make my parents happy..I wouldn't feel guilty anymore about letting them down...they'd consider me a success.

Co: It would make your parents happy.

Cl: Wow...I've been talking about my parents, haven't I? I'm not too sure how I'd feel. I guess I could do it..it's a rewarding field..I'd be helping people, I mean.

Co: I'm hearing a lot of confusion in what you're saying. It sounds like you're not sure that you'd like to become a doctor.

Cl: I'd probably be having as much trouble as I am now in doing my work. I guess I can do it, but it's not where my interests are.

Co: You can do the work, but you're not interested in it.

Cl: Well, I'm doing OK, but I'm having some problems.

Co: Problems?

Cl: Well, I'm capable, but I just resent putting all the time into studying biology, and I just break my butt getting the grades that I do. It's just not worth it to me.

Co. Doing so much work in something you're not interested in makes you feel like it's not worth it.

Cl: Yeah....I know I have to make a decision, but I don't know where to start.

Co: It's difficult trying to reach a decision....How do you feel about the other things you've done in school.

Cl: I have taken a couple of courses in sociology and I was really interested in them.

Co: You like sociology.

Cl: I've always done well in social sciences. I enjoy it and I think I've learned the most in this area.

Co: You enjoy social science and you do well in them.

Cl: Yeah, I'm really interested in sociology. I've taken some classes in the department and I really liked them. I've always done well in the social sciences. That seems to come easier for me than the hard sciences. If I were to change, that's where I'd go.

Co: If you were to change majors, you'd change to sociology.

Cl: Yeah. I'd really like to do that. It seems like I could do it, but it's really scary to me. I'd feel like I'd be letting my parents down and it's really important for them to be happy.

Co: It's really important for your parents to be happy. Where does your happiness fit into this?

Cl: Well, I know I need to be happy to, but it's hard to consider my feelings alone.

Co: Thinking about only what you want is hard.....

Cl: Well, right now I don't see that many alternatives in making a decision.

Co: It seems like there aren't many ways to go.

Cl: I've been thinking a lot about changing my major, but if I did, I'd feel like I was avoiding, I was just quitting, like it's rough for me and I'd just be giving up instead of really trying.

Co: By changing majors, you'd feel like you were quitting.

Cl: One of the things I'm thinking about too is that..it's so impractical to major in sociology. My parents and even I'd wonder, what kind of job I could get with a major in Soc.

Co: You're also considering what kind of job you could get with a Soc. major.

Cl: Well, I just have some friends that majored in Soc. and they couldn't get jobs.

Co: Uh huh. So the people you know in Soc. couldn't get jobs. I'm wondering if that's true for all sociology majors. Perhaps the Career Development Center has more information on this.

Cl: Maybe I could get more accurate information at the Career Development Center. Maybe they would know if sociology majors are getting jobs.

Co: That sounds like a good idea to me.

Cl: You know if I weren't worried about my parents, I'd be a lot happier studying sociology.

Co: You like Soc. a lot more than biology.

Cl: Like I said before, I enjoy sociology. It'd really be nice...I wouldn't have to force myself to study all the time. I wouldn't mind doing the readings and stuff if I liked the subject. I'd have less trouble doing the work.

Co: Getting your work done would be a lot less of a problem for you..

Cl: But one thing that comes to mind is that I'm worried about telling my parents that I'm considering not becoming a doctor.

Co: I hear you saying that making a decision on what you want is hard because you are worried about your parents' reaction.

Cl: Maybe worrying about things in the future keeps me from making my first decision about my major.

Co: You've got a lot of feelings and they keep you from making up your mind.

Cl: So then, my first step might be to get more information on the sociology major and the jobs in that field. Then after that decision is made..then worry about telling my parents. Maybe I'll decide to stay with pre-med and I might not have to tell them anything.

Co: It sounds as though you're coming up with really good ways to deal with the problem.

Cl: It seems now I have a better idea of how to approach making a decision.

Co: Please feel free to come back if you ever want to talk about this some more.

Cl: Well, if I do decide to change, I will need some help in breaking it to my folks.

Co: Uh huh. If you want to meet again, I'd like that.

DIRECTIVE

Co: Your parents want you to become a doctor--what do you want?

Cl: Well, I'm not sure.

Co: What have you considered up to this point?

Cl: It's important for me to please my parents, but now I'm finding that I have my own needs and just can't tell them.

Co: So, you're really worried about pleasing them, are you feeling guilty about this?

Cl: Yeah, I have a lot of doubts about becoming a doctor. I feel sort of guilty about letting my parents down. I really have to be a doctor.

Co: You're saying you have to be a doctor for them, but what about yourself?

Cl: Well, I wouldn't mind being a doctor, it's just so hard for me; I just don't think I'm capable of doing it.

Co: I think this is really a situation where you have to consider what your own feelings are because you're the one who's going to put out the work; you're the one who's going to have to take all these hard classes and you're going to have to consider whether or not you enjoy biology and if medicine is appealing to you. I think these are all things that you have to consider.

Cl: Yeah, but I feel selfish thinking only of myself and my own problems. What am I going to do about my parents and how they feel? I don't know how I can let them down.

Co: What would happen if you were to decide to become a doctor?

Cl: If I were to decide to become a doctor...that would make my parents happy..I wouldn't feel guilty anymore about letting them down, and they'd consider me a success.

Co: I've heard you tell me about things which affect your parents... How will they affect you?

Cl: Wow...I've been talking about my parents, haven't I? I'm not too sure how I'd feel. I guess I could do it.. it's a rewarding field..I'd be helping people, I mean.

Co: You keep telling me how your parents would feel. Tell me how you would feel if you did what your parents want...

Cl: I'd probably be having as much trouble as I am now in doing my work. I guess I can do it, but it's not where my interests are.

Co: You say it would be just like it is now in doing your work, could you be more specific?

Cl: Well, I'm doing OK, but I'm having some problem.

Co: Let's talk about this problem you're having...What is it? Try to be as specific as you can.

Cl: Well, I'm capable, but I just resent putting all the time into studying biology, and I just break my butt getting the grades that I do. It's just not worth it to me.

Co: I think you really need to decide, then, whether it is worth it to you or not.

Cl: Yeah---I know I have to make a decision, but I don't know where to start.

Co: First of all, you can begin by looking at what things seem worthwhile or appealing to you. Of all the courses you've taken, which ones were you the most interested in or did you enjoy the most?

Cl: I have taken a couple of courses in sociology and I was really interested in them.

Co: How were your grades?

Cl: I've always done well in social sciences. I enjoy it and I think I've learned the most in this area.

Co: Good--it sounds as though you've found a subject that interests you. Let's keep this in mind.

Cl: Yeah, I'm really interested in sociology. I've taken some classes in the department and I've really liked them. I've always done well in social sciences. That seems to come easier for me than the hard sciences. If I were to change, that's where I'd go.

Co: You sound as if sociology would be a good major for you. Have you thought about switching?

Cl: Yeah, I'd really like to do that. It seems like I could do it, but it's really scary to me. I'd feel like I'd be letting my parents down and it's really important for them to be happy.

Co: I think it's really important for you to be happy too. Since you're the one whose life it's affecting most directly.

Cl: Well, I know I need to be happy too, but it's hard to consider my feelings alone.

Co: I think that this is a decision that you're going to have to live with, you're going to have to size up all the different alternatives for yourself and then make that decision, not relying so much on what your parents think.

Cl: Well, right now I don't see that many alternatives.

Co: You've already come up with one--Sociology. Let's talk about that further.

Cl: I've been thinking a lot about changing my major, but if I did, I'd feel like I was avoiding, I was quitting, like it's rough for me and I'd just be giving up instead of really trying.

Co: That's one problem with a major in sociology. Are there other disadvantages? Let's talk about them.

Cl: One of the things I'm thinking about too, is that--it's so impractical to major in sociology. My parents, and even I'd wonder, what kind of job I could get with a major in sociology.

Co: What kind of information do you have on the Vocational avenues for Soc. majors?

Cl: Well, I just have some friends that majored in Soc. and they couldn't get jobs.

Co: There is a Career Development Center here on our campus that you should check into--they could give you information to help you make a decision on a career.

Cl: Maybe I could get more accurate information at the Career Development Center. Maybe they would know if sociology majors are getting jobs.

Co: OK, you've considered some of the disadvantages. What are some advantages to changing majors.

Cl: You know if I weren't worried about my parents, I'd be a lot happier studying sociology.

Co: In what ways?

Cl: Like I said before, I enjoy sociology. It'd really be nice.. I wouldn't have to force myself to study all the time. I wouldn't mind doing the readings and stuff if I liked the subject. I'd have less trouble doing the work.

Co: Those sound like good reasons. I think you ought to explore sociology further.

Cl: But one thing that comes to mind is that I'm worried about telling my parents that I'm considering not becoming a doctor.

Co: The first thing you have to decide is whether you do or don't want to be a doctor. Then the second part of it, telling your parents, might not have to come if you decide you do want to be a doctor.

Cl: Maybe worrying about things in the future keeps me from making my first decision about my major.

Co: Right. First things first. You want to first make your decision as far as keeping your major to pre-med or changing it to Sociology. Worry about that now and then after you've made that decision, worry about what you're going to tell your parents.

Cl: So then, my first step might be to get more information on the sociology major and jobs in that field. Then after that decision is made--then worry about telling my parents. Maybe I'll decide to stay with pre-med and I might not have to tell my parents anything.

Co: Right. As far as having to tell your parents that you aren't going to be a doctor, I think that maybe you shouldn't worry about dealing with that until the time actually comes if you've decided not to stay with pre-med.

Cl: It seems now I have a better idea of how to approach making a decision.

Co: Good, I think getting more information is the best thing for you to do. If you do decide to change to Soc., I'd be glad to talk to you about ways to tell your parents.

Cl: Well, if I do decide to change, I will need some help in breaking it to my folks.

Co: Well, either way, I hope to see you again. If you'd like to talk again, feel free to make an appointment.

Appendix II

Validation of Scripts

To validate the differences between the two counselor reponse sets, students in counseling practicum class for beginning counselor trainees at a California university campus. Students were asked to listen to both tapes and to content analysis the final portion of the 2 scripts. The class composed of 11 Caucasian females, 4 Caucasian males, 3 minority females (2 Chicanas and 1 Asian American), and 1 minority male (Asian American). These raters were randomly divided into 2 groups of 9 and 10 so that the order of presentation of the 2 tapes could be reversed. Each rater independently rated 15 reponses which were selected randomly out of the 29 counselor responses on each script. The corresponding tape recording was played for each group as they rated counselor responses on the written script.

The Taxonomy of Counselor Responses (Tilley & Zimmer, 1973), a 13-category schema that is a refinement of earlier schemas (Zimmer & Pepyne, 1971) was used as the criteria for raters to evaluate the content of both scripts. Since the purpose of content analyzing the two scripts was simply to validate their differences, raters received minimal training in the schema before they actually rated the tapes. Using modal data obtained in this fashion, researchers constructed the Table below to demonstrate the basic differences between the two scripts.

Comparison of Directive and Nondirective
Scripts by Counselor Response Categories

	Directive		Nondirective	
Type of responses	n	%	n	%
Information giving	1	6.67		
Establishing cognitive set	4	26.67	1	6.67
Interpretation			1	6.67
Command	2	13.33		
Identifying incongruities				
Establishing affective set	1	6.67	2	13.33
Modeling				
Summarization	1	6.67	4	26.67
Establishing connections				
Restatement			5	33.33
Minimal social stimulus			1	6.67
Eliciting specificity	6	40	1	6.67
Passive structuring				
Total	15	100	15	100

As presented in the table, two-thirds of the rated responses in the directive script were identified as either establishing cognitive set (an introduction and invitation by the counselor to proceed in a rational, intellectualized style) or eliciting specificity (any counselor responses which seems designed to elicit a reponse from a client in a specific area). On the contrary, three-fifths rated responses in the nondirective script as either restatement (literally repeating client responses) or summarization (paraphrases which condense the semantic content).

After rating each script, the raters were asked to label the counseling style to the two scripts as either directive or nondirective. Eighteen out of the 19 raters identified the counseling style as was intended.

Appendix III

Counselor Effectiveness Rating Scale

Instructions

The purpose of this inventory is to measure your perceptions of the counselor by having you react to a number of concepts related to counseling. In completing this inventory, please make your judgements on the basis of what the concepts mean to you. For example, THE COUNSELOR'S EXPERTNESS may mean different things to different people but we want you rate the counselor based on what expertness in counseling means to you.

On the following page you will find 10 concepts and beneath each concept a scale on which to record your reaction. One of the concepts/scales is presented below with examples of how you might score it.

THE COUNSELOR'S EXPERTNESS

If you feel the counselor was very good, you might put an X in the far left space like this:

good |X|_|_|_|_|_|_|_| bad

If you feel the counselor is a good counselor but could be a little better, put an X in the second space like this:

good |_|X|_|_|_|_|_|_| bad

If you feel the counselor is a good counselor but could be a lot better, put an X in the third space like this:

good |_|_|X|_|_|_|_|_| bad

and so on.

Please remember these important points:

1. Place your X's in the middle of the spaces, not on the boundaries.

this / not this

good |_|_|X|_|*|_|_|_| bad

2. Be sure you check every scale even though you may feel that you have insufficient data on which to make a judgement -- Please do not omit any.

3. Never put more than one check mark on a single scale.

4. Notice that the good and bad scales are reversed every other time like this:

THE COUNSELOR'S EXPERTNESS

good |_|_|_|_|_|_|_|_| bad

THE COUNSELOR'S FRIENDLINESS

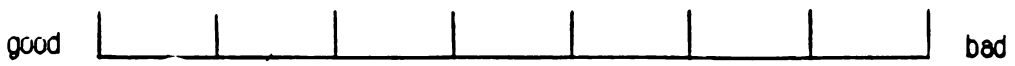
bad |_|_|_|_|_|_|_|_| good

We want to know how you perceived the counselor. Please remain quiet.

THE COUNSELOR EXPERTNESS

THE COUNSELOR'S FRIENDLINESS

THE COUNSELOR'S SINCERITY



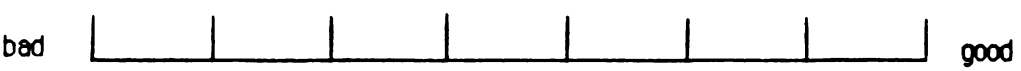
THE COUNSELOR'S COMPETENCE

THE COUNSELOR'S SKILL

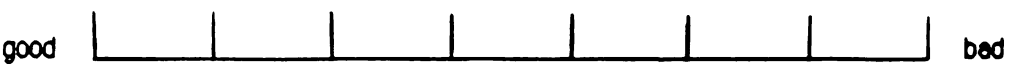
THE COUNSELOR'S RELIABILITY

THE COUNSELOR'S AS SOMEONE
I WOULD SEE FOR COUNSELING

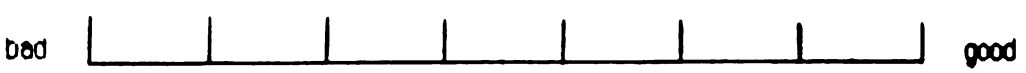
THE COUNSELOR'S APPROACHABILITY



THE COUNSELOR'S LIKEABILITY



THE COUNSELOR'S TRUSTWORTHINESS



How do you like the tone of voice of the counselor you just listened to?

Are you currently in counseling/therapy?(seeking advices from academic counselor is <u>not</u> defined as counseling).

please circle: Yes No

Have you ever involved in counseling/therapy?

please circle: Yes No

Appendix IV

Suinn-Lew Asian Self-identification Acculturation Scale (SL-ASIA)

Instructions: The questions which follow are for the purpose of collecting information about your historical background as well as more recent behaviors which may be related to your cultural identity Choose the one answer which best describes you.

1. What languages can you speak?
   1. Asian only (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
   2. Mostly Asian, some English
   3. Asian and English about equally well (bilingual)
   4. Mostly English, some Asian
   5. Only English

2. What language do you prefer?
   1. Asian only (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
   2. Mostly Asian, some English
   3. Asian and English about equally well (bilingual)
   4. Mostly English, some Asian
   5. Only English

3. How do you identity yourself?
   1. Oriental
   2. Asian
   3. Asian-American
   4. Chinese-American, Japanese-American, Korean-American, etc.
   5. American

4. Which identification does (did) your mother use?
   1. Oriental
   2. Asian
   3. Asian-American
   4. Chinese-American, Japanese-American, Korean-American, etc.
   5. American

5. Which identification does (did) your father use?
   1. Oriental
   2. Asian
   3. Asian-American
   4. Chinese-American, Japanese-American, Korean-American, etc.
   5. American

6. What was the ethnic origin of the friends and peers you had, as a child up to age 6?
   1. Almost exclusively Asians, Asian-Americans, Orientals
   2. Mostly Asians, Asian-Americans, Orientals
   3. About equally Asian groups and Anglo groups
   4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
   5. Almost exclusively Anglos, Blacks, Hispanics or other non-Asian ethnic groups

7. What was the ethnic origin of the friends and peers you had, as a child from 6 to 18?
   1. Almost exclusively Asians, Asian-Americans, Orientals
   2. Mostly Asians, Asian-Americans, Orientals
   3. About equally Asian groups and Anglo groups
   4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
   5. Almost exclusively Anglos, Blacks, Hispanics or other non-Asian ethnic groups

8. Whom do you now associate with in the community?
   1. Almost exclusively Asians, Asian-Americans, Orientals
   2. Mostly Asians, Asian-Americans, Orientals
   3. About equally Asian groups and Anglo groups
   4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
   5. Almost exclusively Anglos, Blacks, Hispanics or other non-Asian ethnic groups

9. If you could pick, whom would you prefer to associate with in the community?
   1. Almost exclusively Asians, Asian-Americans, Orientals
   2. Mostly Asians, Asian-Americans, Orientals
   3. About equally Asian groups and Anglo groups
   4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
   5. Almost exclusively Anglos, Blacks, Hispanics or other non-Asian ethnic groups

10. What is your music preference?
   1. Only Asian music (for example, Chinese, Japanese, Korean, etc.)
   2. Mostly Asian
   3. Equally Asian and English
   4. Mostly English
   5. English only

11. What is your movie preference?
   1. Asian-language only
   2. Asian-language movies mostly
   3. Equally Asian/English
   4. Mostly English
   5. English only

12. Where were you born?
   _____U.S. _____Asia _____Other - Where _____ Don't Know

   Where was your father born?
   _____U.S. _____Asia _____Other - Where _____ Don't Know

   Where was your mother born?
   _____U.S. _____Asia _____Other - Where _____Don't Know

   Where was your father's father born?
   _____U.S. _____Asia _____Other - Where _____Don't Know

   Where was your fathers' mother born?
   _____U.S. _____Asia _____Other - Where _____Don't Know

   Where was your mother's father born?
   _____U.S. _____Asia _____Other - Where _____Don't Know

   Where was your mother's mother born?
   _____U.S. _____Asia _____Other - Where _____Don't Know

   On the basis of the above answers, circle the generation that best applies to you:

   1. 1st generation = I was born in Asia or other
   2. 2nd generation = I was born in the U.S., either parent was born in Asia or other
   3. 3rd generation = I was born in the U.S., both parents were born in the U.S., and all grandparents born in Asia or other
   4. 4th generation = I was born in the U.S., both parents born in the U.S., and at least one grandparent born in Asia or other and one grandparent born in the U.S.
   5. 5th generation = I was born in the U.S., both parents and all grandparents also born in the U.S.
   6. Don't know what generation best fits since I lack some information.

13. Where were you raised?
   1. In Asia only
   2. Mostly in Asia, some in the U.S.
   3. Equally in Asia, and in the U.S.
   4. Mostly in the U.S., some in Asia
   5. In the U.S. only

14. What contact have you had with Asia?
    1. Raised one year or more in Asia
    2. Lived for less than one year in Asia
    3. Occasional visits to Asia
    4. Occasional communications (letters, phone calls, etc.) with people in Asia
    5. No exposure or communication with people in Asia

15. What is your food preference at home?
    1. Exclusively Asian food
    2. Mostly Asian food, some American
    3. About equally Asian and American
    4. Mostly American food
    5. Exclusively American food

16. What is your food preference in restaurants?
    1. Exclusively Asian food
    2. Mostly Asian food, some American
    3. About equally Asian and American
    4. Mostly American food
    5. Exclusively American food

17. Do you
    1. read only an Asian language
    2. read an Asian language better than English
    3. read both Asian and English equally well
    4. read English better than an Asian language
    5. read only English

18. Do you
    1. write only an Asian language
    2. write an Asian language better than English
    3. write both Asian and English equally well
    4. write English better than an Asian language
    5. write only English

19. If you consider yourself a member of the Asian group (Orientals, Asian, Asian-American, Chinese-American, etc., whatever term you prefer), how much pride do you have in this group?
    1. Extremely proud
    2. Moderately proud
    3. Little pride
    4. No pride but do not feel negative toward the group
    5. No pride but do feel negative toward the group

20. How would you rate yourself?
    1. Very Asian
    2. Mostly Asian
    3. Bicultural
    4. Mostly Anglicized
    5. Very Anglicized

21. Do you participate in Asian occasions, holidays, traditions, etc.?
    1. Nearly all
    2. Most of them
    3. Some of them
    4. A few of them
    5. None of them

Appendix V

Instruction Sheet and Departmental Consent Form (for Asian participants)

This research is conducted by Tommy Chan under the supervision of Dr. Norman Abeles, Professor of Psychology, Department of Psychology, Michigan State University.

The present study investigate students' attitudes about counselors. Participants are to evaluate the effectiveness of a counselor after listening to a typical counseling sessions on an audiotape. The following pages include a demographic information sheet, a description of the background of a counselor, a script of a counseling session, the Counselor Effectiveness Rating Scale (CERS), and the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA) (only for Asian participants).

Here are the instructions of the experiment. First, complete the demographic information sheet. Then, you have 3 minutes to read the description of the background of a counselor carefully. This is the counselor whose session you will hear. Please look up when you finish reading the background description. The assistant will then start playing the audiotape which is a simulation of a counseling session between that counselor and a client. Please read the corresponding script as you listen to the tape. Next, you should complete the CERS and the SL-ASIA (only for Asian participants). There are instructions printed in the beginning of each rating scales. Please read them carefully before you start.

In order to maintain the integrity of the present investigation, no communication throughout the procedure is allowed. Moreover, participants should not discuss or share any information about the procedure until the end of this term.

All information received will be strictly confidential. No attempts will be made to associate reponses to particular participants. Please do not include your name on any of the materials. Please give the answer you consider to be best.

Participation in this experiment usually takes 30 minutes and is strictly voluntary. There is no guarantee that any beneficial results will come from your participation. If at any time you wish to discontinue your participation in the experiment, for any reason, you may

leave without explanation. Since this is intended to be an educational experience as well, a summary of the result of the experiment will be available upon request in about six months. You may contact Tommy Chan by leaving a message at the graduate office of the Department of Psychology for any questions regarding the experiment.

The experiment has been explained to me and I understand the explanation that has been given and what my participation will involve. I also agree not to discuss and share any information about the experiment until the end of the Winter term, 1988.

Signed: _____ Date: _____

Instruction Sheet and Departmental Consent Form (for Caucasian participants)

This research is conducted by Tommy Chan under the supervision of Dr. Norman Abeles, Professor of Psychology, Department of Psychology, Michigan State University.

The present study investigate students' attitudes about counselors. Participants are to evaluate the effectiveness of a counselor after listening to a typical counseling sessions on an audiotape. The following pages include a demographic information sheet, a description of the background of a counselor, a script of a counseling session, the Counselor Effectiveness Rating Scale (CERS).

Here are the instructions of the experiment. First, complete the demographic information sheet. Then, you have 3 minutes to read the description of the background of a counselor carefully. This is the counselor whose session you will hear. Please look up when you finish reading the background description. The assistant will then start playing the audiotape which is a simulation of a counseling session between that counselor and a client. Please read the corresponding script as you listen to the tape. Next, you should complete the CERS. There are instructions printed in the beginning of each rating scales. Please read them carefully before you start.

In order to maintain the integrity of the present investigation, no communication throughout the procedure is allowed. Moreover, participants should not discuss or share any information about the procedure until the end of this term.

All information received will be strictly confidential. No attempts will be made to associate reponses to particular participants. Please do not include your name on any of the materials. Please give the answer you consider to be best.

Participation in this experiment usually takes 30 minutes and is strictly voluntary. There is no guarantee that any beneficial results will come from your participation. If at any time you wish to discontinue your participation in the experiment, for any reason, you may leave without explanation. Since this is intended to be an

educational experience as well, a summary of the result of the experiment will be available upon request in about six months. You may contact Tommy Chan by leaving a message at the graduate office of the Department of Psychology for any questions regarding the experiment.

The experiment has been explained to me and I understand the explanation that has been given and what my participation will involve. I also agree not to discuss and share any information about the experiment until the end of the Winter term, 1988.

Signed: _____ Date: _____

Appendix VI

Demographic Information Sheet

Age: _____

Sex: _____

Year of College: _____

Major: _____

Ethnicity: _____

Country-of-Origin: _____

Years of Residence in the US: _____

Appendix VII

Description of counselor

Caucasian American Counselor

This counselor is a 33-year-old male Caucasian American. He was born in a European country, and was raised in the US as his parents emigrated to this country when he was very young. After receiving his Ph.D. degree in clinical psychology in a major university, he started working as a licensed psychologist in a community mental health center in a large city. He speaks and writes an European language, and has developed an appreciation toward European art and music. He was licensed in Michigan a few years ago. He currently holds a senior staff position in a university counseling center, whose job consist of counseling college students who have encountered personal problems in their daily living.

Appendix VIII

Confirmation of Debriefing

Thank you for your participation. The following is more information about the study.

First, we told you that the purpose of the study is to assess the students' perception about counselors. That is the reason why we have you listened to the simulated counseling session, and completed the Counselor Effectiveness Rating Scale. Another two variables that we are interested to look at are whether the ethnicity introduction of the counselor and the directiveness of the counseling approach would influence students' perceived effectiveness of the counselor. Moreover, we are interested to look at how the process of acculturation of Asian Americans influences their perception of counselors' effectiveness. That is why we asked you to complete the Suinn-Lew Asian Self-Identification Acculturation Scale and the Stick Figure Test.

Please be reminded that we have asked you not to reveal any information about the study until the end of this Winter term in order to protect the integrity of this scientific investigation. Please do not discuss the study with another student this term.

If you have any question regarding the study or the experimental procedures, please feel free to contact Dr. Norman Abeles or Tommy Chan. You can leave a message at their mailboxes at the Graduate Office of Snyder Hall.

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