REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

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Volume 12 **Summer 2006** **Number 3**

Special Issue: Reflections on the South-East Asian Diaspora
Guest Editor: Brian Trung Lam, Ph.D., California State University, Long Beach

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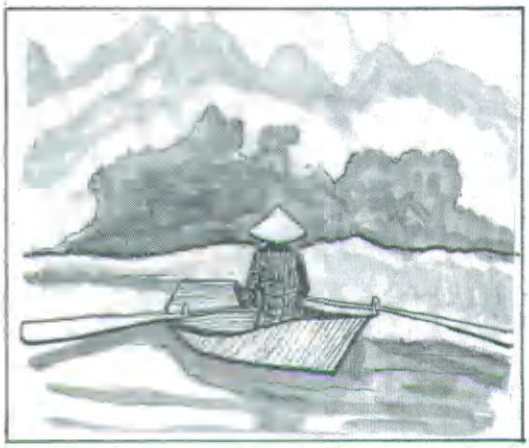
Letter From the Editor

Jillian Jimenez, Ph.D.

Southeast Asia is seared in the memory of my generation. The names of some of its countries — Vietnam, Laos, Cambodia — evoke complex historical associations that anchor my age cohorts in a political context necessarily partisan and ideological. In this country, the narrative about the Vietnam War has been about *America* in the war—those who fought have one story and those who refused to fight another. Both stories were enormously gripping in their day; the fallout from the first has yet to end. Even those in the United States who witnessed the war as protestors or supporters cannot forget the passion they once felt and the enemies they made while defending their positions on "the war" (as it was called). Presidential candidacies have been roiled and have even foundered over the candidates' relationships to the war. The ongoing power of the narrative of American in Vietnam is evinced by its frequent evocation in the effort to make sense of the current war in Iraq.

This issue of ***Reflections*** looks at another side of Southeast Asia and another consequence of the United States war — the refugees from that war. The narratives here remind us that the most powerful stories about Vietnam, Cambodia and Laos are told by those who lived there. In this issue the Southeast Asian perspective on the war's aftermath and on the experience of Southeast Asian refugees in the United States takes center stage and graces us with a far deeper understanding of the long term impact of the suffering that trailed after us as we left Vietnam. The narratives tell the stories of the struggles of adjustment to the United States of people who may not have come here if it were not for that war. War, suffering, and dislocation are our legacy in Southeast Asia. These narratives offer both a corrective and a counterpoint to Americans' understanding of the war in Southeast Asia. I am grateful to Brian Lam for creating this issue and to all the authors for sharing their experiences as refugees and sons and daughters of refugees from Southeast Asia.



CALL FOR NARRATIVES: Special Issue of *Reflections*

Back Into the Storm: Helping Professionals Return to the Gulf Coast

Guest Editors: Brenda F. McGadney-Douglass, MSW, PhD, University of Toledo and Richard L. Douglass, MPH, PhD, Eastern Michigan University

As soon as the wind calmed and the water began to recede, faculty and students in social work, nursing, public health and other helping professions set aside their academic roles, rolled up their sleeves and began the journey of rebuilding the Gulf Coast after **Hurricanes Katrina and Rita in the Fall 2005**. This Special Issue will provide a forum for telling their stories. *Narratives of personal responses are sought from those who embraced roles as workers, disaster volunteers, relief workers, and visionaries to demonstrate the dedication, skill, courage, and selflessness of our professions when tragedy strikes.* We encourage narratives from those in the storm-ravaged areas as well as from persons in communities that welcomed and gave assistance. We seek stories about survival, challenges, interventions, and applications of our research and teaching in a time of need, including non-traditional program development, unexpected lessons-learned, and experience-based insights from those of us who went back to rescue and rebuild. We specifically hope to highlight experiences that involved displaced children, women, and families, how ongoing or crisis-triggered mental health affected response efforts, how academicians responded to extreme poverty, loss of infrastructures, confrontations with death and loss, and how the experience has affected those who returned to support victims and communities. **Narratives may address, but need not be limited to:**

- How did you apply your professional practice in storm-ravaged communities?
- How well did your practice, research, and scholarship prepare you for actually responding to people and communities in need?
- How did your involvement affect your perspectives on practice, teaching and learning?
- How did survivors, displaced people, women, single-men, youth, aged, and others respond to those from practice, academic and other professional roles who were involved in the helping process?
- What were the sentinel events from this experience that have transformed your professional thinking or career choices and academic life?
- If you were displaced, yourself, how did you redefine your roles in social work, health care, or other areas as faculty, students, or field workers?
- What experiences did you have that provided inspiration and motivation to serve others?

Narrative Manuscript Guidelines:

- A cover page, listing title of paper and full name of authors, including e-mail address, mailing address, and phone numbers of all authors.
- The second page must only list the title and a brief 50 to 100 word abstract.
- If references are included, follow requirements of the most recent edition of the *Publication Manual* of the American Psychological Association.
- Paper format: Typed, double-spaced (12 font in Times New Roman and 1" margins) and no longer than 30 pages (including tables and references).

Submissions must be received, in triplicate, *no later than December 1, 2006, to:*

Brenda F. McGadney-Douglass, Ph.D., Special Issue Editor
Department of Social Work
University of Toledo
Toledo, OH 43606

e-mail: bdougla2@utnet.utoledo.edu or, rdouglass@emich.edu

Reflections on the Southeast Asian Diaspora

Brian Trung Lam, Ph.D., California State University, Long Beach

Much of the research on immigration experiences of Southeast Asians is concerned with the risk factors that account for their maladjustment. Whereas understanding risks are important in examining individuals' vulnerability to stress or adversity, understanding resilience or protective factors might point to interventions that reduce the impact of risk factors. With this guiding principle, this issue of ***Reflections*** presents a collection of individual narratives that illuminate both risk factors and protective factors for their adjustments. By linking the past and the present, these authors provide the contexts and the processes that foster their strengths and shape their work with Southeast Asian populations.

For the Southeast Asian immigrants in the United States, the route to adaptation involves assimilation while maintaining a connection to their ethnic roots. This process impacts their senses of self and career choices. My narrative presents two polarizing situations where the conflicting pressure of independent self of the American society and interdependent self of the Vietnamese culture lies at the heart of interpersonal relationships. By embracing "the multiple selves," I illustrate the process of resolving this sense of ambivalence and self-doubts, which shaped my social work research and teaching agenda. Triggered by the September 11th tragedy, Phu Phan reflects on his personal journey to America as a refugee from a war-torn country to help students challenging their fear of being a victim. Phu also gives a personal account of the stereotypes that impact the professional life of a bilingual social worker, and seeks to understand the limitations of social work with Southeast Asian populations.

Several narratives address social injustice. Contending that "to be beautiful can be both a blessing and a curse," Dia Cha shares her personal experience with gender inequality among Hmong women, which led her to advocate and promote leadership for them. Doctoral students Mythu Chiem and Alma Trinidad provide personal accounts of racial and class conflicts. Mythu shares the experience of accompanying her aging father to a doctor's visit, and of her work helping refugees maneuver in a health care system where evidence of racial insensitivity still exists. Alma grieves of being displaced and reveals memories of her community and of derogatory comments about the people of her community. Through their personal and work experiences, both provide insights for social work practice.

The important roles of spirituality and of family and friendship networks in coping with tragedy are explicated in the works of two authors. Phil Tan shares his discovery of how Cambodian immigrants and their family members search for meaning through spirituality to deal with the traumatic experiences of the Killing Fields. He also shares a personal story of how spirituality helped his family members cope with their distress. Marissa Perez, a social work doctoral student, shares her family experience with the care-giving process and death and dying. She recounts how her father's illness consumed family energy and how her source of strength in such stress draws not only from a sense of spirituality, but also from support circles.

Several authors chart their involvement with the Southeast Asian population from two different perspectives. Doctoral student Duy

Nguyen and his colleague present challenges in working with their own community. They discuss how their young age and second-generation status impede the process of gaining credibility with clients and staff. Jayashree Nimmagadda and Mary Bromley present their indigenous approaches in working with the Southeast Asian population. These approaches rely on local knowledge—specifically, Buddhist teaching—and the value of interdependence.

In addition to the nine narratives described above, Bradley Ackerson reviews the recent book, *Survivors: Cambodian Refugees in the United States by Sucheng Chan*. He reports on its insights into sources of stress and individual struggles and strengths in searching for a sense of coherence when adapting to the American mainstream. Agathi Glazakos reviews two recent films, *Memoirs of a Geisha* and *Brokeback Mountain*, for their portrayals of gender and sexual discrimination, the effects of oppression on individuals, and their fight to redefine societal norms.

The themes illuminated in this special issue might share some universal knowledge. However, these accounts help us to understand differing approaches to challenges and the contexts in which these challenges arise. These narratives are not just about pain and grief, but also about finding strength to safeguard against distress and disillusionment. The authors' experiences also opened up career pathways in the helping profession to advocate for vulnerable populations.

My special thanks go to Jillian Jimenez, editor in chief of ***Reflections***, for her support and encouragement in making this issue possible. I also would like to recognize anonymous reviewers for their time and suggestions. Finally, my deep gratitude and appreciation go to the authors for recounting their struggles and strengths.

The Self in Context: Reflections of a Social Work Educator's Search for a Sense of Coherence

Brian Trung Lam, Ph.D., California State University, Long Beach

This narrative recounts the author's search for a sense of self, beginning as a refugee in one of the massive outflows of Vietnamese who fled their country in 1983 in pursuit of freedom. He subsequently drew upon personal experiences that showed him how a contextual sense of self developed. By sharing these experiences, the author hopes to offer insight into the resilience of the self in adjusting to drastic environmental changes.

Every March carries a special meaning for me, reinforcing my sense of accomplishment. From a shy city boy, to a passenger on a shaky fishing boat on the Southern China Sea, to a college professor, I contemplate the road I have taken and how my sense of self has evolved in the process. Reflecting on this journey may shed light on multiculturalism in social work practice. My first glimmer that indicated how much the formation of my new self was skewed was when I experienced a lack of assertiveness in social interactions, which subsequently affected my sense of self-efficacy and coherence. Pausing for reflection, I searched for pathways to a true sense of self. These pathways have enhanced my social work practice and propelled me into scholarly work on the reciprocal relationship between a sense of self and the social context.

In the late 1970s and early 1980s, Vietnam suffered from Hanoi's attempt to rebuild the war-torn country with a vision of "New Economic Zones." These were, in effect, agricultural communes (Zhou & Bankston, 1998), but a lack of infrastructure, coupled with natural disasters and the war with China and Cambodia, destroyed this attempt at renewal. Vietnam subsequently plunged into economic depression and experienced a severe food shortage. Apprehension about an uncertain future was written on the starving faces. "Neighborhood watch" gained a different meaning of "security"—privacy and freedom of speech were tightly restricted. At the age of 17, amid the physiological turmoil of adolescence, I struggled to comprehend the changing political and social climate of my country. The unpredictability of the external environment and the lack of available resources shook my sense of coherence. My parents were afraid that we would be uprooted and placed in the "New Economic Zones," where ravaged lands were not cultivable due to years of bombing. In addition, I was about to be drafted to serve in the war in Cambodia. In a state of severe discontent and with the backing of my parents' money, I made the decision to leave Vietnam and become part of the second wave of a Vietnamese exodus, later known as "the boat people." Challenging the coastguard and braving the storms of the monsoon season, I finally reached Malaysia along with 96 other people and became "PB822-108916."

Over a few years in the transit camp (a processing center for all South East Asian refugees before heading to the United States) in Pulau Bidong, I learned English as a second language, work orientation, and how to interact with Americans. Like other "boat people," I expected to find differences between my culture and the Western culture. The aim of these programs was to enable the refugees to recognize differences in cultural

values and communication patterns. At the camp, Americanization or Westernization was often equated with one's level of fluency in English and one's level of association with the foreigners. Disconnected from my family and rejected many times for entry to the United States, I lingered in the no-man's land of a transit camp, disenchanted and isolated. I tried to reduce my anxiety about the uncertain future by spending hours in the library listening to audiotapes in English. For me, English was the only ticket to any final destination. Doing this, I came to assume that I had fully acclimatized to a new "American/Western" self, and that I had forgone my "Vietnamese" self.

Paradoxically, having lost citizenship and family support, I found strength in my boat-mates and camp-mates who shared the same life experiences. Vietnamese refugees bonded together and transformed this tiny island into a mini-Saigon with Vietnamese shops and bazaars. At the age of 17, having being pampered in Vietnam by my parents and nine older sisters, I learned how to take on greater responsibilities for household tasks. Every day I lined up and carried water with my camp brothers through the treacherous paths of the island and back to our quarter, which was shared with other families and "orphans" (those rejected by the United States). At other times, I volunteered to teach elementary English to my fellow countrymen and women. When food arrived, all the men on the island, including me, reported to the dock to unload the supply. On one occasion, while carrying a 60 kg bag of rice on an unstable wooden dock, I lost my balance and threw the bag into the ocean. Without being asked for help, my camp brothers dove into the water and dragged the soaked bag of rice onto the shore. I thanked them for saving me from being reprimanded. These brothers told me: "Don't worry much—we are homeless; we have to care for each other to survive." At nightfall, we gathered and shared our long-awaited letters and delicious chocolates sent by loved ones from Australia, Canada, or the United States. Despite the attempt by the United Nations to promote assimilation, a collective identity of being Vietnamese was fostered and nourished throughout my years on the sleepy island off the coast of Malaysia.

In the sweltering heat and dust of mid-January 1985, after numerous appeals, I finally left the transit camp and headed to Santa Ana, California, to be reunited with two of my sisters. Throughout the dreary camp years, I never entertained the possibility that I would actually get to America: a place I used to think of as a sort of unattainable paradise. I was inspired by the spotless high-tech of the international airport at Seoul, Korea, and ecstatic at getting on an escalator. Turning to my right, I asked the Korean lady sitting next to me, "Mam, would you show me where the trash container is?" She looked at me in confusion, grasped her purse tightly, and moved hastily to another seat on the same row. "I might look like a beggar wearing worn clothes," I thought to myself. "She might not understand what I said, or she thinks I smell." Without knowing that a crisis of identity was brewing and waiting to spill out into my consciousness, I continued to wonder: "Is it that she does not want to respond, or is it because I am with a group of refugees whose faces are filled with surprise and apprehension at their uncertain future in the United States?"

Settling in a crowded Santa Ana apartment shared by my two sisters' families, the aroma of traditional Vietnamese fish sauces mingled with incense from the altar of

Quan Am, a deity of mercy. At home at last with my sisters and brothers-in-law, I reminisced about the past, thanked them for being here, and longed for letters from home in Vietnam. My sisters always reminded me: "We are only three people here in this country. Without family unity, you are nothing."

Overgrown lemon grass, garlic, and mints filled the small space of our patio. A small thatched hut from which a hammock dangled was erected to add a sense of our native homeland. Vietnamese music echoed through the apartment walls. It seemed as if the South China Sea's breeze permeated the air of this tiny garden and brushed the skin of anyone who entered. Inside my sisters' apartment, Vietnam was so evident. I was pulled by the past. My collective sense of identity with my countrymen was refined into an interdependent self in which self is the product of family and is defined by strength of one's relationship with the environment. Outside the apartment, however, Vietnam seemed so far away ...

Outside my sisters' apartment, I pretended that I had lost my memory in order to save myself from nostalgia and the grief of family separation. In school, I forced myself to believe that I was no longer the Vietnamese teenager who left a war-torn country and found shelter in a refugee camp. I changed my name; listened to Cold Play, U2, and Green Day; watched English speakers and spoke their language. In the world outside were Winchell's Donuts, Pizza Hut, and Ralph's Supermarket—America with its optimism and its absence of hard labor. In school, immersed in an individualistic society, I learned how to challenge authority, to be assertive, and to be independent. I attempted to invent a new American self that could walk outside the footsteps of my sisters and brothers.

Such dichotomy has created conflicts of identity for many Vietnamese Americans. While some have resisted adapting to the rules and norms of the mainstream and deny their own Americanization, others, like me, attempted to fit into the new context, embraced the new environment, and thrived. A shifting awareness of self led me to identify the notion of "dual selves" (Singelis, 1994), which I defined as the ability to maintain simultaneously the interdependent self of my ethnic culture and the independent self of American society. This conscious act of switching "selves" to fit the context engendered a challenge that had to be faced.

I often berated myself about the discomfort I felt in social interactions with Vietnamese friends, American friends, and my American partner. Every day, I walked within two different worlds, carrying a polarized view of self. At home, with an emphasis on interdependency, I was taught to place others' needs, desires, and goals above my own. I was taught that my existence was the product of the family. I was taught to listen, not to speak up. At work, in school, and around my American friends, I sought to assimilate and strove for autonomy like that of my American peers.

But this switching often did not occur smoothly. At home, my life and schedule circled around my sisters' families. They often spoke for me. Most of their requests were in the form of a statement, rather than a question, with the assumption that I would be OK with them. "I know that you like this." "Oh! We are going to the Grand Canyon on Memorial Day. You are driving." "We go to the temple. It is good for you." "You must buy this for Mom. It means a lot to her."

I often submitted to their requests, feeling that it was my duty to make them happy and to minimize family friction at all cost. Most of the time, however, I felt weak and was unclear about my sense of self. Often I asked myself, "What do I want? What do I desire to do?" On such days, these questions were left unanswered. Not complying with their expectations, or challenging the traditional

blueprint of the family, made me fearful of being labeled uncaring or disrespectful and of being alienated from my family.

While socializing with American friends and assimilated Asian friends, on the other hand, I often felt criticized for not being stronger and more independent. On one occasion, I was in a relational conflict and solicited advice from a friend in Washington, D.C. He said: "You have to speak to him directly about how you feel. You are the only one who can make a decision. You are so dependent on me." I was confused, depressed, and stuck. He then added more fuel: "I think you have low self-esteem, Brian. We have to do something about your self-confidence." My assimilated friend interpreted my Asian ways of thinking about self as "submissive, ambivalent, and fragile." Inadvertently, he devalued the identity in which I was raised and which I had cultivated all my life. This inconsistency of identity was at times overwhelming. I often felt inadequate, lacking my own personality or character, and pressured to choose one way of being over the other.

Engaged in various cultural systems with conflicting roles, I often pondered: "Does self-consistency matter? Does it have to be either interdependent or independent? Can't these two coexist?" In the mainstream society, I was imbued with the notion that while inconsistency brought distress and confusion, consistency conveyed a great sense of control, which normally equates to a positive sense of coping.

Yet, as I developed as a social worker, I asked myself to examine my feelings in different contexts. Being "interdependent" was reframed as an interpersonal strength due to its flexibility, its capacity to change. Attempting to fit my "self" into various contexts had increased my ability to defuse hostility and anger. These days, I approach conflict from a different angle from what I knew as a refugee from Vietnam. I see my "self" with its many dimensions simultaneously. I have trained myself to avoid stress generated by interpersonal conflict as I attempt to place myself in the shoes of the involved parties. The reward has been a strengthened sense of empathy with others. As part of this way of being, I never thought of putting aside my own interests in favor of others'; in fact, being interdependent helped me to widen my circle of friends and social support.

So it proved. When my friends or sisters raised their voices in frustration about this or that, I knew that by challenging them I would be creating a "self" away from those I cherish. I did not want to get away from "we," the collective, the bond that is the foundation of my life. In an attempt to balance their emotion with my need to belong, I would calm them down by saying, "You are right. I am sorry that I upset you! What do you think I can do to help the situation?" Because I allowed them to save face, they eventually recognized their irrationality and apologized for being in such a rage. But asserting myself or my needs could also be accomplished at a later stage of conflict resolution. I figured out that if I did not see the view of the other side, I would never be able to address my own needs (my independent "self").

In my research on "switching selves" with Vietnamese-American adolescents, I have found evidence of the coexistence of the interdependent and independence self as the product of a multicultural society. Adolescents with this ability appear to have positive coping strategies and a good sense of well-being (Lam, 2006). It is possibly that, as with my own experiences, these adolescents were able to manage their emotional needs through a strong connectedness with family members, peers, and community. The lessons learned from my personal struggle to achieve a coherent identity thrust me into social work, which afforded the opportunity to teach and do research on coping strategies among those

faced with identity concerns linked to cultural norms and values.

Through my personal experience and research regarding "self concept," I have found that concepts of self govern how individuals behave, communicate, and receive feedback from others. Understanding self-development may uncover various sources of support (Lam, 2005; Lam, in press) and strategies for decision-making and communication strategies. The following list provides some guidelines for understanding individuals with "multiple or shifting selves":

1. Social workers should not lock themselves into traditional Western orientations in which self-consistency is emphasized.

2. In assessing clients' view of self, social workers may assess values and behaviors that provide the basis for understanding their identity.

3. Social workers may want to assess and explore "multiple selves" or shifting selves that are illuminated in contexts such as family and other close relationships. This type of assessment may uncover strengths. Studies have found that the multidimensional aspect of self may guard individuals from negative events. See Suh (2002) for a review of these concepts. Subsequently, multiple selves may help to reduce a sense of vulnerability in the face of distress.

4. Social workers must be careful in interpreting the interdependent self, which should not be considered as dependent and pathological.

5. Social workers should explore and understand the patterns of communication of their clients. For instance, Asian Americans are disinclined to create interpersonal disharmony, so they tend to engage in indirect strategies and non-confrontational attitudes oriented to the group (Sue & Sue, 2003).

6. Treatment goals should not heavily emphasize values such as self-direction, self-awareness, and autonomy as criteria for emotional well-being (Sue & Sue, 2003).

As I reflect on my journey to America, social work training has helped me to recognize the resilient nature of a "self" that is constructed and adapted to its ever-changing social contexts. The changing dynamic of "self" underscores the core principle of reciprocity embodied in social work's *Person in the Environment* perspective. The revelation of my personal experiences has helped me to make sense of my ambivalence and broaden my sense of self.

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Social Work and Southeast Asians: Reflections of a Social Worker, Educator, and Practitioner

Phu Tai Phan, Ph.D., College of St. Catherine/University of St. Thomas

This narrative describes the author's experiences as a Southeast Asian social worker and educator. It examines social work as a career option and explores the reasons why social work can be limiting for Southeast Asians. The author recounts the ways he uses his personal and professional backgrounds to challenge students to get past their ongoing fears about September 11th and to take on professional roles. Finally, the author reflects on student evaluations and how they influence his thinking about Southeast Asians and social work.

On days when the weather is subzero in the Midwest, the brisk walk from the parking lot to my office is cold and uneventful. My mind is free to ponder social work and its place in academia for a Southeast Asian educator like myself. It is both funny and amazing how a young boy from a war-torn country could come to America and grow up to be a college professor. Having been appointed a tenure track assistant professorship in social work at a small Midwestern Catholic women's college, I often asked myself: What is a Vietnamese American man doing at a women's college? Many others seeing me wandering the campus those first few days undoubtedly asked themselves the same question, and for many days thereafter. On many of those days, I did not know the answer.

In August 2001, I went to Vietnam to visit my mother who was battling cancer, but I had to hurry back to the U.S. to prepare for my new teaching job. It was my first academic job and I was excited to start a new phase in my life. I was full of ideas, ready to revamp syllabi and design exercises for the classes I was to teach.

On the morning of September 1, 2001, at around 5:00AM, I received the dreaded phone call from Vietnam. My mother had just passed away. My sister's voice on the other side actually sounded as if it was in a dream because the connection was so bad. It always happens in such a dramatic way. I hung up the phone, feeling as empty as I had felt when my father died. I was 14, an unaccompanied minor in a refugee camp on the shores of the Philippines; other Vietnamese refugees newly arrived from my hometown told me that my father had died in Vietnam. I felt then as if I had lost my sense of direction in the world.

The morning my mother died, I was alone at work because school had not started. I left a message for my Dean, telling her I needed to go to Vietnam to attend my mother's funeral and I would be back as early as I could. It was Labor Day weekend. I had missed my father's funeral twenty-three years before and I have always felt guilty about it, so I had to go to Vietnam this time. I called my brother and made the arrangements. At 4:00 P.M. that afternoon, I was en route to Vietnam.

After my mother's funeral, I was anxious to get back to the U.S. I left Vietnam on a hot September day feeling drained and empty. The first leg of the trip from Vietnam to Taipei was uneventful, and 8 hours into the 13-hour flight, I dozed off. Half asleep, I felt the plane make

a 180-degree turn, but I was too tired to care. Turbulence, I told myself. In a trance, I was dreaming of that misty place in the South China Sea where my mother was buried.

Several hours later, the Captain of China Airlines came on the intercom and said, "Ladies and gentlemen, something terrible has happened in America and we cannot land at LAX; therefore, we have been returning to Taipei and we will be landing at Chiang Kai-shek International Airport shortly." With that, everyone became extremely agitated and the plane filled with their noise. No one knew what was going on and the flight attendants were no help. What could possibly have happened in America?

We landed back in Taipei and were greeted by Taiwanese marines in full combat fatigues, carrying AK-47s. We were herded into waiting rooms at Taipei International and I saw a couple of Caucasian-Americans talking about an attack. I asked them what was happening. They said America was under attack. "America? What do you mean?" That's all they knew. They had heard it from someone else, too. There was no television at Chang Kai-shek International. Under the anxious supervision of Taiwanese airport officials and soldiers, we were given a bus ride to a dingy hotel in the far suburbs of Taipei. Those who boarded from Taiwan were free to go home, the rest of us were Vietnamese, Vietnamese-Americans, and about ten other people of various ethnicities. There we were given a choice: either take our personal belongings and passport and be on our own, or stay under the supervision of Taiwanese authorities who would get us to America as soon as they could. Many of the other people left on their own but all of the Vietnamese and Vietnamese-Americans chose to remain under the care of the Taiwanese authorities.

In the hotel room, I turned on CNN and the repeated image of the airplane plunging into the World Trade Center paralyzed me. Chills went down my spine and I was in total panic mode. Then it was D.C., then Pennsylvania. I tried calling home and repeatedly was told that my number did not exist. I called the cell phone of a friend in Minneapolis, leaving him a message with the number of the hotel as well as asking him to check on my family. That done, I turned off the television and took a cold bath.

Sitting in the bathtub, I remembered images of Vietnam during the war. Bombs exploding, people running around shouting, crying. The sounds of thunder. It cannot happen in America! America is supposed to be one's *cho yen than cuoi cung* (the world's last safe place)! A person cannot die twice. *Nguoi chet hai lan, thit da nat tan* (Trinh, 1964). This cannot happen again in my lifetime. The strange feeling of déjà vu plunged me into extreme loneliness. I had to go see other people.

I went to the hotel lobby. There, China Airlines officials were telling the others that they would provide room and board for us for three days. What would we do after three days? No one knew. However, we were to remain inside the hotel at all times. Without our passports or entry visas, we were illegals in Taiwan. At the front door, there were two policemen keeping us from leaving the hotel. So we hung around the hotel cafeteria, drinking instant coffee and speculating. For Vietnamese-Americans, trips to Vietnam mean that you are going from one of the richest countries in the world to the poorest; therefore, we save up for a couple years, go to Vietnam to visit and be pampered, visit relatives, and when it is time to leave, whatever money we have in our pocket, we give to our relatives who come to Tan Son Nhat International to see us off. None of us had any money left! How long would it be before we could get back to the U.S? No one knew. I had a credit card but it was no good because I needed a passport to cash money from the

bank, and we could not leave the hotel anyway.

Mr. Thanh and his wife were in their 70s, old and frail. They were going to America as tourists to visit their Vietnamese-American son in Denver. For some reason, they came to me as I sat down to breakfast; revealing their whole life story, giving me their immigration forms: I-134s, DS-156s, letters of support, in which I noticed a line: *I will give my parents $600 a month spending money*! Yet, they said they had none for the trip to America. What were they to do? How would they be able to stay in Taiwan? There was Huong, a young, beautiful, rural woman who could not keep from sobbing violently. She was coming to America as a fiancée of an American. She showed me his picture, a young, handsome guy with lots of tattoos. Should she go back to Vietnam? She went through hell to get here; if she went back, would they let her go to America again? Soon, groups of people come over to my table, spilling their stories, trying to keep from crying through repeated clips on the oversized television hanging on the wall of the airplanes plunging themselves into the World Trade Center. Some of the men commented that it looked just like in the movies. "It is a bad movie," I thought to myself. I suddenly realized I was offering crisis management to this group of people, knowing a full-blown crisis was brewing within me, for I had not been able to contact my family in America.

By the second day, we were told we were on our own because they did not know when America was opening its borders again and the Taiwanese authorities could not take care of us any more. We were again given two choices: Stay on our own in Taiwan ,or buy a one way ticket back to Vietnam Again, groups of people hung around me, asking me for advice of what to do. My social work training did not help here for I came out with the predictable: "What do you want to do?" They answered, "You help us to decide. If we knew, we would not ask you!" Switching modes, I told myself, "You are working with Vietnamese." I asked them, "What are your choices?" and once I heard their answer, I said, "This is what I would do if I were you." Be directive, I told myself (Lum, 2004). However, the American social worker in me tried so much to refrain from it (Hepworth, Rooney, & Larsen, 2002). Within the next three days, most of the Vietnamese and Vietnamese-Americans left for Vietnam and only a few stayed behind, including me. I was constantly questioned why I was not going to Vietnam as I had advised others to do. "I don't have the choice you do. I have to go back," I said. On September 16, the rest of the group, including Mr. and Mrs. Thanh, left with me on the first flight to America. Huong had gone back to Vietnam one day earlier as she considered it to be her only option. Most of her life had been in transit and she suddenly realized that it was better to be in transit in Vietnam rather than in Taiwan.

When we got to LAX, it looked as if it had been through a hurricane of massive proportions. Standing in long lines through immigration, I was tired and distraught. When it was my turn to show my passport, an African-American immigration officer looked at me and asked me where I had been. I replied, "In transit." He gave me a puzzled look and after a minute, he said softly, "Welcome home." His words woke me up from years of deep discontent. I had been traveling all over the world, working and vacationing abroad but never in my 20-plus years in America, had I ever heard those two words upon my return to the U.S. It was always the same stern, never-meet-the-eyes look, or just pleasantries about the weather, but never did those words came out, even during the years I worked for the U.S. government abroad. I was shocked and once he motioned for me to pass by, I hurried by so I could catch the next leg of the plane to the Midwest. Once I fastened my seatbelt,

those words came back, and like the sounds of waves coming into shore, they put me to sleep.

I came back to my academic job one week late and the social work students were all over the place. Most were scared, angry, confused, and did not know what to do. Many did not want to talk about the terrorist bombing but their faces showed it was on their minds. And their anger, unfortunately, was directed at me: I abandoned them when they needed me the most, the first day of class, on Sept. 11, 2001.

The first two classes were difficult. The students' body language told me that they were uneasy with me, but I did not know why. Having lived in the U.S. for more that two decades and trained as a professional social worker, I decided to use "I statements," which, for Vietnamese, is a rather funny way of communicating. In the third class, I addressed the class, composed of all young Caucasian females, in a way that I did not want to address them. As social workers, we are trained not to utilize professional use of self unless it benefits the clients. Here I determined that it would help my students, yet it was still hard.

I told the students that I sensed in them an apprehension toward me and I disclosed as I never had before: I was a refugee from a war-torn country, had seen a lot at the refugee camp in Southeast Asia, came into the U.S., went to school, went back to the same refugee camp to work as a social worker, and most of all, although I had been living and educated in the U.S., my mannerisms and body language that might still be very Vietnamese. If they were not sure about what I said or meant, I asked them to verify with me and promised I would do the same for them. I said all of that, and with that, I became suddenly very saddened. I really did not want to disclose all those things, since it is so emotionally draining every time. What was I looking for? Perhaps to disarm them of their apprehension. Sentences from Peggy McIntosh's *White Privilege* (1988) came back to bring me some comfort, but they also brought uneasiness. If I were white, I would not have to disclose my background in such a way.

The students were stunned. The college they attend is a women's college and, although there were a few male professors, I was probably one of only a couple of minority male professors. Therefore, it is probably not what they expected to hear, especially from a professor. I went on: "As social workers, you will often meet clients, whether they are from the same cultural background as yours or not, about whom you cannot make assumptions and must repeatedly clarify what they mean. This is lesson one in social work practice." With that, I divided students into groups to explore similarities and differences. Most group discussions lasted but five minutes because most had "similar backgrounds" and "nothing much to say."

Yet, the collective experiences of a post 9/11 world hung in the air and since an event like this was the first for many of them, they were terrified by it. I knew I had to deal with the terrorist bombing and told myself to challenge my students to use this experience to learn about feelings of being a victim, both as Americans and non-Americans, directly or indirectly. In subsequent classes, I engaged them by telling stories about wartime Vietnam, American's involvement there, and the feelings of powerlessness of common people. I challenged them to put themselves into the shoes of people who hear bombs and gunshots nightly before they go to sleep. I pushed them to decipher news commentary. asked them to reflect on stories of people being rounded up. Finally, I led them to face the problem experienced by one group within the community by assigning them to a role-play. The role-play depicted the difficulties a Somali family living in a local section of town where there is a large concentration of

immigrants and refugees, especially from Somalia. The role-play and the instructions are described below:

> "You are working as a social worker at Family Services and you were given a Somali family who came to your agency for assistance. The intake sheet indicates that they want help because their teenage children (3) are having conflict. They are a two-parent household with three kids and an older couple (grandparents) in their late 70s. The family also wants help with the older couple because they are having some difficulties with them as well as the teens. This is all the information you have and this is deliberate because it is meant for you to do the family assessment and intake process. Remember the planned change process. Ask yourself "What do I need to know to best help them?"
>
> *In this class, each student will take a turn as the social worker working with this family from intake to termination. For the purposes of this class, an 8-week session is selected to work with the family. That means that each student will have a chance to work with the family at least once. You are welcome to lead more than once after everyone has had a chance to lead. Once you have signed up to lead the family, your job as a social worker is to do some self-educating on the cultural background, the issues involved (immigration, marital & intergenerational conflicts, role reversal, cultural sensitivity, developmental stages, are some of the issues), and how best to assist the family on the goals selected. Be mindful to ensure continuity from week to week. That is, act as if you are the same social worker throughout this process. We will devote a 45-minute segment of class from Sept. 26-Nov. 14 to do this role-play. This will give you a chance to see how a case evolves from beginning to end,"* (Phan, 2001).

At first, no one volunteered for the role-play. Eventually the more brave ones volunteered, then peer pressure kicked in and everyone participated because I intentionally made the family large enough for the whole class had to be involved. In subsequent sessions, I challenged them to take care of themselves and whatever issues they might have regarding the bombing during non class days so that when they are in class, they are ready to provide care and assistance for others. With that, they got into study groups, went to the library, consulted with local Somali agencies, found Somali experts learned, came back, led the group, peer-consulted, learned some more. Through that, they slowly morphed into professionals. Having worked through their fears of ignorance and presumption, and by forming new identities as collaborators, advocate, practitioner, counselor, family therapist, case manager, and hence, social workers (Collins, Jordan, & Coleman, 1999). There is empowerment in group work and through working within a group to reach a common goal, they came to realize that they can effect changes as they are learning.

The events of 9/11 proved difficult for me personally as well. Having been through so much warfare, many Vietnamese Americans are somewhat immune to violence since it was just a part of life. You hurt me, I will hurt you right back. "Just bomb the hell out of them," a friend commented. He continued, "Like

what the Americans did in North Vietnam with the Vietnamese communists!" The subsequent bombings of Afghanistan and the war in Iraq won many Vietnamese-American hearts for President Bush. During his re-election, they turned out in record numbers (Ebbert, 2005). That was to be expected since it is true that his popularity soared. What I did not expect from my circle of friends, many of whom were so peace-minded and in fact, were Buddhists, was how they could be so gung-ho about bombs and warfare. I stopped drinking coffee those days with them because I did not want to lose the few friends I had. Many had taken on the rhetoric of the day because the path of revenge is easier than the path of peace. For many of my Vietnamese-Americans friends, social justice *is* revenge.

Slowly, many of my social work students started to watch the news, listen to the radio and read the papers again. As educated members of a democracy, I challenged them: "You have to be critical of what you hear." By the end of that semester, a few who took on my challenge became eloquent speakers and could relate social work to current events; many of the rest felt left behind because they did not want to deal with the "information overload" they were getting in the news. At this juncture, I redirected them to focus on the work at hand, which was social work practice, and reminded them that social justice issues are lifelong pursuits and hoped that they would continue to be involved.

The finish of that semester was a welcome ending for my students and, to a certain extent, for me, too. I left class feeling very high that day because I felt I had been effective at helping them become more thoughtful and more critical of events, and in the process, I thought they would become better social workers. Things took a dramatic turn a couple days later, however. Once I got the course evaluations back from the school, I hurried to my office so I could read them. Most were positive about my teaching and methods, and I glanced through those quickly. There were a couple, however, that threw me completely off. On the line that asks "If you have other comments about the class or the instructor, please write it here…," one student wrote: "He tells too many stories…", "Don't say 'damned'", and "His mannerisms are hard to understand." This last one was particularly stinging: "He does not understand Americans." I just could not believe my eyes. Slowly, a rush of sadness came over me and I walked out to the car that night in the brisk December winds, feeling angry at myself and doubting myself as a social work educator because I felt those were unfair comments as they were directed at me personally rather than at what I taught them. For almost a month, I seriously considered leaving the social work profession because I knew that I was among the few Southeast Asian social work educators and that I would always be faced with those comments, no matter what the context, and I was too thin-skinned for them. Over the next few days, I jotted down my thoughts about Southeast Asians and social work.

Once, in my first social work job in Minneapolis for a mainstream social service agency, I went on my first home visit to a client's house. Before I did, I called and made sure the client knew I was coming. Yet, when I got there and knocked on the door, my client was startled by my Asian face and she later told me that she did not expect me, an Asian, to be her social worker. She said this so matter-of-factly that I had to smile. I explained to her that I understood because there were not "many of us" around. I have since learned that when I got clients, I would send them letters introducing myself with a special emphasis on showing them how to pronounce my name ("as in Foo Manchu") and when I later called to introduce myself, I always slowed down when I came to "….Phu Phan, I am your social worker from X agency." And when I come to see my clients for the first time, I always allow a few minutes and ask

them if they have any question for me or *about* me that they would like to know. I learn that clients often appreciate these niceties and ask me about "where" I came from. I learn that unless these disclosures are not done early, I always feel a sense of uneasiness in my clients. I conclude that it comes with the territory.

The veil of culture is sometimes stronger than the thickest walls, however. My experiences as a social worker with Southeast Asians are full of contradictions and bring joys that often come with sadness and feelings of frustrations. For Southeast Asian clients and their families, a social worker is just a translator, literally and sometimes, culturally. This is to be expected, but it is very frustrating to me. Working in a community mental health agency that serves Southeast Asians, among others, I served as an important part of the team that included a nurse, a psychiatrist, and myself as the translator and social worker. In that capacity, I served always as the most junior member of the team, whether the others meant for that to be or not, despite the fact that I was often the one with the most information. The pecking order has always been there. However, this pecking order is often made transparent as when a Vietnamese-American client, Mrs. Y, always came into her therapy appointment with a plate of hot, crispy egg rolls. She would give it to the Caucasian psychiatrist and he would never know what to do with it, so he would give it to the nurse, and the nurse would always give it to me, saying "*Phu, please give this back to her and tell her not to give us these any more. It is sweet but she should not do it any more.*" I would give it back to her and, like a ritual, she would pretend to forget and go home only to call me when she got there asking me to put it in the "doctor's office" after giving "the nurse" some. I always got nothing! Why is it? Is it because I am Vietnamese like her that I don't need egg rolls? Maybe she thinks that I have eaten enough egg rolls in my life that I don't need them anymore? I don't even like egg rolls, but that is annoying! Not knowing what to do with the plate, the doctor would then put it in the lunch-room with a note "please eat." Every time this happened. And it happened every week, despite everyone's protest—and delight! The professional life of an ethnic bilingual social worker is a paradoxical one. I decided to be a social worker so I could help others, especially other Southeast Asians, because they have been through so much. At the time, I took a job in an ethnic agency since I thought that these agencies are the most culturally competent. It was a small start up agency and I realized very quickly there was little chance of mobility and the salary was much less than those of my peers who went into other agencies. After a couple of years, I went to a bigger inter-ethnic agency and my chances improved somewhat, but there I was always ranked lower than others, especially Caucasians with Masters of Social Work degrees (MSW); and, if not by my peers, then almost always by my Vietnamese clients, for in their eyes, I was the equivalent of a translator. I was soon faced with the inevitable question: Do I stay here and act pretty much like a translator/worker? Or do I stay here and keep telling my clients—and my peers—that I was not the agency's interpreter? I had a Cambodian co-worker with an MSW who was so annoyed at people grabbing him for interpretive services that he recorded in his work voicemail that "You have reached the voicemail of ——— and I am NOT a translator. If you are looking for an interpreter or translator, please call…"

Of course, the aforementioned choices are not good choices. But I knew I wanted to move on. But where? Invariably, the choice is limited: Work for the county or the government, where benefits are better but where I will usually function as any other social worker, without using my bilingual skills, despite the lack of MSW-trained ethnic social

workers in the ethnic agencies. Another reason which limits my ability to go to a mainstream agency is the fact that ethnic-MSWs are deemed by mainstream private social service providers as a luxury they cannot afford. Many agency directors have told me that if I have an MSW and a bilingual in a Southeast Asian language, I should work within agencies that serve Southeast Asians. "We don't have many Southeast Asian clients; therefore, we don't have a need, even though we strive to be culturally competent..." It is often assumed that only Caucasian MSWs could work across Southeast Asian groups and not the other way around. Southeast Asian MSWs are often prevented from working cross-ethnically because of the issue of historical conflict between these groups. A Vietnamese could not work with a Cambodian, the culturally competent social work supervisor would say because "There has been too much animosity between the two groups." No matter the educational process and the MSW degree. Hence the paradox for myself and many other Southeast Asian social workers: I went to school to get the MSW so I could professionalize, but once I got it, I was confined pretty much to work with my own people or within the public sector such as county or other governmental branches. Instead of broadening one's horizon, the MSW for the Southeast Asian social worker actually restricts where he/she can go in terms of work.

The ethnic agency does not fare much better. Faced with the shortage of MSWs, its fate is usually left to those who are extremely dedicated and those novices with a good heart, usually untrained in professional social work practice. Because of limited opportunities, the ethnic agencies cannot, in many cases, hold on to the ethnic "professionals" who are trained. Am I selling out by going to the public sector? Certainly not. I am behaving as anyone would behave in a similar situation. With each Southeast Asian entering the county for better opportunities, however, the dream dies a slow death because it is exactly in these Southeast Asian mutual aid associations that they are most needed. The dream of getting an MSW so one can serve one's group disappears as ethnic agencies are not able to provide financial and educational opportunities for these professionally trained social workers, unless each one of us starts our own social service program, which, incidentally, is happening in places like St. Paul, Minnesota, and Orange County, California, where large Southeast Asian populations congregate.

As the second generation of Southeast Asians matures and moves into the social work profession, they do not see the Southeast Asian mutual aid associations as a viable option. Factors of acculturation and professionalization will propel them to aim for mainstream agencies and their experiences as a second generation refugee/immigrant will be so different from the first generation that many will undoubtedly think it is easier just to work with mainstream clients. In subsequent years of teaching social work, I have noticed an increasing lack of interest in my few Southeast Asian social work students to work with people of their own background. This could be interpreted as a good sign that many social work students are redefining their professional identity: that they are professional social workers who happen to be Southeast Asians and not the other way around. However, that is exactly the point: due to constraints and perception within the social work profession, Southeast Asian social workers have to transform themselves. This transformation is happening because it is necessary and it is not necessarily a voluntary choice that many make. And the social work profession is becoming more limiting for them rather than opening their professional world.

Yet, it is within adversity that we find our true selves as human beings and social workers. At the end of the 2001-2002

academic year, when the sting of those evaluation comments was still strong whenever I thought about them, I learned that I was nominated for the Teacher of the Year Award. Even though I did not win, it did not matter. I do not know who nominated me, but I do know that it was someone from that first class of students that I taught. The nomination simply stated that I changed how that student looked at life. I was humbled and re-invigorated. This is why I went into social work. I entered academia probably partly because of all of the limiting options I discussed above. And in academia, I will probably continue to be bruised from time to time by those evaluation comments and it will be hard to take. Yet with each new class, I am defying stereotypes of Southeast Asians and influencing how social work is practiced. With each new relationship, I know that there is potential for both to change for the better. I do not know if Huong made it to America, but I know that Mr. and Mrs. Thanh had the time of their lives with their son in Denver, and that makes me happy. Social work makes a person patient because of delayed gratification. But delayed gratification is what makes social work meaningful and life worth living. Like hearing the words "welcome home" at LAX during those post 9/11 days. Like hearing from Mr. and Mrs. Thanh. And like learning I affected change in a student's way of thinking. Even though it was one year later.

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Reflections of a Hmong Woman

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The following narrative originally took the form of a presentation given on August 3, 2002, on the occasion of the author's receipt of an award for "The Courage to Make a Difference" bestowed upon her by the Hmong Women's Action Team of St. Paul, Minnesota.

I am sometimes asked what it is, precisely, which has enabled me to make a difference in the lives of those around me. Born and raised in Laos at an exceptionally difficult time in that nation's history, I emigrated to the United States in 1979, at the age of sixteen, after years spent in the refugee camps of Thailand. With neither the ability to speak English nor any prior formal education, it was necessary to commence my high school studies far behind my peers; and yet, I acquired fluency in the language of my adopted country, went on to get a Bachelor's and a Master's degree, then completed work on the Ph.D. and took up a career as a professor of anthropology and ethnic studies at St. Cloud State University, where I now teach. By dint of hard work, and without the opportunity – or the time – for excuses, I applied myself to the various tasks which confronted me to arrive at my current situation, a situation in which I have been privileged to make a difference in the lives of young people.

There are those who have very kindly observed that this course of life has been remarkable; certainly it is somewhat uncommon, even for a life in a country in which the success of those newly arrived and willing to extend themselves is an old story. We are all aware, or should be, that this is a country in which hard work, coupled with intelligence and ambition, can produce remarkable results. And yet, there is more to the tale than intelligence and hard work, for this is a Hmong story, and we Hmong are well used to the need to overcome hardships. Hmong women have raised generations of successful Hmong, and deep in our hearts are images of the mother whose face is lined with the cares and worries of a thousand days of loving her children, children who will become adults and spend their lives in tending their own families. A closely knit family is always helpful, and often essential, to the success of its members, and many Hmong are familiar with the daughter who works at cooking and cleaning and mending clothes for a family with an ill or otherwise disabled mother. any such young women sacrifice themselves unsung to cheer their brothers at sport or in the classroom, only to be ignored for scaling equal, and even greater, obstacles. In the success of families, recognized as integrated units, and of an entire people, it is as much to her credit that others achieve as that she herself does. Let us never forget that her sacrifices make it possible for others to reap rewards.

By tradition, whenever I have been introduced in a traditional Hmong network setting—as, for example, in relation to a relatives', or kin, network—I have always been introduced as my father's daughter, not my mother's daughter; that is, as Mr. Ntxoov Zeb Tsab tus ntxhais (the daughter of Mr. Chong Ze Cha) or Koos Phas Ntxoov Zeb Tsab tus ntxhais (Captain Chong Zeb Cha's daughter). Yet, although I am not introduced as the daughter of Mrs. Ntxoov Zeb Tsab (or See Lo), we must never allow this to diminish our appreciation for the hard work

and sacrifice of our Hmong women. On the contrary, we must always bear in mind that in a social setting the prizes of one are awards to all, and thus in my career there have been many contributors to such laurels as I have been fortunate to capture. In my own case, indeed, this is particularly true in that my father went missing in action during the "Secret War" in Laos, when I was still a little girl, so that it was my mother who raised me and nurtured me throughout my entire life. Let this be an opportunity to bestow upon her the well-deserved recognition which she earned.

We should, then, elect herewith to underline the achievements of Hmong women, trusting that our Hmong men have received sufficient recognition heretofore to satisfy the human desire for the acknowledgment of effort. In so doing, it is not our intention to diminish the many successes of the Hmong male; rather, it is to emphasize for once the far less storied heights to which we Hmong women have risen. In thus favoring our female efforts, I begin with an elucidation of my own labors, as I acknowledge that there have been many people who have asked me how I became interested in the work I do and why I think it important to encourage Hmong women to attain positions of leadership.

To answer this question, I reflect back some ten or twelve years when I began to address a variety of issues of significance to Hmong women, as well as to the problem of social inequality generally. Naturally, I was concerned about my own rights as a woman, as a Hmong, and as an American. This narrow vision is perhaps somewhat characteristic of one who has yet to achieve a broad experience of life; however, my vision soon expanded to include the plight of many of those around me who were suffering under many of the same restrictions, and enduring many of the same difficulties, as I. It is, ultimately, a sense of social injustice in the face of such restrictions, coupled with a determination to overcome those difficulties, which has led me to walk the road I have chosen.

A sense of discomfort, and even outrage, at the injustices we all encounter in our lives was engendered—and grew strong within me—when I was very young. As a girl in Laos, a nation mired in war, I realized there was plenty of injustice to go around. For example, I cannot, to this day, forget the incident when one of my uncles *zij poj niam*, meaning he kidnapped an unwilling bride.

It was in the Hmong city of Long Chieng, in Xieng Khuang Province, Laos. I cannot recollect in what year or month it was, but the details of the event have remained with me to this day, and my memory of it is still vivid. What happened was, briefly, this: my uncle, it seems, fell in love with a young woman of the city, and attempting as best he could to communicate with her when the chance presented itself, pressed his suit, telling her he wished to marry her. She, however, had a boyfriend already and declined to accept my uncle as her suitor.

It was the daily habit of this girl to come to the market to sell beer, soft drinks, and other beverages. On one occasion my uncle arranged for an accomplice to greet her as she passed by our house on her way home, asking her to come inside where my uncle waited, and accept a letter for her father. It was a bold plan, given that she was accompanied by her boyfriend; yet, although she was a bit hesitant, she did not wish to seem impolite. Approaching, then, a few steps nearer, she paused to look back at her acknowledged suitor, and, sensing nothing unusual, took a few more steps. At this point, the accomplice went into the house to retrieve the letter in question, nothing more than an empty envelope. It was this empty envelope that the accomplice offered to the unsuspecting girl; when she reached for it, he grabbed her wrists.

With this, my uncle emerged suddenly from the house and carried the surprised victim

to the door to perform the "chicken ritual" according to which, by custom, she might become his own. The girl screamed for help and fought with all her strength to get away, but against her will she was forced inside, and, by tradition, became officially my uncle's wife. She could cry, scream, twist and turn, or complain until she was hoarse, but she would never again be free.

Perhaps two hours later, her stepmother arrived to take her home. However, as the girl's captors offered the older woman a large sum of money, the girl's stepmother reconsidered the situation, and, taking note of the social position and prestige of the family with which she would be allied as an in-law, she instructed her daughter to stop crying and behave like a new bride. The girl's protests fell on deaf ears.

The girl continued to cry, nonetheless, and to beg for her freedom, imploring her stepmother not to take any of the money offered, but, rather, to allow the imprisoned girl to return home. It was no use. My uncle and his associate, finding an ally in the girl's mother, treated the elderly woman like a queen. They bowed to her, cooked a big meal for her, gave her the promised money, and asked her to convince her daughter to stop resisting my uncle. When the stepmother left without taking her daughter with her, the girl shrieked in dismay.

For three days thereafter, the girl refused to eat, to drink, to take a bath, or to change her clothes. She did not wash her face or comb her hair, which had become badly snarled. She had given up all concern about her appearance and did not care how she looked. On one occasion, when a car drove by, she ran desperately into the street, hoping to be hit by the car and killed. It was an unsuccessful effort, since my uncle followed her everywhere she went, restraining her by force if she seemed ready to attempt an escape.

At the end of three days, my uncle and his wedding troupe were ready to begin the marriage ritual, which required them to go to the girl's family, bringing the girl with them. The girl was, of course, deliriously happy, but not for the reason expected. While she ran ahead of the group, her eyes were constantly on the ground around her, and, unbeknownst to anyone, she found what she sought. The group left for her parents' house in midmorning, and by noon the girl was dead by her own hand, having eaten a poisonous plant.

For his part in what most Hmong perceived as an effort consonant with an established Hmong marriage initiation, my uncle's only obligation was to pay the girl's bride price and apologize to her parents. Then he buried her and, paying all of her funeral expenses, ended the affair. As far as anyone was concerned, that was the end of her life.

Yet, as I grew older I learned from beautiful, young Hmong women that to be beautiful can be both a blessing and a curse. Beauty may multiply one's suitors, but it may also increase the likelihood of being forced into marriage before puberty, of being kidnapped (*zij*), and/or of being forced to become the second or third wife of a wealthy husband with a position of prestige and power in the community. At the same time, I also learned that not to be beautiful is a curse, inasmuch as potential suitors are diminished. A Hmong female may find herself, indeed, in a classic "no win" situation: either to be pursued by no males, or to be pursued by the wrong sort of males in the wrong circumstances. Is it any wonder that my attention began to shift from the options offered in the traditional setting of Hmong life to the possibilities inherent to the scholarly life! Puzzled and dismayed by the aforementioned realities, my observations centered on the attempt to ascertain why it was that such things have become the way they are. I wanted to understand, at least, even

if I could not make any changes at all in a system so fraught with inequity.

The ensuing years provided many such opportunities to observe, and to consider, social injustice. With Laos involved in the communist insurrections in Vietnam, war came to my village, and violence of a very grave variety was much in evidence. The Hmong people were widely recruited by the American Central Intelligence Agency as surrogate fighters in what the American administrations of the time sought to keep a secret war, and, with the abandonment of that war by America, the Hmong were severely persecuted by the new communist masters of Laos. Flight, and ensuing years spent in Thai refugee camps, followed, after which my family and I were permitted to come to the United States. Here, my education assumed a formal, classroom phase in California where I was able, with great effort, to attend high school. Thereafter, when the family moved again – this time to Colorado – I was able to earn a high school diploma and a baccalaureate at a local college, then shift my own studies to Flagstaff, Arizona, where I earned a Master's degree at Northern Arizona University. In addition, I spent six months studying at the University of London.

During this period, specifically in 1988 as an undergraduate at Metropolitan State College in Denver, I was invited to a conference of Hmong Catholics in Rhode Island to make a presentation on the role of women in Hmong society. From the time I started school in this country, I had not taken a standard class on the span and scope of Western Civilization, and did not know anything about the patriarchal structure of the Catholic church. In the context thus engendered, I made a statement which, at the time, seemed rather uncontroversial. I said that women are intelligent, capable, and hard-working people, and that, if the Catholic church, and society as a whole, exclude them from participating in major events, they are wasting half of society's intelligence.

Although this perfectly straightforward statement was unimpeachably logical, I noticed that, after my presentation, many of those present did not want to talk to me, including a priest. An especially beloved uncle, who had always been extremely proud of me, indicated he was feeling a degree of shame with me for placing Hmong gender roles in the spotlight. It was, to say the least, an awkward feeling I experienced that day, but I learned a lot from the reaction of my listeners. In 1989, there were twenty-five men of the Hmong community in Colorado who received a Bachelor's degree; I was the only Hmong female.

I found this disconcerting, and, in consequence, I co-founded the Hmong Women's Educational Association of Colorado and was elected its first President of the Board. The Association was established to provide support services to Hmong women, to promote higher education for them, and to preserve the Hmong cultural heritage. All of these, one might be forgiven for thinking, are laudable goals. And yet, within a span of three months, I received several anonymous, threatening phone calls demanding that I dissolve the Women's Association, as well as one letter threatening to bomb both my house and the offices of the group. Two members of my all-female Board of Directors, terrified by these threats and swayed by the social pressures they represented, quit their posts in consequence.

How did I respond to these threats? I said to my board members, "Let's keep a meticulous record of these threats; it will become a valuable historical document." I sincerely believed then, as I believe now, that neither I nor any of my board members had done anything wrong, and thus we had nothing of which to be afraid.

In 1992, I returned to the refugee camps of my childhood in Thailand, and to Laos, for

the United Nations Development Fund for Women. There I was tasked with the job of conducting research on Hmong and Lao women repatriating to Laos. At that time, there were many people and organizations asking, "What will happen to the refugee men who return to Laos?" No one seemed to care what would happen to the women and to their children. Who would protect these women? No one seemed to know. No one at all was asking, "Who will help them to build a house and to make a home if they're single, or if they're widowed or divorced?" I was the only one who was asking these questions, and, if I had not gone and had not conducted the research, I believe that no one would have done so. Clearly, then, the early conditioning I had received in the nature of social inequity

and social injustice had come slowly to bear fruit.

It was perhaps in the nature of my questions about the structure of my society which dictated that I become a cultural anthropologist, a university professor, a researcher, an author, an activist, a scholar. After all, while rising to maturity, I had experienced much culture shock and intergenerational conflict. The previously related tale of my uncle's abduction of the girl who had the misfortune to catch his eye is one example. As another, I might recall something in the nature of school life in California.

Among those in Hmong society of my generation, a polite and well-mannered Hmong female might never wear a skirt or pants shorter than the knee, and any female who did so was automatically and peremptorily judged a prostitute. Accordingly, I always dressed with my body well covered, especially after puberty. Imagine my consternation, therefore, when, as I began high school, my American physical education teachers insisted I wear swimming suits and shorts. To refuse was to receive a grade of 'F' for the day.

As will be appreciated, I was shocked and dismayed. I was so shy and so self-conscious about exposing my body to the view of others that, during the first few times I did so, I could not concentrate on anything. More than that, the Hmong boys of my generation had never seen a Hmong girl in anything so brief and so revealing as a swimming suit and, in consequence, could not take their eyes off us girls. To make matters worse, they often made fun of us, and called out offensive comments about the bodies of those girls of whose forms they disapproved.

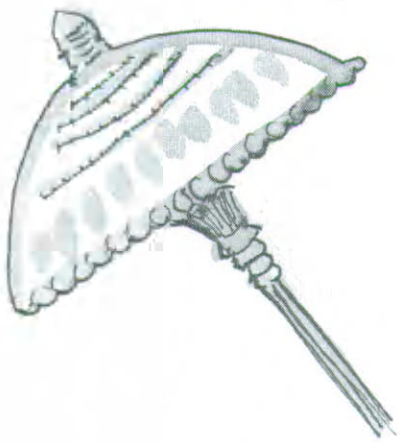
Of course, all of this was done in the Hmong language, so the American physical education teachers did not know what was happening. If that were not enough, not only did we find ourselves the butt of harassment from our own people, but, because we did not speak English well, and because we were newcomers, we also experienced much name calling, frequent discrimination, and continual racial harassment from the mainstream student population.

In fact, I can remember one student who sat behind me in class, and who often secretly placed his bubble gum in my hair after he finished chewing it. I could not remove the gum when I got home, and was forced to cut my hair. Of course, after I had cut that spot, I had to cut the rest of my hair to match its length – something which made me furious. It should come as no surprise to anyone that, largely because they are unable to endure such

mistreatment, many Hmong girls drop out of school to get married and start having children.

As for myself, I reacted to these challenges by studying harder, in the hope that someday I might become an educator who could influence younger generations to understand and to appreciate the rich cultural diversity of society – both of Hmong society and of the American society of which we Hmong Americans now form a part. I reasoned that the actions of one person, multiplied many-fold, can significantly alter the lives of all, and therefore, by acting in concert, we constitute a powerful force for change.

I thus pursued the career path I have selected both in order to achieve my own level of understanding and to create a generalized and positive influence through social action and by passing this understanding on to others. When I am therefore asked what it is that has enabled me to make a difference in the lives of those around me, I reply that it is hard work, intelligence, education, and ambition, in addition to a sense of justice and fair play and the desire to see everyone, regardless of background or tradition, have the chance to lead a happy and fulfilled life. We might argue that these are American views, inherited from an American society of which I have become a part. I prefer to think they are human views, and that they are precisely the sorts of views each and every one of us should – indeed, must – embrace if the world is ever to become the place we would wish for ourselves and for our children.



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"Stupid! Who, me?" – The Prism of Race and Class

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The following narrative is based on an experience that took place 17 years ago when the author came face to face with the prejudice, inhumanity, and arrogance of the medical profession while accompanying her father to a doctor's visit. The incident impacted the author so significantly that it led her to a career as a medical social worker, where she witnessed the challenges refugee seniors faced as they negotiated the medical system. The author has since become an advocate for social and policy change to improve health service access for low-income elder refugees

My name is My Thu. In Vietnamese, "My" means beautiful and "Thu" means autumn. I was born on August 15th (lunar calendar) when the country was celebrating its annual "Moon Festival," the second biggest holiday celebrated in Vietnam with only the New Year being more important. August 15th is an auspicious date because it is believed that the moon shines brightest on this day, and the people give thanks to the moon Goddess for an abundant harvest. My earliest childhood memory involved my father telling me, "You are as bright as the mid-August moon and as beautiful as the moon Goddess." This simple paternal pride became, over the years, the foundation on which my identity was formed. I grew up believing that I could do anything, and with each successful step in my academic career, my confidence has been reinforced and that belief reaffirmed. Unlike my older siblings who came to this country in their late teens, experienced greater difficulty learning a new language, and had to work to support the family as soon as they graduated from high school, I came to this country when I was nine years old and had no difficulty learning a new language. While my traditional parents felt that a college education for a woman was not necessary because it may intimidate potential suitors, my elder sisters disagreed. With the support and encouragement of my older siblings, I had the privilege of graduating from college and obtaining a master's degree in social work. I am currently completing my doctoral degree in social welfare specializing in gerontology at the university of Washington.

During my teenage years, the following incident temporarily shattered my beliefs and set me on the pathway to a career in services for the elderly. This incident was made painfully real on the socioeconomic and health disparity faced by my father and many older refugees in this country.

I was 16 and my father was 66. He suffered from severe hearing loss, but because of pride or lack of familiarity with medical technology, he refused to wear a hearing aid. After many years of persuasion by family and friends, my father finally agreed to get his ears examined and to be fitted for a hearing aid. I made an appointment with an eye, ear, nose, and throat (EENT) specialist because Medicaid (California's state-funded needs-based medical insurance program) would pay for a hearing aid only if an EENT specialist certified that it is medically necessary. In addition, Medicaid would only cover one hearing aid once every three years. My father, who had hearing loss in both ears, was qualified for only one hearing aid for the ear with the most severe hearing loss. If he wanted two hearing aids, he had to pay for the second one by himself. In addition to these restrictions set by Medicaid, we encountered a great reluctance among physicians to accept Medicaid patients since Medicaid does not

cover the full cost of care. As a result, my father's access to physicians was limited. I had to place many calls to doctors within a 20 mile radius before I was able to find an EENT specialist who would accept Medicaid coupons.

Transportation and orientation were other problems preventing my father from accessing health care. Fortunately, he had ten children who could speak English, were familiar with the medical system, and lived within a five-mile radius of each other. We thus were able to share and coordinate driving my parents to various medical appointments, even though all of us had to work and could not afford to take too many days off work without jeopardizing our jobs. Despite having strong family support, my father still experienced barriers getting to the doctor's office because of unclear directions. On the day of the appointment, I called the doctor's office to get directions. I was instructed over the phone to come to building "F" without any explanation that building "F" is a sub-unit of a larger compound located behind the hospital. After thirty minutes of desperate searching, I made a wrong turn into an unidentified alley and found the building. We arrived at the office ten minutes after our appointment time. As I approached the reception area, I found a handwritten note taped to a large glass window that read, "Do not knock on glass." I obliged and quietly found seats in the waiting area with my father. There were two other seniors waiting in the same room but neither of them looked up at us. Perhaps they did not hear us because they suffered from hearing loss like my father or they were intently involved in their reading.

After 20 minutes of waiting in silence, a receptionist opened the window and called a patient's name. I took this opportunity to approach the window and announced that we had arrived for our appointment. The receptionist raised her voice and angrily said that we were half an hour late so we would have to reschedule our appointment. Caught by surprise and stunned by her anger and impatience, I clumsily explained that we had trouble finding the building and that we had been waiting for 20 minutes. The receptionist haughtily told me we were supposed to sign in as soon as we arrived, and she abruptly shut the glass window, mumbling to herself, without bothering to hear any explanation. Startled and intimidated, I turned to face my father who stood silently behind me looking very confused. A few minutes later the window opened again, and the still angry receptionist said, "You are lucky that there is a cancellation, and the doctor is going to see you." The way she said this made me feel like we should get on our knees and thank her. She handed me a pile of forms to complete since this was my father's first visit to this office. As an English honors student, I immediately felt overwhelmed looking at the thick pile of papers and thinking, "What would my father have done if I was not here?"

In the space for primary insurance, I wrote Medicaid since I understood that Medicaid was the insurance that would be billed for my father's hearing aid. On the last page, in the space for other types of insurance, I wrote Medicare A & B. My father and I waited for another 30 minutes before his name was called. Her pronunciation of his name was so garbled that the only reason we knew it was his name was that no one else was in the room. If I had not been with my father, how would he know that a receptionist had just called his name? How would he be able to complete all the forms? How would he find this doctor's office?

Among the many barriers to healthcare, language may be the biggest challenge for refugee elders. Inability to speak English prevented my father from communicating with his physicians, much less being able to understand his rights as patients. In fact, it might have prevented him from even being seen by the doctor on this day. If I had not

been there, my father probably would have learned to accept his hearing deficit, continued to avoid seeking needed care, and entered the medical system only as the last resort. As a bilingual person, I felt intimidated and overwhelmed with this doctor's visit. I can imagine these challenges for a non-English-speaking patient would seem insurmountable.

Finally, we were ushered into an office where we waited for another five minutes before the doctor arrived. A man appeared at the door, but he never came into the examination room. He leaned heavily against the door frame, flipping through my father's newly created chart and asking questions without using my father's name or looking at us. "Has he had hearing aid before?" the doctor asked.

I looked up and saw a very tall man who seemed to tower over my father and me as we sat there like statues in the examining room.

To his question, I meekly answered "No" without bothering to translate what the doctor said, or giving my father a chance to answer questions concerning his own medical condition. This happened both because I was very familiar with my father's medical condition and thus knew the answers and because I was intimidated by the doctor's impatience. As a result, I didn't want to take up any more of his time by translating and waiting for my father's response. By ignoring my father, I inadvertently robbed him of his voice, his autonomy, and ultimately his right; and my behavior, like that of the doctor, contributed to an act of belittling and oppressing my father. Looking back, I must have internalized the stereotype of "undeserving poor" because I remember feeling ashamed for being poor and demoralized for being associated with my father. I actually felt that with my father's insurance, we should be grateful and not expect too much of the doctor. I was unaware of my own internalized oppression which allowed me to accept the dominant group's prejudiced perspective of the undeserving poor, while at the same alienating myself from my father and my minority status.

The doctor continued to ask questions without looking at my father or me as he quickly scribbled his authorization on a prescription pad: "Does he have any problems with his ears?"

I again responded "No."

Having spent less than two minutes with us, the doctor handed me the prescription and said, "Take this back to the hearing aid specialist and your father can get his hearing aid." The doctor walked away, signaling for us to follow him. Perhaps I felt relieved that the appointment was over because I didn't say anything and timidly followed the doctor back to the front office. With his back to us, he told me to schedule another appointment for my father in two weeks for a follow up.

When the doctor reached his receptionist's desk, he was looking at the last page of my father's file. He asked his receptionist, "Did you make a copy of his Medicare card?" The receptionist looked at him surprised and said, "He doesn't have Medicare." The doctor pointed at the last line on the forms that I completed and sternly said, "He does; it says so here."

The receptionist grabbed the folder from the doctor's hand and said, "Well, his daughter said he has only Medicaid." She noisily turned to the first page and showed the doctor what I wrote on the first line. At this time, I softly interjected, "I said his primary insurer is Medicaid because I thought that is the insurance that would pay for my father's hearing aid, but I also said that he has Medicare parts A and B." Perhaps the receptionist took my soft-spoken voice as an admission of mistake, or perhaps the fact that I pointed out her mistake upset her, because

she retaliated by mumbling audibly under her breath, "Stupid."

Stupid! Who? Me? I was outraged! I had never felt such intense anger in my life. I was speechless, paralyzed by the insult. Because I was raised to avoid confrontation and disrespect, I didn't know what to say or how to respond to such a verbal assault. Instead of expressing my anger, I remained silent and defenseless. Reflecting on this incident, I was mad at myself for not confronting the receptionist for her inappropriate behavior, and allowing it to pass unchallenged implied that it is acceptable and likely to continue. I realize now that my acquiescence was due in part to my cultural upbringing, lack of self-confidence, and lack of awareness of the prevalence of discrimination. In addition, I had never been exposed to such overt prejudice and I really did not know how to confront or deal with such racial insensitivity.

In an attempt to appease the situation, the doctor said, "Well, it is a common mistake because insurance can be very complicated." Did he assume it was my mistake and that understanding insurance coverage was too complicated for my stupid brain? I didn't want to take the blame for the receptionist's oversight, but I couldn't find the voice to explain. The Vietnamese cultural values of respect for authority and avoidance of shame for self and others were so deeply rooted in me that I could not voice my disagreement and frustration even though I was screaming in my head. The receptionist was fuming when she snarled at me: "Do you want to schedule a follow-up appointment today or not?"

I softly responded "No" and I left with my father trailing behind. I knew at that time that I had no intention of bringing my father back to this office, but my response didn't communicate this intention explicitly. Again, I did not confront the receptionist's contempt, thus allowing her to think that her behavior was acceptable. This would never happen today.

As we walked away, I heard her curse us as "f—— Japs!" I was livid but kept on walking. When we got in our car, I began to cry. My father asked what just happened. It was then that I related to him for the first time an account of what happened since we arrived at the office. My father listened in silence. I turned to look at him and saw the deep pain and humiliation in his face. I realized how my father, as a human being and a patient, had been completely disrespected and ignored, how frustrated and powerless he must have felt. I felt sad realizing how my father's life must have changed since he came to America. In Vietnam he was a wealthy owner of a shipyard. He had servants and chauffeurs at his service. His advice was often sought after, his words struck fear among his staff, and his presence commanded immediate respect. In this doctor's office, he was invisible. No one talked to him, no one asked his opinions, and no one seemed to care whether he was there or not. Inadvertently or deliberately, he was ignored by his own daughter and his doctor. This occurred in part because in America, my father has little money, few doctors want to provide services to him, he doesn't have a voice outside of his home, and he had to depend on his youngest daughter to speak for him.

At the time I didn't realize the depth of my father's pain because I was so consumed with anger and self-pity. This experience was the first time in my life that I came face to face with the blatant racial prejudice and the inhumanity and arrogance of the medical profession. I was made painfully aware that I could be judged and treated as inferior based on my speech and appearance. Or was it the insurance that my father didn't have (and the poverty implied thereby) that led to this discounting and disrespect? For the first time in my life, I felt ashamed of my father because he had Medicaid instead of private insurance. If he had had private insurance, the receptionist might not have been so rude and

the doctor might have deigned to spend a little more time with us. But I also felt stupid not for what I did but for what I didn't do. Why didn't I knock on the door after I read the sign that said "Do not knock on glass" rather than compliantly waited for twenty minutes? Why didn't I question the doctor when he didn't examine my father? Why didn't I say something to the receptionist when she was rude and disrespectful? Why didn't I file a complaint against her racial slurs?

Just as I turned into our driveway, my father looked at me and said, "People only get offended when an insult is possibly true. You shouldn't get offended when that woman called us stupid. She was only talking to me." This was a very poignant moment in my life; I realized my father's utter love for me as he tried to shoulder the assault by himself and shelter me from discrimination. It was my father's futile attempt to protect me that made me see that this experience hurt me much less than it did him. I realize that in my father's lifetime, he must endure other discrimination similar to this. At the time, however, I could not understand how my father managed to remain so tolerant to smile and wave at the receptionist as we left. It took me many years to understand that the source of my father's strength and his ability to cope with injustice came from his practice of Buddhism.

Buddhists believe that the world is fundamentally just and justice is maintained by karma, or law of cause and effect, where one's good or bad deeds will be accumulated and balanced from one life to the next (Thich, 1998). Forbearance is important to Buddhist practice. According to Canda & Phaobtong (1992), the Buddhist notion of forbearance means to endure an action done against you and to renounce any anger or resentment toward the one who has offended you. In the Buddhist practice, revenge will not bring comfort to the person who was wronged; instead, it leads to bad karma where he will have to pay for any ill action he takes in retaliation to the one who has offended him. Similar to the concept of forbearance is Buddha's First Noble Truth, which states that suffering is a part of life (Thich, 1998). Thus, the goal of practicing Buddhism is to end all forms of suffering for ourselves and for others. Perhaps after a lifetime of suffering from famine, disease, war, poverty, inequality, and injustice, my father has grown accustomed to adversities and learned to accept them rather than to retaliate. I am not implying that my father was unscathed by this incident, or that he was consciously calculating the cause and effect of his action for the fear of bad karma. Instead, his tolerant, non-retaliatory behavior was probably cultivated by his practice of Buddhism.

Unlike my father, I could not even look at the receptionist, much less smile or wave at her. I remember that I was so angry that wanted to scream at her. Of course, we never returned to that doctor's office, and I never filed a complaint with the human resource department at the hospital against the doctor or the receptionist. The years passed, the anger subsided, the pain disappeared, but I could never forget this experience for I believe from it a seed of social justice was planted in a teenager's head. This incident changed me forever because it made me acutely aware of the challenges that older refugees and low-income elders face when dealing with the medical system in this country. It was this experience that led to my commitment to a career of service and advocacy for social changes for low-income elders.

I graduated from college and went on to obtain a master's degree in social work. I spent two years working with refugee families in Chinatown in San Francisco where I came across many elders who would only see American doctors as a last resort. Like my father, many refugee elders experienced language barriers which made it very difficult to negotiate the medical system. I will never forget the following story about a Vietnamese

man and his experience with the health care system. This man experienced pain in his knees for over a year and despite numerous herbal remedies, his pain persisted. When he fell at work because he could no longer stand on his feet, he was taken to the emergency room. X-rays showed that the bones in both of his knees were worn out and surgery was needed. Because he couldn't speak any English, had no family or friends, was not aware of any home health services, he had to crawl around in his apartment on his hands and belly for the first six months following his surgery. He told me that there were times when he had to eat off his floor because his bowl of rice dropped when he lost his balance reaching for it.

I met this man in 1998 through an outreach effort that I helped organize where we went and knocked on doors of low-income senior housing in San Francisco. I was stunned to find many seniors who lived alone in tiny apartments with deplorable conditions. Some of these apartments had communal kitchens and bathrooms so the seniors would have to walk down a long corridor to get to the kitchen to cook or take a bath. I cried as I heard this man's story, and while he survived his ordeal and was in fair health at the time I met him, I wished we had found him sooner and perhaps we could have saved him some of the pain and suffering. It was stories like this that made me realize the critical need to improve health-care access and provide more affordable housing for non-English-speaking low-income seniors.

I moved to Seattle to work on my Ph.D. in 1999. Since then, my work has focused mainly in the areas of health and refugees. There are almost 50,000 Vietnamese living in Seattle, the third largest Vietnamese population following California and Texas (Census Bureau, 2000), yet there is no nursing home or adult family home in the entire state that has the language capacity to serve Vietnamese non-English-speaking seniors (CHOICE- Senior Housing and Care Referral services). For instance, when my mother had to stay in a nursing home following a fall, we had to take turns visiting her at a nursing home everyday, bringing her food and translating for the staff. This was possible only because I have a large family. For family members who have no siblings, no relatives, and have to work full-time, this would be impossible if their loved one has to be in a nursing home for a few months at a time.

From my own experience of having aging parents and working with Vietnamese families, one of the complaints that I often hear from children with aging parents is that when they are the sole caretaker, they cannot go on vacation because there is no culturally and linguistically appropriate residential services that can provide them respite care. I realize that beside the lack of Vietnamese providers, there is a strong reluctance among the Vietnamese community to utilize formal institutions for the care of their elders. Such reluctance may be culturally based since the traditional family structure and filial responsibility require the children to take care of their aging parents at home until they die. This tradition of care may be born out of necessity since in Vietnam, and in many rural countries, multiple generations of family live together. There was no institution to care for the aged, so family members did not have a choice but to provide the care themselves. Also, elders in Vietnam tend to have land and property; thus if the children wish to inherit the property after their parents die, they may feel obligated to fulfill their filial responsibility. While this family structure and system of economic dependence may not be the reason or the motivation for children to provide care for their aging parents in America, some of the remnants of this feudal cultural tradition may still exist and be practiced.

Through my personal experience and my work with Vietnamese aging families, I have found that increasing access to health services

for refugee seniors requires major changes in the personal, social, and political system where efforts should be directed to improve linguistic and cultural competence among the individuals and health service delivery. At the individual level, client-oriented efforts should be made to teach seniors basic English and other necessary skills, such as scheduling an appointment, using public transportation, accessing bilingual information, and using referral hotlines. Through such efforts, seniors can be empowered, thus less dependent on their children and others.

Teaching older refugees English and increased self-efficacy does not obviate the need for trained interpreters and more culturally and linguistically competent practitioners. At a social level and political level, there should be policy requiring hospitals, clinics, and health care settings that serve refugees to provide trained interpreters because the inability to effectively communicate with patients can lead to misdiagnoses, ineffective treatment, and frustration for patients. There is a need to change behaviors, attitudes, and practices among the health care system staff, as well as to address systemic issues contributing to health disparities. Health care professionals must reconstruct their approaches to health care delivery to examine their behaviors and assumptions and to incorporate the principles of accommodation and respect for patients from different culture and languages.

My work with Vietnamese refugee seniors helped me realize that my father's experience with the EENT doctor was far from unique. Like my father, I have witnessed many refugee elders who experience great difficulty negotiating an often indifferent and sometimes plainly hostile health care system. I hope that my personal growth and my continuing efforts to bring forth individuals and local changes will lead to improved access to health and ultimately better justice for the refugees. I understand that such change may be slow to come, given the historical and cultural context of the medical profession. However, I hope that my story will give voice to those who have long been silenced by the system and call attention to the challenges and injustice many refugee families face.

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From Plantation to the Academy: The Journey and Yearnings of a Filipina American Scholar from Moloka'i, Hawai'i

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This narrative is the author's story as a Filipina American social welfare scholar. She hopes to draw lessons for social work practitioners, researchers, and policy makers who deal with Asian immigrant populations. Such lessons include creating "spaces" and "places" of positive identity formation, sense of community, and effective and supportive structures and systems that promote social justice.

Introduction

Having a "voice" to tell your story and to be heard as a woman of color can bring strength and a sense of healing and empowerment. Like many Asian Americans and Pacific Islanders, I find it difficult to tell my story because of issues related to discrimination, oppression, and trauma. Yet, I find a way to use my voice to explain and communicate important issues or concepts.

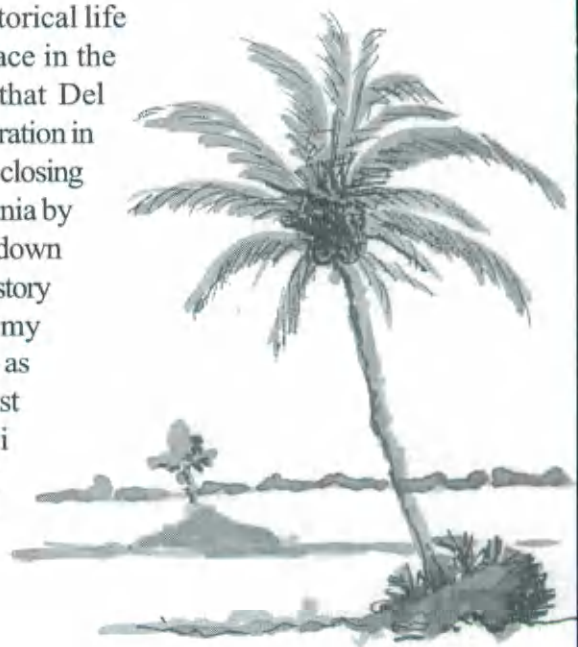
This narrative is my story as a Filipina American scholar, written to help me reflect upon my life experiences, focus on the purpose of being part of the academy, and continue the journey of finding my place in this world, both professionally and personally. Sharing my journey highlights the formation of my identities and positionalities, which are salient issues for me.

Throughout my years as a social worker, the story of where I have been has not been conveyed, except to close family members and friends. Not all of them have heard my story in its entirety. Because of the relevance it may have only to certain situations and times. I choose to tell my story from the heart as I move forward in my career aspirations as an Asian American Pacific Islander social welfare scholar from Moloka'i, Hawai'i. It is important for me to embrace where I come from and to feel grounded so I know the direction I am heading in life.

I share my story to address the issues of race, class, and gender—all of which encompass social positionalities and status. It is my hope to empower those who read my narrative and to encourage them to analyze history and the systems that influence migration across the world. Lastly, I share my story to bridge and encourage my Filipino community—especially young Filipinos—to create a space of empowerment and to perpetuate the true sense of *barangay* (in Tagalog, close-knit community relationships). Together, I envision a way to promote social justice and advocate for a better quality of life for everyone in our Filipino community.

Triggered by Trauma

It is interesting how historical life events remind us of our place in the world. I recently learned that Del Monte (a multinational corporation in the pineapple industry) will be closing its pineapple company in Kunia by 2008. This will definitely go down as a turning point in Filipino history in Hawai'i. Kunia is one of my hometowns where I grew up as an adolescent. It is also the last plantation village in Hawai'i and is currently home to fifty to seventy families, most of whom are of Filipino descent. My family has



lived there since 1988 after moving from Moloka'i to work on the pineapple plantation. This will mark the *second* time my family will be displaced from a place we called home. My family's first experience was when Del Monte closed its business in Moloka'i; I was thirteen years old at the time.

Although I am now older, I still grieve such a loss because my hometown will forever change. Although I no longer live in Kunia, I grieve because there are others who will face difficulties transitioning out of the plantation village, just as my family did in 1988. My heart aches as I think about the possibility of disadvantaged or underprivileged families being displaced. I relive the memories of my family's migration from Moloka'i to O'ahu, and realize how things come in cycles. These memories provoke feelings and thoughts of social justice.

As Filipinos celebrate the one-hundredth year of our immigration to Hawai'i, I feel sad to see the sugar or pineapple industry, which served as impetus for Filipino immigration to Hawai'i, come to an end. I see my Filipino community as more diverse and different from previous generations. Through the years, I have sensed a more heterogeneous Filipino community in class, acculturation, assimilation, time of migration, language, and regional origin—just to name a few. I also see this heterogeneity in my own extended family. Through it all, I desire that our Filipino values of *pamilia* (family), *respecto* (respect), and *barangay* (close-knit community relationships) will bind us together.

My Earlier Years: Born and Raised on the "Most Hawaiian Island" — Moloka'i

I was born and raised on Moloka'i (Kualapu'u and Kaunakakai). My home island, with approximately seven thousand people, was very close-knit. Native Hawaiians and Filipinos were the dominant groups. I enjoyed forming close relationships with my neighbors. Even my siblings' *ninongs* or *ninangs* (in Ilocano, godparents) made me feel as if I were their godchild. I was proud to be a part of this great community because it gave me a sense of home, and I felt safe.

I have many memories of my community coming together. I remember a time when I was eight or nine years old. There was a brush fire that burned out of control on the slopes near my family's home. It was impressive to see my family and neighbors helping other neighbors hose down the homes in our subdivision.

I also remember how we shared home-grown vegetables and fish with our neighbors and friends. My mom would say, "Give the *utoong* (in Ilocano, string beans) to your Auntie Deling." My dad would say, "Give fish to your Auntie Nona." Papa Scott (a White, retired teacher from Spokane, Washington, who rented the annex in our Kaunakakai home) would pop popcorn for my siblings and me on a weekly basis. I also observed my parents always donating their money—the little they had—to a Filipino association every time someone passed away. I later learned how this helped families deal with the high funeral expenses. I also remember celebrating Filipino holidays like the observation of Jose Rizaldy (a Filipino national hero) and *Flores de Mayo* (Blessed Virgin Mary) as a Filipino community. Additionally, we were invited to a lot of baby *lu'aus* (first birthdays and baptismals), weddings, and funerals.

Looking back, it was quite amazing to have seen everyone get along, regardless of ethnicity or race. Race was never an issue, for I had quite a diverse set of friends—Filipinos, Japanese, Caucasians, Native Hawaiians, and mixed race. The spirit of *aloha* (in Hawaiian, love) came alive through those relationships. We were all pretty much in the same socioeconomic class. It seemed we had the basic necessities of life—a home to live in, two vehicles to take us around the

island, food on the table, and a multigenerational family where grandparents made sure we were okay. Little did I know that by virtue of my attending Head Start and having free or reduced lunch throughout my childhood and adolescence, my family was considered poor.

The Great Move from Rural to Urban: Adapting to the City Life of Honolulu

I came to understand the difference of my place in society when I moved to Kunia, O'ahu. I had mixed emotions—including feeling lost and excited—about this move. It was extremely difficult for me to leave Moloka'i and the strong ties to family and community there. Yet my father reminded my mother time and time again that there were better economic opportunities on O'ahu in the long run. So, we packed one of those huge trailers and shipped our belongings to the neighboring island of O'ahu.

My parents continued to work for Del Monte but had to start from the bottom. I attended Wheeler Intermediate School, a military-based school with predominately Japanese and Caucasian students from military families. It was during this period of my life that ethnicity and class (i.e., being poor) became salient to me. Although generally I enjoyed school and made a lot of new friends, I was struck by the socialization that affected me. The first was the way I dressed and talked. I no longer could wear my regular pants, t-shirts, and slippers. I had to wear nicer pants, blouses, and sandals. I recall my English teacher scolding me to speak "proper English." She asked me where I was from, and when I told her from Moloka'i, she responded, "Please speak proper English. No more Pidgin."

Secondly, I began to notice that people made judgments and stereotypes when I told them I lived in Kunia. I often heard the following kinds of statements: "Oh, Kunia kids, they're losers. People from there smoke too much. Oh, the druggies. Kunia is the ghetto, huh." I got good grades and participated in sports, and I worked hard to demystify these scripts, which were affirmed in high school by a friend who told me, "Only a few Kunia kids do well in school. You go, girl! Make Kunia proud." I continued to wonder why so few of us from Kunia were thriving in school. Internally, my desire to combat the stereotypes about Filipino people from Moloka'i and Kunia began to burn!

Thirdly, my attitude toward others changed. People were not as friendly as people on Moloka'i. Greetings like, "How are you?" with a hug were rare. I felt I could not truly trust others as I used to. Back on Moloka'i, I didn't worry about things being stolen or strangers taking advantage. In fact, we left our doors unlocked. No one ever came to our yard and messed it up or stole things. But in the city, I was becoming more urbanized, and my rural socialization was thrown out the window! This social dissonance became evident as I cautiously was approached by strangers, even if they were from my own ethnic group! Nevertheless, I managed to get along with my Filipino, Japanese, Caucasian, and *Hapa* (mixed-race) friends.

I had fun in high school as I participated in extracurricular activities ranging from community service clubs to a national honor society, but I continued to clearly see the dynamics of ethnic relations and class. I met fellow Filipinos who denied their origins. They would claim, "I'm Japanese, Portuguese, and something else." Many of them were children of nurses and other professionals. In contrast, I saw other Filipino friends join gangs, experiment with drugs, and get pregnant. I, too, was pressured to smoke and experiment with drugs, but chose not to.

Worse yet, I saw tensions between local and immigrant Filipinos. At times, I felt I was in the middle because I had friends from both ends of the spectrum. On one hand, I valued

the fact that my Filipino immigrant friends were able to speak our native tongues and uphold the traditional values of dating. On the other hand, I understood how my local Filipino friends were frustrated that Filipino immigrant youth were not able to understand English and appeared to be cliquish. Sadly, stereotypes of Filipinos in general were all around—*book book* (in Ilocano, termite; using mismatched clothing and accessories, a derogatory term used for a Filipino immigrant); quiet; dog eaters; talk with heavy accent; Filipino girls are easy; Filipino men are horny; chicken fighters; hotel workers; laborers; druggies; smokers; gangsters.

The Places I Found Empowerment and Strength: The Guiding Light

With negative stereotypes being played out in school and in the general community, I was ashamed to be a Filipino! I was even more ashamed that I did not have parents with higher education! It was not until I went to a leadership conference sponsored by the *Sariling Gawa Youth Council, Inc.* that my whole life changed. This was my greatest source of empowerment as a Filipino American youth. I met fellow Filipino youth who were experiencing similar situations in life (e.g., discrimination, generational misunderstandings with parents, having to work part time, boyfriend problems). At the leadership conference, I finally had the chance to meet positive role models with similar backgrounds to mine who encouraged me to do well and served as my support system for life! The leadership conference equipped me with leadership skills (e.g., communication, decision making, group processing, life choices) that have been extremely helpful. For me, the venue was a safe place to talk about my issues as a Filipino youth. This experience had a profound impact on me—it was where I found my home and my Filipino community.

Starting in my senior year of high school, things went uphill for me. I attended the University of Hawai'i, Manoa, for my undergraduate degree and was the first in my family to obtain a higher education. Although I felt lost at times, the university had support systems in place for minority young adults like myself. I continued to find my home and place through participation in numerous extracurricular activities.

During my time at the university, I was the vice president of the Associated Students of the University of Hawai'i (ASUH) and served as a student representative to the University Board of Regents. I remained involved in the *Sariling Gawa Youth Council* as a youth leader. I joined Timpuyog (Ilocano language student organization), Philippines Cultural Club, New Student Orientation, Health Careers Opportunities, Operation Manong, and national honor societies.

Being involved in these activities taught me many lessons. The Filipino-based organizations provided me with the space to increase my understanding and later embrace the beauty of my Filipino heritage. The national honor societies and career-oriented organizations provided me with access to resources (human and social capital) that gave me many opportunities to thrive academically. I continued to develop appropriate skills (e.g., effective communication and conflict resolution) and had many meaningful experiences that propelled me in school and life. Most importantly, I learned how to work with different people to and embrace team building or group dynamics.

The University of Hawai'i is where I found many influential people: mentors who taught me life lessons and friends and colleagues with similar goals and interests. I also met my future husband and some of my dearest friends who continue to serve as strong social and intellectual networks.

Through my college years, I experienced some issues of discrimination and other hardships. I had a conflict with a White male graduate student leader who did not think I was good enough to serve as the ASUH vice president because I was a twenty-year-old Filipina woman. Before my decision to major in social work, I applied to nursing school but was rejected. This rejection was hard on my parents. They originally had aspirations for me to become a nurse, but I realized it was not for me. In both instances, because I had the support systems and skills to deal with such situations, I was able to cope with them effectively. And that is true empowerment for me.

To the Ivory Tower: So I Thought

I continued my education and attended the University of Michigan, Ann Arbor to broaden my horizons. I thought, "Wow. Moloka'i girl makes it to Michigan!" I was so proud of myself for being accepted to the *top* social work school in the nation. I felt honored. Additionally, I thought, "I'm too comfortable in Hawai'i." Boy, was I in for a shock!

Although I felt prepared to be away from home, my significant other, and everything familiar, I was not prepared to deal with a different face of discrimination—ageism. As I embarked on my graduate studies in social work, I came across a conflict with my practicum instructor, who undermined my intelligence and ability to be in the master's program. She had told another graduate student that I was "too young." To hear this from another student was devastating! I never thought someone in a position of authority, especially an instructor, would have these negative thoughts. I wished she had first informed me and told me how to become a better student. I was there to learn from the program. This situation did not sit well with me. I was furious! I thought, "Who is she to say that about me to another student? The nerve of that woman!"

A White, male colleague tried to support me but made matters worse. As he consoled me, he asked me, "Do you have someone to turn to? Times like this, I turn to my dad, who is a businessman. He gives me good advice on how to deal with people like this." It hit me. I realized that I had *no one* to turn to! Sure, I had my family and my significant other—all of whom were not professionals or part of the academy. It was then, as in high school, that I realized once again my underprivileged place in the world. I talked to my then boyfriend (now husband) and a faculty member (who was originally from Hawai'i), and found comfort in knowing I was supported by them. I refused to be a victim. I did not want to feel sorry for myself. I thought, "I deserve to be here. I earned it!" This experience led me to realize the power a person of authority has over me and my academic career. Although I dealt with this incident appropriately through mediation and team-building efforts at my practicum site, it left wounds that were impossible to heal completely.

I did find strength through the relationships formed through my involvement with social work student organizations focusing on social justice, community organization, and Asian American issues. Some of the Asian American social work students formed an informal support group. This stemmed from the collective experiences of being invisible as minority students. We ate lunch or dinner on a weekly basis to debrief on issues that were bothering us. Similar to my undergraduate experiences, I found support through meaningful conversations and discussions with my colleagues. The energy of this support group was empowering!

Dusting Myself Off and Walking Straight with My Head High

After graduating with my master's degree in social work, I returned to Hawai'i to my home island of Moloka'i. By then, I had experiences working with troubled youth in Hawai'i, African American families in Detroit Head Start, and Hmong women who fought for their rights. My dream to give back to my island community came true. I thought, "I'm now a professional. I'm an MSW. I've made it! I have made my parents proud of the work I am doing." I worked at a nonprofit organization as a program developer and increased the social work profession on the island by 50 percent. My job was to develop social services programs and to write grants to fund them. It felt good being home and reconnecting with old family friends and childhood friends, yet I was mindful of my privilege as a professional social worker. I struggled with the perception that some saw me as the "Alma from long ago," and the feeling that I had too much education and thus might not be able to reconnect with my community. I worked mostly with Hawaiians and was made aware of parallel experiences of discrimination, yet I perceived the privilege that Filipinos have over Hawaiians.

Being back home on the island gave me an opportunity to work with my Filipino community by organizing Filipino youth during my spare time. My after-work hours and weekends were spent coordinating fundraising activities for Filipino youth to attend an annual leadership conference and conducting weekend social and skill-building workshops. These activities gave me a sense of fulfillment.

In the midst of all of this, my job required long work hours. Again, I was reminded of my position in society. My boss questioned my commitment to the work and felt that I was not giving enough of my efforts for the sake of the community. Being questioned, I felt powerless! To me, this was another form of discrimination or mistreatment, but I could not quite pinpoint it. Again, I didn't know how to react to such feedback. I was not taught by my parents or mentors about how to deal with people in power, especially those who have power over your paycheck. I could hear the voices of my parents, "Don't cause any tension. Just do as you're told. Work hard. Listen to your boss. Lucky that you have a good job." I experienced internalized oppression as I fought my parents' voices. Although I did not want to make waves, for once I felt I had to stand up for myself and for what I wanted in my professional career as a social worker. This led me to analyze my situation.

Fortunately, another job opportunity arose. I was offered a job doing mental health research on O'ahu. I felt that was a better fit for me in utilizing my skills and talents as a professional social worker and researcher. This job provided me with a strong sense of independence. I had a boss who valued my work. I thrived as a social work researcher as I became more exposed to the mental health disparities in Hawai'i among minority youth.

I continued my work in research and evaluation and eventually took a position at Kamehameha Schools after being laid off from the state. Through my experiences on Moloka'i—which were later reinforced by my work at Kamehameha Schools—I quickly learned how comparable the experiences of Filipinos and Hawaiians were (e.g., socioeconomic indicators). I loved working at Kamehameha Schools, but I was the only Filipina researcher. It was tough because I felt somewhat invisible. Perhaps it was the structural ladder that existed. I was at the bottom of the research team. I was told I did not have enough qualifications or credentials to be among the lead researchers. I could not help but think that this had to do with my ethnicity. The lead researchers were of mostly Caucasian descent—a reflection of the power structure in American society in Hawai'i.

Like other places with professionals, there were very few Filipinos (pure or mixed)

working in administration at Kamehameha Schools. The Filipinos I met and conversed with in Ilocano were the custodians. It was wonderful to have the opportunity to know them. Many reminded me of my parents. They would tell me, "Oh, lucky, huh, *ading* (in Ilokano, younger sister), you work here. You have a nice desk. Good you made it." Did I make it? I was not sure.

My Future: A Call to Carry the Torch Together

I left Kamehameha Schools and moved to greener pastures. I was determined to obtain the credentials I was once told that I didn't have in hopes of serving my community. I returned to school for a doctoral degree in social welfare. My life experiences have led me to my research interests—positive youth development, resiliency, mental health promotion, identity formation, and community cohesion among Filipino adolescents and young adults. Although being in a doctoral program is demanding, I continue to realize my privilege in being in the academy. I have an obligation. I have a greater desire to seek ways to bring forth the voices of my Filipino community. Our stories are often unheard in mental health and community organizing. Although I've come this far, the realities of discrimination and mistreatment—as well as the effects of structural barriers that block our progress—are never far from me.

I recently returned home to Kunia with a goal to walk around the plantation village and capture through pictures the memories I have of my so-called home. Places that hold special memories were captured—the gym where my Kunia community gathered to celebrate weddings, graduations, and baby *lu'aus*; the mango tree where my friends and I ate green mangoes with *bagoog* (fish sauce) and vinegar or *shoyu* (soy sauce); and the road between the old elementary school and pineapple fields where my younger brother taught me how to drive stick shift.

Yet my plantation village was also the site of negative life experiences: the parking garage where I found one of my siblings smoking his first cigarette with his friends; the specific area where I knew drug dealing occurred; the street where I first smelled marijuana; the old house where I heard and saw domestic violence. This place called home carries both good and not-so-good memories. Nevertheless, it helps me remember my roots.

Although the closing of Del Monte will impact only a small percentage of Filipino families in Hawai'i, there are tough roads ahead. This situation affects Filipinos as well as other underprivileged communities. Thus, I urge everyone to take responsibility to prevent our fellow brothers and sisters from falling through the cracks and ending up in correctional facilities, dropping out of school, or not having a quality job with benefits. Not everyone has access to a savings account, quality education, or training to better his/her life situation. We need to provide the tools (i.e., life skills and access to supportive networks) to every human being to enable them to maneuver through these systems. If we pull together as a community, all will be given the opportunity to thrive successfully in a world that is unfair and where the structures may not be culturally appropriate.

Our society is multilingual and diverse. I yearn to keep alive the Filipino values of *pamilia* (family) and *respecto* (respect), and the true essence of *barangay* (close-knit community relationships). Discrimination and oppression come in many forms—racism, classism, sexism, etc. We have a responsibility as educated people, Filipinos and non-Filipinos, to continue to create safe places for the next generation to maneuver through and cope with tough life issues.

Although I know other people whose background is similar to mine, my experiences may be different from other Filipina scholars. Nevertheless, I know my story is not unique because I have met fellow minority brothers

and sisters with similar life situations. Our stories are worth sharing because they bring forth healing and a sense of community. This is my attempt to empower and encourage you to advocate for structural changes that are conducive to have all minority families, youth, and children succeed in life. I dare you to take the torch and carry it in your own place in this world!

Reflections on My Narrative: Lessons Learned for Social Work Practice, Research, and Education

Three themes emerge in the story of my academic and professional pursuits: identity, sense of community, and structural and systemic support. These concepts are necessary for social workers to understand when working with Asian-Americans in individual and family therapeutic settings, schools, group therapy, community organizing and development, and social policy.

Lesson 1: Positive identity formation matters

Although my narrative serves as an example of the stories of immigrants or children of immigrants in the United States, social workers need to be aware of the heterogeneity that exists in immigrant populations and ethnic groups. Children, adolescents, and young adults who have an immigrant or minority background struggle with multiple identities and positionalities. In a hostile or unwelcoming environment, identities based on race, ethnicity, class, gender, language, religion, and many other factors may be threatened (Coll et al.,1996; Spencer & Markstrom-Adams, 1990). These identities are embodied through "positionalities," "place," or status in society. By "positionalities," I refer to the way in which identities are situated by others. For instance, ethnicity may be subjective, but it is also socially constructed, and it relates to difference (Franks, 2002). As a result, some experience great dissonance in their cultural values and may undergo stressful adaptation processes. Internal struggles or conflicts occur, which may be evidenced in different psychological or sociological ways. As social workers, this calls for culturally appropriate services. Not only do we need to know an ethnic group's values and history, but also how positionalities and one's place or status in society play out *politically*.

Lesson 2: We have a responsibility to build a sense of community.

Sarason (1974) first introduced the term "sense of community." It is related to various indexes of quality of life, perception of safety and security, social and political participation, and individual ability to utilize coping strategies (Tartaglia, 2006). In my narrative, I highlight aspects of the communities I belong to as safe spaces for me to explore my identity and solidify my values as a Filipina, a person from Moloka'i, a leader, and a social worker. Communities are constructed by individuals and are venues for creating important ties to an interest or purpose. In my narrative, my sense of community is felt through geographic places (e.g., Moloka'i, Kunia, Hawai'i) and through relationships formed for the purpose of maintaining a voice for minority youth and young adults. My call to create this sense of community is also based on ethnic and cultural factors—my obligation to perpetuate Filipino values that assist other minority youth in maneuvering through a Western world.

As social workers, how do we create communities that serve the purpose of promoting social justice for populations that have been historically disenfranchised? Examining our professional code of ethics is imperative in assuring that groups' and communities' voices are amplified in social work practice and research.

Lesson 3: We have a responsibility to create supportive structures and systems for success and social justice.

This lesson complements the second lesson and is the foundation of social work and social justice. A sense of responsibility to provide a structure that will be conducive for minority groups and communities to thrive is core to the social work profession. In my narrative, I describe receiving support through programs and services provided at the University of Hawai'i. They were made possible by the university's commitment to serving minority populations. Policies guide programs and services. Social workers need to be at the forefront in shaping and developing effective policies, programs, and services that meet the needs of minorities (based on race, ethnicity, class, gender, etc.).

For example, at the school level, policies and programs should be aligned with goals and values that create positive learning and growth. The social work profession is at a crossroads. Current policies, programs, and services have not been effective in meeting the needs of minority populations. The paradigm readily used in our practice and research is based on Western frameworks and values. Indigenous ways of knowing and values need to be embraced. What is our commitment, as social workers, in assuring that the structures and systems in which we operate are OPEN to a multicultural and diverse world with a strong focus in addressing social justice? Is there room for a paradigm shift? I believe there is. As a Filipina-American social welfare scholar, I have the responsibility and obligation to do so. I encourage you all, minority or not, to be allies in this effort!

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Alma M.O. Trinidad, M.S.W., is a Ph.D. student at the University of Washington, School of Social Work. The author dedicates this article to the *Sakadas*, including her grandparents, who were the first Filipino immigrants to Hawai'i. The legacy continues. Special thanks to Cecilia Ayon and Matthew Corry for reviewing previous drafts and providing editorial assistance. *Mahalo nui loa, dios ti agngina, salamat po, kop jai*, thanks a lot! Comments regarding this article can be sent to: almat@u.washington.edu.

Special Issue

Guest Editors: Karen Smith Rotabi and Denise Gammonley

International Social Work Education Exchange: Study Abroad and International Field Placements

This special issue focuses on study abroad and international field placements, from the perspectives of students, educators, and host country facilitators. *Reflections* seeks narratives that encompass experiences in teaching, hosting individual students and student groups, personal travel logs, and curriculum design. While submissions that focus on any country or culture will be considered, particular interest will be given to developing countries and countries in transition from war and colonialism.

Narratives may address but need not be limited to the following:

- Host country social workers perspectives on their role as guide, emphasizing cross-cultural learning activities
- Host country social worker perspectives on the benefits and burdens of facilitating study abroad or international field placements
- Travel logs of students or social work faculty that tell a story about their "ah-ha" moments as they explore differences in culture, social work models, and cope with dynamic learning environments
- Social work educators' experience in facilitating study abroad, and their experience in engaging host country nationals and social work students in mutual learning activities, including challenges of language translation and interpretation
- A discussion of ethics in the international learning experience, including issues of development voyeurism
- A discussion of globalization, neo-colonialism, power, and oppression in the context of international social work education
- Application of the theory of reciprocity or exchange theory to international social work education
- Reflections highlighting the role of indigenous facilitators in the learning experience, especially those giving women in developing countries and opportunity to share their perspectives
- Reflections highlighting the incorporation of village customs such as traditional medicines, music and dance, and rites of passage into the international education experience

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Deadline for submissions January 1, 2007

Spirituality and Religious Beliefs Among South-East Asians

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The author of this narrative is an immigrant from Singapore, but it is here in the United States that he became acquainted face to face with Cambodians; fellow South-East Asians. The author first describes his interactions with his new Cambodian peers, and later describes how religious beliefs and spirituality are used by the elderly Cambodians he met to enhance their mental health – beliefs which reminded him of the worldview espoused by his cousins in Singapore, where spirituality and religious faith is central.

Soon after I moved to Long Beach five years ago, I discovered that this exceptionally diverse Southern California city is home to the largest concentration of Cambodians living in the U.S. and, in fact, anywhere outside of Cambodia. As I became familiar with the area, I found myself shopping at Cambodian markets, having my hair styled by a Cambodian barber, and having a number of students in my classes who were from Cambodia or whose parents had been refugees from Cambodia. I soon got used to seeing Khmer letters (derived from ancient Hindu scripts) on store fronts in the Cambodian neighborhood. I also heard Khmer being spoken intermittently and from time to time saw Cambodian women dressed in sarongs which reminded me of my mom, aunts, and grandmother back in Singapore where I was born and grew up before coming to the U.S. 20 years ago. I had learned in secondary school that the ancient Khmer Kingdom dominated much of mainland South-East Asia 1,000 years ago and that Angkor Watt, originally a Hindu edifice, is the largest religious structure in the world. But it is here in America that I became acquainted personally with Cambodians, fellow South-East Asians, for the first time, and became pleasantly surprised to find that elements of their culture reminded me so much of the culture I was surrounded by when I was growing up.

Being raised in South-East Asia in the 1970s, I was also well aware of Cambodia's tragic history, the Pol Pot regime, and the Killing Fields. Although I was acquainted with the Domino Theory, I always felt secure, reinforced by the media and the adults around me that it would never be completely realized since Thailand, a buffer between us and the communist states of Indochina, was staunchly non-communist. Any immediate experience of war or threat of war was thus alien to me. I grew up in a peaceful and prosperous part of South-East Asia. There was political stability, the economy was booming, and the city modernizing and internationalizing. By contrast, I found through personal contacts that the lives of my Cambodian peers had been profoundly scarred by war. My Cambodian acquaintances, however, seldom spoke of the horrors they encountered. Only from time to time do glimpses of the horrors they experienced surface. The following are examples of such glimpses I had.

During my first semester at Long Beach, I had a rather vocal and contentious Cambodian student in one of my classes. One evening we discussed U.S. immigration policy regarding refugees. When the Vietnam War was mentioned, the Cambodian student described why he had immigrated to the U.S. and discussed briefly about the Killing Fields. After learning about the Killing Fields, some students in the class coaxed him to describe

something tragic that he had witnessed personally. Although reluctant at first, he yielded to his classmates' request. He then described how while escaping to Thailand he saw a woman, a member of his group, smothering her infant child to death in the jungle. He explained that the mother had no choice if she wanted to be part of their escape group. If the infant cried unexpectedly, the group's location would have been exposed to the Khmer Rouge and the soldiers would have killed everyone in the group. The horror of this brief revelation caught me and the class unexpectedly. We were dumbfounded for a few seconds.

Through the years of living in Long Beach, I have become a close acquaintance of my barber. We exchange stories whenever I have my hair cut. She would always have something to say about her three grown sons. The eldest was born in Cambodia before the Killing Fields and is now a high school teacher, the middle was born in a refugee camp in Thailand and is now a law student, and the youngest was born after the family resettled in the U.S. and is about to graduate from high school. Periodically I would also ask my barber about her life in Cambodia. On one visit she reminisced about how she had never envisioned herself being a barber or owning a business, let alone making a life for herself and her family in the U.S. As that conversation continued I remember her talking about the Killing Fields. Soon she was describing how her two daughters succumbed to sickness and starvation and how helpless she was. She said that she had to choose between feeding her daughters and her eldest son. I remember being very surprised and rather uncomfortable. As she is so full of self-confidence, I could not visualize her in such a dilemma. She was unemotional when she recounted how her daughters died; however, she mentioned that her husband had been so devastated that he has never been able to function properly or to work since.

On another occasion, when I was advisor to the Asian Pacific Islander student organization for our department, I had asked an undergraduate Cambodian student about what living in the Cambodian neighborhood in Long Beach was like. She said that she lived at home, so I was under the impression that her parents were conservative and would not allow her to live away from home. However, somewhere in the conversation I found out that she and her teenage sister lived by themselves most of the time as her parents, who were in their 60s, frequently returned to Cambodia where they would spend several months out of a year. I could understand her parents wanting to be in Cambodia as I knew that some elderly Cambodians had immigrated back to Cambodia because they felt alienated living in the U.S. What was puzzling to me then was her parents' age. I thought it unusual that her parents started a family so late in life. She then explained the circumstance pointing out that she had four other siblings who were 20 years or more her senior but had all perished in the Killing Fields. Her parents, however, survived and after immigrating to the U.S. established another family which included her and her younger sister.

These three encounters are examples of how I have come to realize how devastating the Killing Fields were to the people affected by it. I can also understand why survivors suffered from post traumatic stress, and that many, in fact, continue to experience some of these symptoms today, 25 years after the Killing Fields occurred.

Because of the diversity of Long Beach and my curiosity and interest in spirituality and religion, I would visit various religious congregations in my free time. One of the congregations I have visited is a Cambodian Buddhist temple nearby. I have gotten to know several devotees since my first visit. Many of them are elderly. Some of these individuals would stay at the temple on festival days.

They seemed the most devout of the congregation. As I became acquainted with the abbot, he told me about the long-term psychological harm the Killing Fields had on many of the elderly devotees, who seemed to have suffered most as their lives were so disrupted.

When I spoke to the elderly Cambodians myself, I usually asked them about their religion. They were eager to tell me about their religious practices, as they were deeply religious. They often described the ethics they found in Buddhism and how Buddhist principles helped to explain their suffering or explain the meaning of their lives. One elderly woman, for example, told me that Buddhist principles helped her to distinguish between good and bad. By following those precepts, she saw herself performing good deeds. Another woman I spoke with explained what Karma meant to her. Her goal was to reach Nirvana but she did not expect to get to it from this life. She only hoped that she would get to a better stage in the next life.

I also found that they extensively used prayer, religious devotions, and rituals to help them with their difficult memories and post-traumatic stress. One lady explained that she was very depressed when she first arrived in the U.S. She recalled having recurrent nightmares. She claimed that she comes to the temple every day and meditates now and that meditation alleviated her stress.

Having been raised in South-East Asia, it seems natural to me that the elderly Cambodians I spoke with were deeply religious and had used Buddhism and its ethics and precepts to help them cope with their lives. Reflecting on my conversations with them, I recall the centrality of religious faith and spirituality to my extended family. On a visit to Singapore, I found one of my cousins, whom I grew up with, was experiencing a major depressive episode. We spent a considerable amount of time together. Through my conversations with him, I learned the circumstances and events which led to his depression. I also learned that he was taking antidepressants and receiving counseling from a psychologist. The subsequent year when I returned to Singapore I was eager to meet my cousin and to find out how he was. As usual, I visited and spent much time with him. On this visit, I found that he was well. He was relieved and thankful that his depression was behind him, and felt strongly that it taught him to be more compassionate toward others who suffered from depression or other mental conditions. He was also quick to indicate that he felt that religious faith and fervent prayers helped him most in dealing with his depression. In addition, he told me that he did not think he benefited much from the medication he took or the counseling he received.

On another trip home, I recall a conversation I had with another cousin about our 90-year-old aunt. This aunt had been in a coma for several months but continued to hang on to life. Because of my aunt's age and because she had been ill for several years, my cousin's as well as my sentiments were that it would have been kinder if she had passed away and need no longer suffer in this world. With humor I recall my cousin, who had recently converted to Christianity, tried to ameliorate the sadness we felt for our aunt and about life, suffering, and death in general by reasoning that this aunt had not finish paying her dues from her last life and, thus, continued to live despite her physical condition, as this was her Karma.

As illustrated, religious faith and spirituality are central to the lives and hence to the mental health of many South-East Asians. Social workers and other mental health professionals who have South-East Asian clients should be cognizant of this close relationship. Unlike in the Western worldview, the South-East Asian worldview advocates a more intimate link between mental health and spirituality. Accordingly, spirituality, prayer, and religious devotion may be very important to them.

Many turn to these as a resource to help them cope with depression, post traumatic stress, and other mental health concerns, or just to explain the mysteries of life. These individuals find great comfort and turn to the explanations provided by their religious moral systems to explain suffering. Relief and cure to them are enhanced through purification and by the use of prayer, rituals, devotions, and charity. In the West, we are beginning to rediscover this connection. Consequently, social workers and other mental health professions should also have an understanding that religious practices vary according to culture, even when the religion is the same. Buddhism among Cambodians, for example, may look very different from that practiced by European American converts in the U.S. Likewise, Catholicism among Vietnamese immigrants may look very different from that practiced by Americans with Irish or Italian ancestry. The worldview espoused by each culture significantly dictates the place of spirituality and religious faith in the lives and to the mental health of individuals.

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Life Challenges and Coping: The Construction of Meaning within the Filipino Cultural Context

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In this narrative, the author describes her family's experience with ill health, caregiving, death and dying, and loss. She addresses these issues given the family and cultural backdrop. The author frames the issues of interest within their enabling and constraining contexts, and then discusses the implications of this experience in social work.

Little is known about Filipinos residing in the United States and not much is said about them in the existing literature. This paper serves to depict only a minute piece of a multiplicity of constraining and enabling elements that comprise the lived realities of Filipinos. My personal narrative should be read and understood as a story of one immigrant family's experience with ill health, caregiving, death and dying, and loss situated within the familial and cultural contexts. The overriding theme that binds these issues is having control or the lack thereof. The contents cannot be generalized to other Filipino families as experiences are different for every family, but certain cultural tendencies do apply.

There is a culturally distinctive pattern that predates the Filipino colonial identity. This primarily deals with the mental construct of the world around them that greatly influences behaviors, attitudes, and thinking. Traditionalism has inspired such notions as being ruled by forces beyond one's control (Andres, 1989), the western influence brought about by the Spanish colonization and the American imperialism has introduced the concept of free will (Perez, 2002). In the former orientation, locus of control tends to be externalized; while in the latter, personal control takes on an internalized form. There is an interesting fusion of both traditional and contemporary belief systems in the modern Filipino psyche. In my opinion, life circumstances are viewed traditionally by Filipinos as predestined events, but a modern mentality that allows for individual and cultural transformation has increasingly become pervasive.

I realize how difficult it is to recount my experience without taking into account the role that my family and culture played in it. It hardly makes sense to separate these two domains as both are clearly interwoven into the fabric of my existence. My family has shaped my worldviews and my knowledge about the nature of life. In the same manner, culture has influenced my grounding in tradition and social customs. Both dimensions have demonstrably contributed to the person that I was, am now, and will be.

Not long after our immigration to the United States in the late 80s, my father was diagnosed with diabetes and gradually deteriorated as a consequence of it. Ill health in the traditional sense implies an unfortunate fate brought about by bad karma. At first, diabetes seemed like a harmless disease to all of us. My father would explain that this illness was something he could not control, it was God's will. Nothing was ever said about lifestyle or eating habits. I say this because Filipino food can be quite rich. In particular, the food that my father and all of us have been accustomed to is high in fat and cholesterol. Contrarily, Western medicine conceives diabetes as a lifestyle or dietary intake

problem. With this mindset, diabetes can be controlled and extinguished through regular exercise and moderation in food intake.

Little did I know then that my father's ill health would end up turning our lives around as my family and I battled the disease with him. It is still unbelievable to grasp that this seemingly "non-lethal" disease can progress as it did in my father's case. I witnessed my father's progressive decline and his non-winning battle with diabetes. I felt overpowered by a sense that events were developing beyond my control. For the next decade, my family and I saw him struggle daily with the consequences of this debilitating disease.

There were challenging times marked by enabling forces that gave added richness and meaning to the situation. I remember that my father was hospitalized often. At first, these hospitalizations terrified me. I was scared of losing my father, whom I loved so much. The hospitalizations were traumatizing moments and all occurrences were retraumatizing events for me. There were also periods when my reactions were numbness and resignation. I felt resigned to the unpredictability of life. Looking back, these reactions were survival mechanisms in order for me to continue to live my day-to-day reality.

The hospitalizations were made easier by the frequent visitors we had. We are lucky to have the loyal and dedicated support of family, both immediate and extended, family friends, and other social networks. It was almost always the case that if one family unit or a family friend was called regarding my father's hospitalization, there would be a ripple effect. This one person or that one family member called another and then news began to spread. Soon after, visitors would start trickling in and filling up my father's hospital room. There was neither a day that he was left alone nor a dull moment during these times. Guests and food were inexhaustible. In a strange way, the hospitalizations became a sort of reunion or get-together.

Most of the nurses in the hospital were Filipinos so they understood my family's needs given the cultural backdrop. The nurses allowed us to have visitors past the visiting hours. They also permitted our immediate family to stay and sleep in my father's hospital room. Special lounge chairs were made available if any one of us (immediate family) was interested in staying over. Many times, my family gave food to the hospital staff as a way of reciprocating the kindness we were shown.

My father's illness became an all-consuming experience, not only to him, but also to everyone in the family. There were countless surgical operations and bypasses. At one point, he was on a ventilator for a while and several times was at death's door. It seemed as if there was no end in sight as his body surrendered to the firm grasp of the illness. The apogee of it all came rushing to us in my early college years. This was the time when his right leg was amputated, and he was plagued with serious complications that required a lengthy hospitalization, intense physical rehabilitation, considerable medical care and attention, as well as substantial caregiving.

Hospitalizations were one aspect of the disease process and in-home care was another. Caregiving duties to a sick loved one provided the greatest impact in my life and proved to be a valuable learning experience. From this experience, I learned early on the true meaning of the cliché, "the hills and valleys" of life. My parents did their best to shield and protect us from the vicissitudes of life. But this time around, life came rushing with tremendous force. Nothing and no one could have prevented life from happening. From an innocent and impressionable teenager to an enlightened young adult, I was in the midst of a life-changing event.

Typically, after the hospitalizations, in-home care was arranged for him, but we primarily provided the care at home alongside brief home health services. My family and I managed my father's in-home care by taking turns. We arranged who was going to do what, when and how. I was just thankful that the wound management did not fall into my hands because I do not do well once I see blood. This responsibility went to my mother and eldest sister instead, but I took on responsibilities after being trained by my mother, older sister, home health nurses, physical therapists, and dieticians. I learned quickly; sometimes I did my duties with fervor and at other times with reluctance. There were moments when I questioned why I had stay home doing these tasks when I could have a good time just like other people my age. There were rare occasions when I could get out of the home responsibilities. This made me feel resentful and for feeling this way, I felt guilty and shameful. The mixed feelings I had with my caregiving responsibilities became a constant battle that I waged with myself. I knew in my heart that the caregiving challenge was a personal, spiritual, emotional, psychological, and moral test for me. In the end, my filial duties and moral responsibilities to my family overpowered hedonism and self-indulgence.

As my father's health gradually declined, our lives revolved around his care. My mom not only worked hard to support the family; she went home to take care of her family's and ill husband's needs. In this set up, one person's efforts would have been self-defeating. As a family unit, our collective efforts were channeled into my father's caregiving. Everyone's sacrifices proved beneficial for the entire family. A couple of us who were in local colleges at that time had to tender a semester leave from school as each fulfilled a semester-long promise to help out with my father's care. Around this time, his ever-growing physical needs required someone to be there for him almost around the clock.

The caregiving tasks took their toll on the family. There were moments when I or other family members wanted to take a break but could not because we felt obligated to stay. There was guilt attached to taking a break, going somewhere to relax and taking a deep breath from it all. I had no outlet. I felt I was alone. No one in my age group could relate to the caregiving experience.

I wish now that we had asked for the help that we sorely needed. We had the support of extended family and friends, but we never asked them to help relieve us from the demands of caregiving. We were staunchly determined that we could handle the caregiving responsibilities without imposing on anyone. We also thought we were self-sufficient and could control the challenges inherent in caregiving as well as living our personal lives. There were times when we found it hard to balance our hectic work and school schedules with the demands of caregiving, managing the medical and physical care, and keeping numerous doctors' appointments. Respite services from time to time would have provided my family and me tremendous help. At that time, caregiving and respite support to families was not widely available—you were basically left to your own devices to surmount the challenges.

Through it all, my family was resolutely determined to overcome the daily struggles. Culturally, caregiving is a filial responsibility and an obligation. Caregiving for us was non-negotiable because there was no other option, or at least we were not provided with any other alternative. With the Western mentality, there are always options. In the end, we had to make do with what we had. For one, we had each other for emotional and psychological reassurance as well as for social support. We also had the consistent moral support of extended family and family friends. In a similar fashion to the visitors we had

during my father's hospitalizations, my father's recovery at home was equally supported by family and many friends.

My father was beloved by friends, many of whom had known him for years. Thus, he was always surrounded by people eager to listen to his stories and his vast reservoir of knowledge. At other times, friends dropped by during their off hours or spare time to say hello. I remember several loyal friends who were regular visitors. Other friends dropped by and delivered food, fruits, or the latest Filipino newspaper. There was a time when a kindred soul, a friend of a close family friend, came to extend his help during times my father had doctor's appointments and helped transport and drive him to the medical offices of physicians. Acts of kindness like these boosted my father's morale. We did not necessarily ask for direct help from anyone, but it was amazing that people just considered our needs and helped us any way they could.

Not only was my father's illness physically debilitating, but it was mentally and emotionally taxing. He tried to be in good spirits, but at other times he was dejected. I became a daily witness to his gradual demoralization, helplessness, and resignation. His disease consumed him and ate away his sense of self and dignity. I saw his life conquered by this cruel disease that left him dependent on us for his every need. At this point, he was already in a wheelchair and had lost one leg. His other leg was in danger of being amputated. It was hard for a man of my father's will and character to handle this severe blow.

I can only imagine what he was feeling then. I, for one, felt sad at the loss of his health and vitality and hopeless that there was no remedy for my father's condition. The nurses and doctors at the hospital every now and then commented about my father's strength to overcome his physical difficulties and his will to live. I thought this was true for the most part; however, at other times, I also thought that other forces beyond our control were gaining the upper hand despite my father's personal strength. He also believed in this kind of mental construct that views the workings of the world as one characterized by both predestination and human agency. In this sense, his inner strength allowed him to live through the daily minutiae given his ill health and his very real confrontation with death and dying.

Filipinos tend to have more accepting views of death and dying (Weber, 1995); and for the most part, view it as a natural part of life (Perez, 2002). In the midst of his illness, I recall my father often saying in a resigned tone: "My candle will only burn for so long." He thought that his gradual decline was part of God's bigger plan. My father went through different non-linear phases of the death and dying process. There was definitely sadness, resignation, defeat, and acceptance. I know he wrestled with these issues, many times on his own, because I often saw him engage in deep thought. The last time I saw him alive, he was silent — I believe he knew then, through his good sense and intuition, that it was his last moment here. I knew something was wrong because my father was never the quiet type. He was loud with a commanding voice, authoritative, loquacious, and lively. As soon as I saw him, deep in my heart I knew that it was the last time I would ever see him.

There were a lot of losses involved in the experience and the ensuing powerlessness that was associated with it. My family and I were confronted daily with the thought of ill health as well as death and dying. This involved the loss of control of things that matter (i.e., life, health, normalcy). My father dealt with the loss of control over his health and his life. My mother dealt with the loss of control over the situation. My siblings and I dealt with the loss of a sense of normalcy in life. For me, this experience involved the loss of youthful experiences that typify the trajectory of life experiences for 15-25 year olds. There were

definitely feelings of pain and sadness over these losses.

Through these perceived losses, I learned to hold dear many things. For one, I learned to value health and life. I gained depth in my general understanding of life and how it needs to be lived. The experience enabled me to appreciate family and friends during times when they really matter. It taught me that life does not give us normalcy. We make the best of our lives and make the less normal as normal as we can possibly make it and live it the way we need to—with meaning, direction, and a sense of purpose. My caregiving responsibility was, after all, a character-building experience. It gave me a sense of purpose and fulfillment. It increased my sense of mastery over life. It became clearer to me as time went on that the gains from the experience outweighed the losses.

Having grown up in the Filipino culture, I have observed that religion is a source of coping for Filipinos in that it provides a space for emotional and psychological catharsis. Houses of worship often become a haven for many Filipinos, most especially, when life challenges arise. There were times during my father's illness when I sought refuge in church. The experience allowed me to nurture my sense of spirituality. This enabled me to maintain hope that things will work out in the best possible way and to trust my inner strength. I prayed a lot on my own. It was healing to have poured out my heart to a God that I perceived as loving and accepting. In this sense, spirituality became a therapeutic tool for me. It provided me with an anchor and grounding during tough times.

The role of family and friendship networks was important in coping with challenges. Family and friends were instrumental in my family's handling of various problems (i.e., one health crises to another) that arose throughout the course of my father's illness. They were available as our sounding board. Food, laughter, and friendship were abundantly shared. Support through prayers and positive thoughts were always given. Countless visits from loyal friends and dedicated supporters of the family occurred through the years. I truly doubt that my family and I would have made it through the difficult times if it were not for the kindness, the warmth, the love, and the genuine support of family and friends that made life a little easier. Indeed, the role of family, friends, and support networks increases in significance as we maneuver through various life phases. It is certainly true, in our case, that the meaning of family and friendships became more pronounced during difficult life events and challenging life transitions.

Coping for my family is not only embedded in the personal, but also in the collective (family, friendship circles, other social networks) and in the spiritual or religious. Within some of these coping strategies are inherently traditional orientations. The traditional ways of helping, that relating to the *bayanihan* (community) spirit, were evident in the action of family and friends since the traditional culture is rooted in reciprocal relationships. In the religious and spiritual dimensions, ritual practices became a source of comfort in times of distress. Burial and funeral practices as well as the prayer offerings (from day one to the first year memorial mass) played a significant part in dealing with death. These coping mechanisms are intertwined with cultural inclinations and act as enabling forces within the context of constraint.

Caregiving has been a humbling experience and constantly reminds me, as a social worker, to keep an open mind about individual, familial, and cultural ways of navigating through life and of handling various life exigencies. It has given me the inclination to better understand the individual and cultural basis of certain ways of doing, being, and thinking. In the end, clients need to be supported in clarifying their views (being able

to control or not control their circumstances) and in helping them arrive at decisions they can live with. I am better able to appreciate and respect clients' rights to determine their lives in the manner they deem fit. In addition, I am able to applaud clients in their use of natural support systems that aid in sustaining them as well as to capitalize on clients' ability to tap into built-in coping strategies.

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Juggling Multiple Roles: Working Within the Vietnamese Community

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In this narrative, the authors describe their experiences delivering mental health services to the Vietnamese community. They discuss the importance of gaining credibility, and how their status within the Vietnamese American community affected this process. Case examples are used to illustrate the age and gender dynamics, as well as cultural factors that affected the delivery of mental health services.

Who We Are

Over the past 30 years, more than 700,000 Vietnamese refugees have resettled in the United States, with over 135,000 leaving immediately after the fall of Saigon in April 1975 (Freeman, 1995). We are part of the more than 1.2 million Vietnamese Americans living in the U.S. (U.S. Census Bureau, 2002). Each of our families took different routes to come to the U.S. and resettled in different regions, but we have shared the experience of becoming bicultural Vietnamese-Americans and providing mental health services to the Vietnamese community.

Duy's family left Vietnam two days before the fall of Saigon. After spending several months at Camp Pendleton in Southern California, the family was resettled in the Washington, D.C., area where he was born later that year. He grew up on the periphery of the Vietnamese community, visiting only to shop and eat. Not living in an area with a high Vietnamese concentration, he had few Vietnamese friends growing up. Upon choosing a career in social work, he did not intend to work with the Asian and Vietnamese communities. His interactions with a young Vietnamese client while at a therapeutic day camp offered him a glimpse into the importance of language and culture within the therapeutic relationship, and he changed his career direction.

Chaffee's family left Vietnam by boat in the days leading up to the Fall of Saigon. Initially sent to a military base in Arkansas, her family was resettled in the growing Vietnamese community in Chicago. Although she attended mostly White parochial schools, her family lived in the Vietnamese community, and they attended a Vietnamese Church. With an enduring commitment to strengthening her community, Chaffee has been engaged in many community-specific activities that range from youth programs to mental health casework.

Having been born in the U.S., Duy and Chaffee are members of the second generation, while Ha belongs to the 1.5 generation, after, as a young girl, traversing land and sea with her aunt to come to America. Eventually arriving in Boston, she and her family settled in the Dorchester area, where many Vietnamese refugees were living. For several years her grandmother worked as a housekeeper for a non-Vietnamese couple living in the Boston suburbs. This couple offered to welcome Ha into their family, thereby enabling her to attend school in a better district. Blending a background in art with therapeutic skills, she is trained as an art therapist. Over time, working with the Vietnamese community has evolved from a

part-time endeavor to a full-time commitment.

Although we had different family structures, and lived in different communities, we shared many experiences common to our place in the 1.5 and 2nd generations. We have observed our families and communities as they worked to find success in a new land. Growing up in Vietnamese homes and attending American schools taught us how to bridge cultures. While sharing mainstream experiences, as a racial minority we have learned to negotiate the world around us. We have benefited from having the perspective of living in between two worlds and are admittedly highly acculturated.

Maybe it was because we grew up in mostly White communities, attended mixed-race schools, or negotiated the pressure from our families to pursue medical or engineering careers that we chose career paths that led us to be mental health professionals. Coursework and practice experiences attempted to prepare us to work with the predominant groups in American society: White, Black, and Hispanic. Undergraduate and graduate courses emphasized a humanistic perspective. Theory and practice examples reflected helping knowledge generated by thinkers from majority culture with little input from minority communities. Our heritage, the experiences of past generations, was inconsequential to our academic preparation for professional practice.

Ultimately, we wanted to apply our skills within the Vietnamese community, which has lacked professionally trained mental health professionals. We sought to apply our unique perspective, linguistic ability, and cultural knowledge with Vietnamese American mental health consumers. Once we began working at an ethnic-specific mental health agency in the Midwest, our culture became our work. Vietnamese was no longer simply the language we used to communicate with our grandmothers, but it became our professional language. We supplemented our vocabularies with psychological terms translated to Vietnamese. From our clients, our peers, and personal reflection, we discovered the challenges and rewards associated with serving our community.

Mental Health and the Vietnamese

Mental health need among Vietnamese immigrants and refugees has been well-documented in the literature. Though Vietnamese have resettled in the U.S. for over 30 years, most research has focused on new arrivals. Health clinic screenings for mental health symptoms and disorders reveal relatively low incidence of diagnosable conditions (Hinton et al., 1998; Buchwald et al., 1995; Hinton et al., 1993). Among recent arrivals, defined as those who have lived in the U.S. for less than six months, rates of depression range from 5.5% to 9% (Hinton et al., 1993; Buchwald et al., 1995; Hinton et al., 1998;). The majority of our clients had been in the U.S. for several years and came to seek services after their psychosocial complaints became unbearable.

Seeking to uncover the factors that affect adjustment, Tran (1993) reports that Vietnamese adults with more negative premigratory experiences, such as traumatic experiences associated with war and the refugee process, have higher levels of mental health need. Furthermore, status losses associated with resettlement in the U.S. have been observed to negatively affect adjustment; persons with high educational achievement and higher occupational status in Vietnam reported poor adjustment to life in the U.S. (Tran, 1992).

Once receiving mental health services, Vietnamese consumers receiving ethnic and language-specific mental-health services report positive outcomes. Studies have found that ethnic matching predicted an increased number of outpatient treatment sessions for Asian Americans (Gamst, Dana, Der-Karabetian, & Kramer, 2001; Lee, Lei, &

Sue, 2001; Uehara, Takeuchi, & Smukler, 1994). A study of Australian community mental health consumers found that Vietnamese clients who were matched with a Vietnamese caseworker had more frequent and longer contact with continuing care teams, less contact with crisis teams, and fewer hospitalizations, that were shorter in duration than non-matched clients (Ziguras, Klimidis, Lewis, & Stuart, 2003). Thus, matched clients were better able to receive treatment in the community as compared to an often unmatched inpatient setting.

Professional Practice

Our narrative describes our experiences working in an ethnic-specific mental health program in the Midwest. Formed during the 1970's to respond to the growing needs of refugees from Southeast Asia, the agency has been located where Vietnamese and Cambodian families live and work. Today, the pan-Asian mental health program has the staff capacity to serve clients from South Asia, Southeast Asia, China, Japan, and Korea. For each of us, this was the first opportunity to deliver mental health services within the Vietnamese community.

Very early on, the issue of credibility came to the forefront of our practice. Sue and Zane (1987) discuss two types of credibility that are needed to engage ethnic minority groups successfully in mental health services: ascribed and achieved. Ascribed credibility is assigned by individuals outside of the profession based on perceived status, while achieved credibility refers to the outcomes of the helping process. Before we could work with our clients towards desired goals, however, social factors affected how they viewed us as helping professionals. At the outset, clients perceived our credibility to be limited by our age and gender as we were relegated to lower statuses within the Vietnamese social structure, where men and elders occupy high social positions (Frye, 1995). Furthermore, most clients were unfamiliar with the concept of a mental health professional, leaving only a few who could assign a status to our professional role.

At the outset, the levels of ascribed credibility varied among the client population. Generally, older men attributed us less credibility due to our age or gender. Higher levels of credibility were assigned by women, especially those in early adulthood and middle age. Finally, younger clients were more likely to view us as professionals, compared to other adult clients.

Faced with the interaction between social roles and professional identity, our narrative will describe how we approached practice and the processes involved in achieving higher levels of credibility with different clients. We will present three case examples to help elucidate the prominent themes we encountered as mental-health clinicians from the perspective of acculturated Vietnamese Americans. We will focus on the social and cultural forces that impacted how we served our clients and other staff members. We were struck by how similar our reactions to the effects of age, gender, language, and acculturation, and how these themes resonated with other Vietnamese and Asian Americans of our generation working in the social services.

The Importance of Making Progress

T.D. is a 63 year-old War veteran who came from Vietnam seven years ago under the Humanitarian Operations program. After the War, he spent six years in a communist reeducation camp. He has trouble sleeping at night and reports frequent nightmares that contain scenes from the War. He has been diagnosed with PTSD. He is looking to apply for Supplemental Security Income (SSI) because the lack of sleep has had negative effects on his job performance at the manufacturing plant.

During intake, T.D. and his counselor develop a treatment plan comprised of medication management, case management, and individual counseling. He keeps his regular appointments with the psychiatrist and is eager to resolve his case management issues. Initially, however, he is reluctant to make regular appointments for individual counseling, but after several months, he begins to open up to his counselor's inquiries about his life and experiences. At the end of one session, he remarks pleasingly: "No one has ever listened to what I have gone through." After a few months, he begins attending a men's counseling group while discontinuing individual counseling.

We were all aware of the roles our ages and genders would play in establishing our professional credibility. We anticipated some of the challenges of engaging clients who were contemporaries of our parents and grandparents. Quickly, we found that clients could transfer credibility to us from established workers. For example, it was socially acceptable for T.D. to seek help from a psychiatrist, who held a high status because of his or her medical training. Working with a psychiatrist also provided relief for T.D.'s most frequent complaints of difficulty sleeping and poor mood associated with PTSD and depression. Interpreting for T.D. during his appointment, we could work with his psychiatrist to coordinate care and provide supportive counseling. Co-facilitating a group with a paraprofessional staff member whose credibility had been established afforded T.D. and other clients the opportunity to view us positively. Having a certain amount of credibility transferred to us enabled clients to be introduced to us and served as a point of departure for our future work.

For men such as T.D., it was easier to seek services that would help them fulfill their role as a provider for their families. Due to older age, the onset of chronic health and psychological conditions, and the difficulties of performing manual labor, we found men were more likely to seek help accessing public benefits programs rather than for affective complaints (Tran, Ngo & Conway, 2003). We observed the range of reactions from T.D. to receiving help from young mental health professionals. While he was uncertain of our ability to help him due to our ages, he demanded our time for case-management support. In this situation, our abilities to speak English and navigate the social-service system superseded T.D.'s discomfort surrounding the role reversal of seeking help from a younger person. The juxtaposition of seeking help from a younger person while being in need reflects his level of dependence on us as social workers; he relied on us for everything from sorting his mail to applying for public benefits, and interpreting and advocating at appointments.

Over time, as T.D. observed positive outcomes, such as receiving SSI or gaining relief from medication that we helped him access, we were able to build trust and credibility. He came to respect our abilities, which provided an opportunity to engage him to discuss stressors during individual therapy. Most men had never had the opportunity to verbalize their experiences during and after the War. Having an inviting and acceptable setting to discuss their reactions to past events and their lingering effects through individual and group services complemented the other services they received from our agency.

A Warm Reception

K.L is a 46-year-old mother of three. She has frequent crying spells and has been diagnosed with depression. She complained of many family problems, including her relationships with her husband and their children. She has been receiving SSI for a combination of physical and emotional complaints.

Her symptoms have improved over the course of a year of services that included

individual and group counseling as well as medication management. During one group session with other mothers, she revealed that she has been worried about her daughter for several months. Her daughter had not been performing well in school, had arguments with her siblings, and exhibited a range of depressive symptoms, including poor moods and social withdrawal. She was hopeful that her daughter could receive services to improve her school performance,and alleviate K.L.'s worries.

Like other female clients in middle age, K.L. had mixed perceptions of our credibility. On one hand, she did not have an understanding of what a mental health professional did, so she could not ascribe value to our professional role. She did, however, value our empathy and ability to handle case management tasks. Being able to attend to her concrete and emotional needs helped us achieve higher levels of credibility.

When we joined the staff, many coworkers argued that group work was not an effective treatment modality for Asian American consumers because of social values that discourage sharing personal problems with non-family members. In contrast to the prevailing ideas, we have found group work to be extremely useful to engage adults in treatment and to meet treatment goals. Having open-ended, semi-structured groups enables participants to meet old and new acquaintances to build social support. By attending groups, K.L. had the opportunity to relate with other women's experiences. The women found greater communality within the group setting and were committed to attending scheduled groups.

Individual and group sessions with K.L. often focused on the family challenges imposed by the strain of daily life and rapidly acculturating children. As we achieved higher levels of credibility with K.L., she was open to referring her daughter for an assessment after identifying her daughter's psychosocial needs. The referral process reflected her trust in our abilities and her hope that her daughter would benefit from services. In this situation, K.L. ascribed us more credibility because of our age and bicultural experiences. She perceived us as having achieved success in the U.S., having negotiated the challenges of acculturation and attained academic and professional success.

Supporting Individuals and Families Affected by Serious Mental Illness (SMI)

V.H. is 30 years old and was recently hospitalized for a psychotic outburst. Two years ago, he had been hospitalized for Bipolar Disorder but dropped out of treatment. At the time, he lived with his mother, who insisted that the outburst was not due to a mental illness, but caused by spirits that will go away once a healer visits.

Since his initial episode, V.H.'s symptoms have persisted. He has unsuccessfully tried to return to work several times, each attempt resulting in a lengthy hospitalization. After the most recent hospitalization, he was discharged to a nursing home in the neighborhood. Working with the nursing home staff, he is able to attend our agency's psychosocial rehabilitation program because of language and cultural congruence.

Unlike consumers seeking services for PTSD or depression, V.H. had prior contact with mental health professionals, which enabled him to ascribe a status to our profession. For example, V.H. had worked with social workers during his prior hospitalizations and at the nursing home, so he was familiar with social workers. Since V.H. had positive experiences with his most recent social worker, he was able to ascribe high levels of credibility to our role.

Generally, clients and their families had varied beliefs about the etiology of mental illness (Frye, 1993; Phan & Silove, 1997). Many consumers diagnosed as having a SMI

and their families shared V.H.'s family belief of spirits caused their condition. V.H. and his family did not have the language to label the conditions they experienced (Phan & Silove, 1997); without words they described the behaviors associated with the illness, such as disturbances with cognitions, hallucinations, or paranoia. While we worked with their belief system, we focused on basic treatment goals: managing symptoms, maintaining community living, managing medication, and planning for the future. Focusing upon how his symptoms affected his life enabled us to provide concrete outcomes that kept V.H. engaged in treatment and increased our credibility (Sue & Zane, 1987).

Although our roles as mental health professionals were clear with V.H., cultural, age and gender dynamics continued to shape our practice. While many of our clients were middle aged or older, we were much closer in age to VH. In addition to being in the same age cohort, most of the consumers with SMI were male, which affected our interactions differently depending upon gender. VH viewed DN as a model of health and success and lamented his life challenges. This provided an opportunity to discuss his situation and to identify coping strategies. For CT and HT, the age-gender dynamic provided additional obstacles. In an attempt to overcome the challenges of age and gender, CT and HT maintained an older position by having V.H. address them as "ChË," or older sister, which served several cultural functions. First, this facilitated the helping process by allowing V.H. to seek help from an older person and save face from having to receive help from a younger counterpart. Secondly, being slightly older served as a social boundary discouraging unwanted advances. Though exceptions exist, most heterosexual couples are composed of an older male and a younger female; the perception that CT and HT were older allowed them the opportunity to address V.H.'s relationship desires constructively.

Families play an important part in consumers' overall well-being. At times during V.H.'s illness, his family has served different functions. After his initial psychotic episode, his siblings were instrumental in helping him receive the necessary services. At the same time, however, his mother refused to acknowledge his condition and declined to support his treatment. Before his most recent hospitalization, VH had been relying on family members for housing, transportation to appointments, and assistance with medication management. Though the caregiving tasks were burdensome at times, his parents and siblings were open and supportive.

Socially, VH was stigmatized for his mental illness and was socially isolated, leaving him with few outlets to find alternative social support. Our agency offered a psychosocial rehabilitation program (PSR), and each of us has been involved with various facets of the program. By creating a culturally relevant milieu, we sought to overcome the social stigma by creating a space for the members to be able to socialize with one another and build support while learning community-living skills. Our program offered groups to cope with their distress, build social support among group members, and advance English skills. In addition, expressive groups focused on art and movement therapies. The format of PSR groups was consistent with the members' worldview; the program created a familial environment, while groups were led by a "teacher," who helped the members to develop the skills necessary to live in the community and meet their treatment goals. Though the members responded well to the educational aspects of the program, we strived to facilitate an equitable group that enabled all participants to succeed.

Maintaining a Professional Identity

As we established ourselves within the community through our professional work, we were faced with maintaining professional

boundaries. We lived in the community with our clients, where the potential existed to have dual or multiple relationships with clients. We attended the same churches or temples. We shopped at the same stores and ate at the same restaurants. At times, our social circles overlapped, and we delicately danced along the line that separates being a community member and being a mental health provider.

Oftentimes, clients came to view us as a part of their 'family,' which fit within their worldview, where family is loosely defined and is not limited to blood relatives. This may have facilitated the help-seeking process as it would be easier to seek assistance from a family member. Many clients brought us small gifts of appreciation, while others sought to include us in family events, such as weddings and holiday celebrations. The family view was reflected within the agency, where the staff organized an annual Tet celebration attended by clients and staff alike.

While it was welcoming to be received as family members, and gratifying to receive gifts in appreciation of our work, the gestures challenged us to set and maintain culturally appropriate boundaries. Though this facilitated the helping relationship, the process necessary to become comfortable with the idea of being in a client's family was not an easy one; in fact, it contradicts how we are socialized as professionals. Professional values, such as those expounded in the NASW Code of Ethics, dictate the necessity to have clear boundaries with our clients. The differences between our professional identity and the client's perception of us as helpers in the community lead us to struggle individually, collectively, and as a staff with how to set boundaries that adhere to professional standards while maintaining cultural relevance.

In the end, we each adopted a fairly conservative position, probably due to our newness in the field but also because of the difficulty to find guidance. Our supervisors, who were European Americans, had never dealt with such circumstances. Our older Vietnamese coworkers had no formal mental health training, so they were not indoctrinated with the same professional identity. Furthermore, they had worked in the community for many years and often had prior contact with clients through other positions. Coworkers of other Asian ethnic backgrounds worked within smaller communities that were more distant from our agency. Additionally, the bonds with their communities were weaker as they associated with their respective ethnic communities less frequently outside of work. Though we would accept small gifts, we felt uncomfortable attending social events outside of work, such as weddings and holiday celebrations. We felt the need to be present in the community to affirm our commitment to its health and well-being. Therefore, we did not seek to avoid clients in our social outings but remained aware of our professional role and respected our clients' privacy and confidentiality.

Organizational Dynamics – Straddling Two Worlds

Though his training was in another field, Mr. Pham was a senior staff member with many years' experience at the agency developing the mental health program and providing services. He is well known in the Vietnamese community and has been able to increase service use among local residents. He is particularly proud of having young, educated Vietnamese clinicians and tries to support their development.

Credibility and culture within an ethnic-specific agency created a staff dynamic similar to direct practice. Although we had credibility with Mr. Pham because of our educational accomplishments, he sought to help us overcome our youth and relative inexperience. Mr. Pham, as an older male from a patriarchal culture, set a decidedly paternalistic tone with us and other Vietnamese staff members, often dictating how a case ought to be handled.

Being highly acculturated and having received training in Western models of helping, we found our plans for treatment often conflicted with Mr. Pham's thinking. Traditional social work values, such as a client's right to self-determination, were secondary to a patriarchal attitude. From what we observed, most clients did not seem to mind the lack of options in their treatment, which is consistent with the cultural expectation that elders must be listened to. Within this atmosphere, we found the patriarchal attitude difficult for us to cope with, as our status as young employees superseded our educational background and prior training. Under a parental dynamic, we followed cultural norms to respect our elders, but this contrasted with the emphasis on equality within professional interactions with staff of different cultural origins.

Our experiences consulting with our Vietnamese colleagues differed drastically from interactions with Mr. Pham. The words used to address other Vietnamese staff members reflected the family-like interactions experienced with clients. Addressing staff in Vietnamese as "Chú", and "ChË" – the terms used for Uncle, and Sister – increased the sense of intimacy among the Vietnamese staff beyond the English "You" and "I". This often fostered a sense of belonging among the Vietnamese staff and provided a source of positive social support. Collaborating on cases with our paraprofessional colleagues, we combined rich local knowledge with therapeutic training.

While the Vietnamese staff was loosely organized based on age, our relationships with non-Vietnamese coworkers were more collegial. Interacting with non-Vietnamese staff was more familiar to us as it was consistent with our experiences in other mainstream agencies. Working with staff from diverse backgrounds, we shared a similar socialization through education and training. Despite different levels of experience, all voices were respected creating a more equitable atmosphere compared to the paternal tenor among the Vietnamese staff.

Within the work setting, we were living in two worlds, constantly shuttling between cultures and languages, emphasizing different aspects of our experience with different people within the organization. Following our cultural norms, we respected Mr. Pham's position though we often disagreed with it. Meanwhile, we would have equitable exchanges with other colleagues as we worked through difficult cases. Though the two experiences are valuable, the values of the perspectives are incongruent. One is patriarchal and hierarchical, the other based in equality and valuing options and choices. We had to learn to adjust to the Vietnamese cultural working environment and were fortunate to have each other for consultation and support. Maybe our experiences were 'too Americanized' and incompatible with a traditional Vietnamese professional culture. We had been schooled and socialized in America, not Vietnam. Previously, we had worked with coworkers and clients who were not Vietnamese, and ort current work environment was unique. Our experience highlights the challenges of working in settings with staff with varying degrees of acculturation, which can result in distinctive challenges.

Conclusion

Over time, we were able to establish ourselves within the Vietnamese community as mental health resources. By our achieving credibility, our clients would reveal their experiences to their friends and refer them for needed services. In order to be successful, the work required us to have a flexible approach to practice. As bicultural workers, we would continually monitor the impact of age, gender, and acculturation as we interacted with clients, consulted with other staff members, and collaborated with other providers within the social service system. We

relied upon our knowledge of Vietnamese culture and norms to engage clients in the treatment process. Working within a diverse organization with a cadre of Vietnamese staff required us to rely upon an array of cultural skills.

We were challenged to take practices from other settings and adapt them to a cultural setting where mental health problems were not readily accepted. The constant need to adapt practices while processing the cultural dynamics of working within our community presented additional professional strains that we were able to cope with through informal discussion and supporting one another.

Our experiences at the ethnic-specific mental health setting have been challenging and rewarding. Working in our ethnic community encouraged us not only to apply our counseling skills, but enabled us to become advocates for Asian American health. Working with health and social justice leaders in the community, we were able to raise awareness of the pressing health and mental-health issues affecting Vietnamese and other Asian Americans. Our professional practice has been enriched by the experience, and our bonds with the community have been strengthened.

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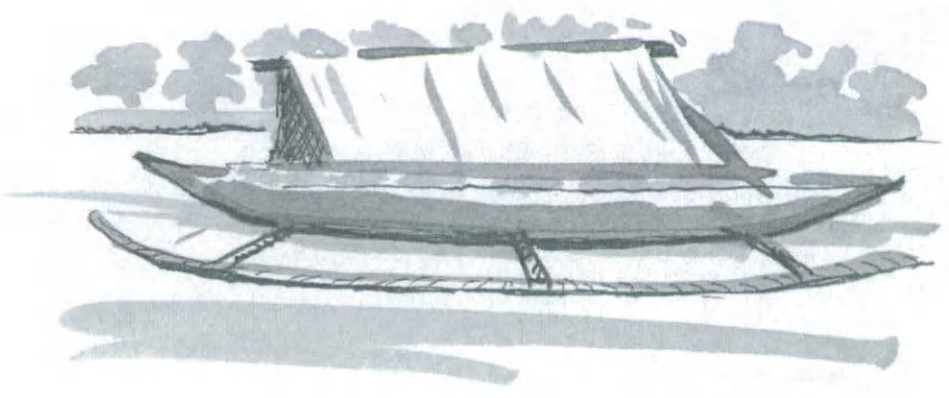

Building Bridges through Indigenization

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In this narrative, the authors share their own personal histories and experiences as an Asian Indian social work professional and as an Anglo-American social work professional. Together they draw on these experiences and personal histories to inform their current cross-cultural practice within several Southeast Asian communities today.

Introduction

In the Summer '05 issue of *Reflections*, we read the call for papers to narrate experiences in working with the Southeast populations. This was such a good match to our interests and work that we felt compelled to write. In this paper, we share our personal backgrounds and our practice wisdom from working with this population.

The Authors' Personal Journeys:

Mary Ann

My journey as an Anglo-American working with Southeast Asians both in the United States and in Southeast Asia has spanned more than a quarter of a century and has had a profound influence on how I view social work practice as well as how I view the world. Like many American baby boomers, as a college student in the late 1960s I took part in campus protests against the Vietnam War. Much later in life I realized how little I knew about the politics of a war that the United States called the Vietnam conflict and the Southeast Asian countries called the American war. I knew even less about the countries most directly affected by the war (Vietnam, Laos, and Cambodia) and the people who were most directly affected by the American war in Southeast Asia (the Lao, Khmer, Vietnamese, Hmong, and various other hill tribes within all three countries).

The first leg of my sojourn began in New York in the mid-1970s. My local Quaker Meeting House decided to sponsor a family of refugees from Vietnam and as luck would have it, we found an apartment for them directly behind my own apartment. This experience opened my worldview (although in hindsight it was more of a tiny slit than a full scale opening) so that when other opportunities presented themselves for education/experiences about the refugees from Southeast Asia I would try to make a point of being there. Thus it was that in 1982 I attended an informational session about a joint grant funded project taking place in Thailand between Fordham University Graduate School of Social Service and Catholic Relief Services to assist with social service and resettlement needs of Southeast Asian refugees in temporary Thai refugee camps. I had no intention of actually getting

involved in the project but Dean Mary Ann Quaranta had other ideas for me.

In June of that year, I was off to Phanat Nikhom refugee camp in Thailand to head up a student unit composed of MSW students from three schools of social work from the United States. I spent the next six months living in a Thai village together with students, volunteers, and staff from countless countries, as well as Thai villagers and Thai refugee camp staff. Phanat Nikhom refugee camp housed approximately 18,000 refugees from Cambodia, Laos, and Vietnam, all seeking asylum in the United States and other resettlement countries. Learning new skills in the daily living in a Thai village was as much a part of this field experience as the work in the refugee camp. The experience proved to be a life-altering one and upon return to the United States and following the completion of my Ph.D., I accepted a teaching position at Rhode Island College primarily because of the large Southeast Asian population in Rhode Island.

Over the next twenty years, in addition to my academic responsibilities at the College, I spent my time in community service within the Rhode Island Southeast Asian communities serving in a variety of consulting roles. Last year, my journey took me on a four month sabbatical to Phnom Penh, Cambodia, where I was able to connect not only with Cambodians who remained in country throughout the traumas of the wars— the Pol Pot reign of terror, the Vietnamese invasion, and the current rebuilding of the country— but also Cambodians who had made the journey from Cambodia through the Thai refugee camps to the United States and then later returned to Cambodia, either voluntarily or in some cases, involuntarily.

Jayashree

It was a sunny day in the first week of April in the year 2000. This was my first semester as an assistant professor at Rhode Island College School of Social Work. I had moved from Tulane University, New Orleans, and was just learning to negotiate the new world around me. As I stood in the copy room, frantically making handouts for my class, my colleague Mary Ann called my name and asked, "Do you want to join me for the Cambodian and Lao New Year celebration next week? It falls on April 14th." My heart went *thump*. New Year celebration on April 14th! It would be like being home. It had been eight years since I celebrated my New Year (I arrived in the USA in 1992). I can celebrate my New Year along with Cambodians and Lao (Hmong and Vietnamese joined in as well, even though it was not their New Year). On April 14th 2000, I went to the Socio Economic Center for Southeast Asians, in Providence, Rhode Island. My colleague introduced me to all the staff and community people; I was glad that I wore a traditional sari with gold and all the trimmings since everyone was colorfully dressed; we had a scrumptious, spicy meal and wonderful desserts. This was the beginning of my involvement with the Southeast Asians settled in the State of Rhode Island. It was also a step closer to home and culture. As you may have guessed by now, I am from India, South India to be more specific, where we celebrate our New Year in April and follow the same lunar calendar as the Southeast Asians.

I came to the United States in 1992 in pursuit of a doctoral degree in social work. Working in an addiction treatment center in Chennai, India, I had the opportunity to meet two social work professors from the United States who recruited me as a potential doctoral student. Negotiating the American environment, I had first-hand experience in learning to straddle two cultures in daily living (use of language, driving on the other side of the road, food, snow) and also in academic classes (ideas about how to practice, self

determination, theory and its applications, transfer of knowledge).

After my doctoral degree I moved to Tulane University, New Orleans, where a colleague and I worked in the C. J. Peete Housing Project with the residents as part of a larger University Housing Project Collaboration. As a barefooted social worker, the poverty, illiteracy, unemployment, and deplorable conditions were familiar to me, and I felt I had a good practice sense in working with this group. However, it was hard for others to understand that there were similarities here in the United States to the third world conditions and thus we needed to indigenize our knowledge to work in either setting.

Indigenization of knowledge has been my passion for the past decade. I have been intrigued by how social workers from the non-western world make meaning of the models of social work practice that emerge from the west.

Coming to Rhode Island, I was energized to work with a population with which I felt more culturally intertwined. Interpreting the western models of practice to suit the Southeast Asian culture has been an interesting experience. It is like I am back home at work where we were constantly interpreting British and American texts to fit our practice. This interpretation was always accompanied by some uncertainty about whether we were practicing the 'right' kind of social work.

When I began to work with this organization, one of the staff walked up to me and said, "We will call you Dr. Jay." "No! No!" I quipped, "Please call me Jay." She hesitated for a moment and then said, "'Jay' in Khmer means to swear. So we would prefer to call you Dr. Jay. I do not want clients to think that I am swearing!" So since then, I have been addressed as Dr. Jay (it was later that I heard that there is a legendary basketball player called Dr. J).

Respect for the Process of Indigenization

The concept of indigenization has been widely used to reflect the process by which a Western social work practice framework is transplanted into another environment and modified. This has also been referred to as adaptation and highlights the process by which language, local knowledge, and belief systems influence the intervention model to achieve a goodness-of-fit. This exchange is a two-way transfer in which local knowledge is creatively used to evolve a model of social work intervention that is suitable to local needs. Discussions on the process of indigenization have centered on transferring knowledge from the West to the East (Nimmagadda & Cowger, 1999; Nimmagadda & Balgopal, 2000). In this narrative, we share how this two-way transfer works within the context of our practice with the Southeast Asians living in the United States.

Bromley and Olsen (1994) identify as a major goal in working with Southeast Asian-Americans the importance of building creative interventions that recognize the need to bridge Western and Eastern values, norms, and customs. In our work with the Southeast Asian communities in the United States, this respect for the indigenization process has been central to our clinical practice. For example, before implementing any new program or service, we begin with brainstorming sessions involving both professional and indigenous staff in order to search for innovative strategies that are meaningful to Southeast Asian-Americans.

The Context of our Work Together

To those who have worked with Rhode Island's Southeast Asian communities, a major area of concern has been to provide culturally appropriate services. Although a number of 'mainstream' agencies, such as family-service agencies and community mental health centers exist to serve the needs of the general population, very few Southeast Asian-

Americans ever find their way into these mainstream service systems. This is particularly true for the families most isolated from the mainstream society.

There are four distinct ethnic and linguistic communities within the Southeast Asian population (i.e. Cambodian, Hmong, Laotian, Vietnamese) served by the Socio- Economic Development Center for Southeast Asians (SEDC). The largest group, around 16,000, is Cambodian, followed by Lao, Hmong,and Vietnamese. The Cambodians, Lao, and Hmong live primarily in Providence in lower socio-economic ethnic communities, and the majority of ethnic Vietnamese live in the northern part of the state in the city of Woonsocket. SEDC has offices in both Providence and Woonsocket.

In October, 1987, the Cambodian Society of Rhode Island, the Hmong-Lao Unity Association of Rhode Island, the Lao Association of Rhode Island and the Vietnamese Society of Rhode Island joined together to form the Socio-Economic Development Center for Southeast Asians of Rhode Island, Inc.(SEDC). These four community-based mutual assistance organizations had provided services to Rhode Island's Southeast Asian communities since the early 1980's. SEDC is now the primary community-based social service organization for Southeast Asians in Rhode Island. Since 1987, SEDC has provided human services to the Southeast Asian communities in such areas as emergency assistance, crisis intervention, case management, interpreters, casework/counseling, housing and utility assistance, family reunification assistance, English as a second language classes, citizenship classes, early start for pre-school children and their families, substance abuse prevention and assistance for victims of domestic violence. All SEDC staff is bilingual or trilingual with representation from all four Southeast Asian ethnic groups residing in Rhode Island. Staff members and/or their families came to the United States as refugees from Southeast Asia.

Our role within SEDC

As consultants, our role is primarily to provide clinical consulting for the staff with the different programs. Apart from the clinical consulting, we also are involved in the evaluation of some of the programs. In this section we will describe our roles first as clinical consultants and then as evaluators.

Clinical consultants. As clinical consultants we are involved in supervision of case workers of the different programs. Typically these case workers have an undergraduate degree or are enrolled as undergraduate students at a local university. They are bilingual, probably born at the Thai refugee camps and then came to the U.S. as infants or toddlers. Several older staff members survived the trauma of the war years in Laos, Vietnam, and Cambodia. All of them have experienced trauma in some form or another. There is no full-time professional social worker on staff. Between the two of us, we need to discuss how they can work with clients. Many of them do not have a human service background and therefore need training, which again we provide.

Evaluative consultants. As evaluators we design and implement the outcome evaluation for some of the programs. We complement each other (one of us would serve as the clinical consultant and the other as the evaluative consultant, since for obvious reasons one cannot wear both hats). Research with the Southeast Asian community is a challenge. To get consent forms signed, we need to make several home visits and several rounds of clarification. Clients are wary of more paperwork and forms to sign. Also, instruments that are sensitive to this population are hard to find. Translation of instruments is another challenge. Fortunately, we have a language bank within SEDC that helps us with translations and back translations of the instruments used. Another tough task we face

is getting the funders to understand the barriers in doing this. One example is the trend of insisting on using a standardized curriculum with fidelity measures in place. This may not be best fitted for our work.

Reflections on our Indigenous Approaches: Adapting Eastern approaches to problem-solving in helping Southeast-Asian Americans

The Role of the Buddhist Temple in the Cambodian and Lao communities. Roughly 97 percent of Cambodians are Theravada Buddhists (McKenzie-Pollock, 1996); similar percentages would also be true of the lowland Lao. For Southeast Asians, Buddhist beliefs are not just a part of their religion; they are also an important part of the individual, family, and community life (Bromley & Sip, 2001). According to Ebihara (1987), for most Cambodians, the Buddhist temple serves as a moral, social, and educational center. The Venerable Oung Mean Candavanno states, "The Buddha's teaching is essentially a path, a way of conduct, thought, and understanding, aimed at leading man from suffering to true happiness and perfect peace" (1990, p.1). Given this, the Cambodian and Lao Buddhist Temples have served as excellent centers for prevention and treatment of a number of human conditions, such as problems with alcohol and other drugs, domestic violence, gang violence, child abuse or neglect, and family problems in general.

The Buddhist monks, in conjunction with the indigenous casework staff, work together with individuals, families, and groups. The monks help the clients focus on the 'right' path, while the caseworkers assist the clients with needed resources and education. As pointed out by Green, "the ethnically competent helper ought to encourage clients to draw on the natural strengths inherent in their own traditions and communities, reducing where possible their dependence on services provided by outsiders or by impersonal bureaucracies" (Green, 1995, p. 95; see also, Handleman, 1976). Every other week, one Cambodian Buddhist Temple in Providence, Rhode Island, is the scene for substance abuse prevention and education workshops led by a Buddhist monk and assisted by a Cambodian Substance Abuse Prevention Specialist. As part of these workshops, clients and staff prepare food for the monks. Sharing food, chanting, and listening to the monks discuss the path to true happiness is an integral part of the client's "treatment plan."

Relying on local knowledge. All staff at the agency are Southeast Asians. We have staff meetings on a regular basis. Eating spicy Southeast Asian food, we often facilitate a group process by which caseworkers discuss their work, clients, challenges, and successes. This helps us understand their way of interpreting the world and keeps the focus on "local knowledge" (Geertz, 1983, p. 167). Through these meetings we discover subjugated knowledge and learn little nuances about how to work with clients from the local caseworkers themselves. The collective knowledge of this group is astounding. They are creative and plan therapeutic activities that are indigenized. Nimmagadda and Cowger (1999) in their research in India found that the local social work professionals were ingenious in their handling of Western knowledge to fit their local culture.

As part of a grant, we help facilitate a group on domestic violence. In our staff meetings we generally opined that domestic violence is a sensitive topic and taboo to speak directly about. To work around this, staff designed flyers that advertised the group as one that discusses 'healthy relationships.' For the first four weeks, the facilitators of the group discussed aspects of healthy relationships and focused on engaging the group members. It was in the fifth week that group members hinted on what some of the qualities of an

'unhealthy relationship' were and eventually the facilitators presented the wheel of domestic violence in the sixth week. At this point the group was engaged and was willing to talk about violence in relationships at this point and we firmly believe that without the help of the indigenous workers we could not have done this dance. This group is now facilitated every year in a similar fashion.

Fostering dependency. Collectivism is the hallmark of the Eastern way of living. Inter-dependency is valued and Asians take pride in helping one another. At SEDC clients often are engaged through concrete help. Staff needs to do things for the client such as providing transportation for a doctor's appointment. Living in the Western world, we often speculate about whether this is 'correct' social work practice, since offering rides can be seen as facilitating a client's dependency on the case worker/agency. However, in our practice we have seen that these concrete services help us to work more in depth with the clients, nurturing trust between client and the worker. As clients continue to grow, we have seen that this dependency can be weaned off. Recently, we worked with a client who was distraught about being caught in an abusive situation. After about a year and a half of working (helping her with several mundane tasks), she felt the courage to learn to use public transportation. She is now independent but still maintains ties with us. A unique tradition at SEDC is that we encourage all clients (former and current, case closed or open) to join in Southeast Asian festivities (e.g. New Year celebration).

Fostering dependency is closely related to the development of trust. Southeast Asians, because of past traumas, are more cautious with authority and any kind of paperwork. Doing tasks for them or helping them with chores helps us connect with the clients and develop trust, which is critical if we are to step into the client's world.

Banking on Buddhist teaching on tolerance and patience. Often we facilitate groups to discuss issues that the clients are facing (raising teenagers, for example). Several clients show up for the group. We have a few who speak Khmer, a few who speak Hmong, a few who speak Lao, and occasionally we have a Vietnamese- or Korean-speaking client. In the group, we may have as many interpreters as clients, and the interactions have to be translated into at least three languages. The process can be quite confusing at first. Patience has been central to our practice here. Clients are patient, too, as the words get translated. These groups usually last a little over two hours, not including the socializing time with a light supper meal.

Yet, we have never had clients request groups where only Khmer is spoken, or groups where only Lao is spoken, so that they can talk and interact more fluently. Clients have been open to the notion that they do not have to always understand what the other person is talking about (tolerance) and they wait quietly until this material gets translated (patience). As practitioners, we cherish this, as it is often difficult for us to keep nodding our head and maintaining contact with the person who is speaking while not understanding a word they say. The clients role model for us the attributes of being patient and tolerant of differences.

Adapting Western Approaches to Problem Solving in Helping Southeast Asian-Americans

Anger management workshops. Many funders today insist that agencies use model curricula and treatment approaches in their grant-supported programs. There is usually a great emphasis placed on the provision of services to underserved cultures; however, scant attention is paid to how best to serve the people from those cultures. The dilemma for the culturally responsive agency is how to

bridge the gap between the service-delivery system the funders want and the service-delivery system that best fits the clients' needs within their cultural context. For example, we were recently funded to provide prevention services only to Southeast Asian adults. Services directed toward children are excluded from the grant as are services for parents to help or improve their relationship with their children. One of the mandated services for this grant is anger management workshops. Having run anger-management workshops in the past for Southeast Asian adults, we found that focusing on adult anger problems was too direct and too threatening. Southeast Asians tend to prefer more indirect communication techniques (Bromley, 1987). Therefore, we used a curriculum that focused on training leaders to help adolescents channel their anger in more constructive ways and adapted it for our Southeast Asian adults, all of whom were parents. We placed the parents in the 'leader' role and once we were 'safely' learning about how to help others with healthy and unhealthy expressions of anger, the 'leaders' were able, in a more culturally acceptable format, to apply the material to dealing with their own anger issues.

Ethical issues. Confidentiality, informed consent, and worker-client boundary issues are regular challenges for us in the delivery of services to the ethnic Southeast Asian communities. These are relatively new concepts to people from Cambodia, Laos, and Vietnam. Indigenous staff is frequently called upon to be both translator and case worker for families. In the role of interpreter there is an expectation that the worker will translate what the client is saying. In the role as case worker, there are certain expectations regarding the worker-client relationship around confidentiality and informed consent. It is easy for both the client and the worker to confuse these roles and cross over boundaries. In order to minimize these problems, we work with staff around what their responsibilities are in each of these roles and limit their role with each client to either interpreter or case manager. If in the course of being a case manager, the client also needs professional interpreting assistance, particularly when child abuse or other court issues are involved, the caseworker assists the client with getting an interpreter to avoid, as much as possible, these dual relationships.

Boundary issues can also occur because of case workers and clients living in the same ethnic neighborhood. These situations are oftentimes impossible to avoid; therefore, our work usually focuses on minimizing the fallout. Relatives of caseworkers are sometimes mandated to attend workshops run by their sister, cousin, or aunt, and there are no substitute programs for them to attend. Sometimes, a client moves next door or into the same building as a caseworker. In all of these situations, discussing the dilemma as a staff is crucial to understanding the situations within a cultural context and brainstorming how best to proceed, given the circumstances. Oftentimes, a deliberate decision is made, based on 'best interest of the client' and where there is minimum fallout for the caseworker, to stretch the acceptable boundaries in order to accommodate the clients' needs. These decisions are made on a case-by-case basis, carefully weighing all alternatives.

Cultural norms for child care and development. The role of children in the family varies from culture to culture. Green (1995) takes it for granted that ethnic clients have a view of the world that is different from the mainstream provider, unless shown otherwise. For example, toys in one culture may represent an opportunity for children to explore and learn new things; in another culture, this cause-effect relationship may not exist between toys and learning. In a case example involving a Lao child in foster care, there were supervised visits between the Lao mother and her child at the local child-protection agency. The child protective

worker was concerned when she did not see the mother playing with the child in spite of numerous toys in the family visiting room. The mother, on the other hand, just wanted to hold her child close, feeding and nurturing her during the one-hour weekly visits. Caseworker and consultant bridged the gap between the child-protective worker and the client in two ways. First, they explained some of the cultural differences in child rearing among traditional Lao parents. Second, they explained and illustrated some of the child-rearing customs in the United States to the Lao mother. It was important that neither the mother nor the child-protection worker felt judged as to which methods of child care were superior. Rather, the information was presented as two different approaches to child rearing with both sides having merit.

Our Struggles and Challenges

Throughout our work together at SEDC, we have sought not only to assist staff in the delivery of culturally sensitive human services to the Southeast Asian community members and their families but also to face up to the challenges of applying Western cultural knowledge, values, and skills within cultural groups that straddle a rather wide continuum from the culturally distinct ethnic Khmer, Lao, Hmong, and Vietnamese roots of parent and grandparent generations to the more Americanized lives of the new generations of Southeast Asian-Americans born in the U.S. This cultural continuum exists among staff and clients alike and can be seen in all aspects of community, including religious and cultural traditions. As staff and consultants we need to continually work on our individual and collective cultural competence as we traverse a number of different borders with almost every client and community encounter. Group meetings involving staff and consultants are one way that we do this. In our early work with staff, everyone always brought ethnic food to share. In the evolution of the staff to the younger generations, the concept of ethnic food and sharing has also evolved so that now it is more likely to see individual servings of food from fast food restaurants. Hamburgers and hot dogs are now staples at staff picnics.

As Southeast Asian social workers become more 'professionalized,' there is more of an acceptance of western therapies by the Southeast Asian practitioners and less of an acceptance of the Buddhist Temple and other traditional sites as places where healing takes place. At the same time many of the agency clients, particularly older clients, are looking for more culturally distinct healing rituals and solutions. The rates of acculturation vary widely right now within the traditional Southeast Asian families and communities.

Conclusion

Reflecting on our work with the Southeast Asian population, we wonder at the many 'learning moments' and several times we have felt like 'deer caught in the headlights.' Straddling many cultures, which include our own Indian-American and Irish-American identities, has oftentimes been tricky. However, the process has always been rewarding. We have used each other as reality checks, particularly when there is self doubt or questions about what's the best practice approach in a particular situation or when we wonder about the interface between each of our own cultural backgrounds and each of the unique Southeast Asian cultures and experiences. The Southeast Asian staff has been a tremendous help to us in understanding and moving through this interface. Our cross-cultural discussions between 'outside' consultants and 'inside' culturally competent case workers have grown over the years to a level of comfort that allows for honest dialogue and reflection about who we are. Constant interpretation and reinterpretation of practice has been integral to our everyday life as social work practitioners.

Indigenization does not necessarily need to happen only in the non-Western world. It is happening right here in the United States in our cross-cultural practice. As Americans we may sometimes have a tendency to view international social work as the one way transfer of ideas from the Western world to other countries. In our experience, indigenization has been a two-way street. We utilize Eastern concepts to shape our Western model as much as we use Western concepts to shape Eastern models of practice.

We get together as often as possible and share a meal and our experiences. The meal always takes place at a Thai, Cambodian, Lao, or Indian restaurant and the conversation focuses on where we are and where we want to go in our cross-cultural experiences. These moments serve to rejuvenate body, mind, and soul. The writing of this piece has brought us together one more time to share our experiences, and, of course, food.

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Book Review
Survivors: Cambodian Refugees in the United States

By Sucheng Chan Urbana, University of Illinois Press, 2004.

Review by Bradley Ackerson, M.D., Harbor U.C.L.A. Medical Center, Torrance, California

Notwithstanding proclamations by Saloth Sar—more widely known as Pol Pot—to a U.S. news reporter that "my conscience is clear," there is little dispute that the four years during which the Khmer Rouge (KR) presided over the Democratic Kampuchea (DK) were among the darkest in Cambodian history (Nate, 1997). Between one quarter and one third of the population was exterminated, largely the result of forced relocation of urban populations into severe rural labor collectives, indiscriminate torture and killing and, finally, the starvation and disease that followed the failed policies of the DK.

Aptly titled, *Survivors* details the experiences of Cambodians who are survivors at multiple levels. While Chan focuses on the experiences of survivors of these events that found their way to the United States, the title suggests several layers of meanings, including survival of the Khmer country and culture despite wars, multiple invasions, revolutions and colonial rule; the survival of Cambodian immigrants to the United States despite the horrific events that unfolded in Cambodia between 1975 and 1979; surviving the appalling conditions in the border camps; and finally, surviving economic, social and cultural hurdles encountered within the United States.

Chapter 1 briefly chronicles the historical and political events that culminated in the desperate, involuntary immigration of Cambodian citizens to the United States and other countries. Although the influence of French colonization, and later the United States in post-colonial Cambodian politics, that contributed to the vehemently anti-Western policies of the KR could have been discussed at greater length, Chan's multidisciplinary approach, using a blend of historical narrative and personal accounts, is particularly effective in relating the terror and despair that prevailed during this period and that drove thousands of Cambodians to flee their ancestral lands for unknown foreign domains. Chapter 2 relates the political difficulties surrounding the border camps, as well as vividly describing the squalid and dangerous conditions encountered by Cambodian refugees in the camps. Personal narratives of refugees who successfully navigated the Thai refugee camps provide a vivid sense of the degree of trauma experienced by the inhabitants and the often open hostility the refugees experienced at the hands of their purported protectors. Settlement patterns, including why Long Beach, California, and Lowell, Massachusetts, became large centers for Cambodian immigrants, are described in Chapter 3. The struggle for economic survival is outlined in Chapter 4, noting the difficulty post-1975 Cambodian immigrants—who lacked human capital—language skills, education, occupational skills, or transferable work experience encountered trying to locate jobs and earn enough to support families. Chapter 5 describes cultural differences and the stresses they created for Cambodian immigrants. Chapter 6 outlines family crises and sources of stress in the United States,

including gender and intergenerational role changes, welfare and gangs, and how families coped with these changes and stresses. Finally, Chapter 7 focuses on several coping mechanisms employed by Cambodian refugees to deal with their trauma and sense of loss at multiple levels. The effect of this trauma and sense of loss on refugees' ability to cope with difficulties encountered after their arrival in the United States is also explored. The narrative accounts of these subjects are particularly compelling.

While the initial chapters provide important—and at times, shocking—background information on the dire circumstances and sense of despair these refugees have had to endure, both prior to and after their arrival in the United States, it is the information in the last chapters that may be especially useful for the helping profession. In particular, the very high rate of post-traumatic stress disorder (PTSD) and depression experienced by Cambodian refugees is discussed at length in Chapter 7. As Chan notes, investigators have suggested that PTSD should not be construed as abnormal in this population, but rather as a normal response to abnormal events. The effective means of dealing with PTSD in this population is particularly interesting. It largely involves group discussion and individual oral histories in a group setting, which normalizes experiences by members and helps them realize they are not alone. One investigator found that having a Nazi concentration camp survivor discuss his experiences made Cambodian refugees realize their experience was not uniquely Khmer in nature, helping them overcome their extreme sense of shame at what members of their community had committed. Chapter 6 has an extensive discussion on the often-negative impact of differential rates of acculturation among family members, patterns of segmented assimilation and changes in gender roles on family structure in the United States. Chan also makes the observation that, because of the de-industrialization of the United States as a result of the global economy, "opportunities for intergenerational upward mobility that earlier European immigrants enjoyed have become scarcer." In addition, the racial tension experienced by Cambodians that immigrated to the United States following the end of an unpopular war in Indochina is noted to have contributed to the difficulties they experienced. Chan's use of narratives to emphasize points made in her discussion highlights the importance of the personal narrative in both validating information presented and underscoring the impact the many traumas experienced at the hands of the KR, in the refugee camps and, finally, in the United States, have on the individual.

This outstanding book is an important reference for anyone studying refugee populations, particularly Cambodian refugees in the United States, both for the information provided as a result of extensive research and interviewing, as well as the comprehensive bibliography.

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Movie Reviews
Memoirs of a Geisha and *Brokeback Mountain*

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Memoirs of a Geisha and *Brokeback Mountain*, two movies released in 2005, feature characters who are affected by cultural and societal practices in two different countries: Japan and America. Societal norms on gender and sexual orientation create discriminatory practices which become the source for individual tragedy and collective suffering.

In *Memoirs of a Geisha*, directed by Rob Marshall and based on Arthur Golden's novel of the same title, we witness the making of a Geisha (a Japanese girl trained to be a professional entertainer and companion for men) in pre-World War II Japan. It is a complex portrayal filled with conflicting human emotions, featuring the transformation of a young country girl from a resilient child to a high status Geisha. The story is narrated in the first person by Chiyo (Suzuka Ohgo), a young country girl who is sold into bondage by her destitute father to a Geisha house in Kyoto. In an environment ruled by temperamental, cruel, status and profit-seeking women, Chiyo perseveres and grows into a beautiful, mature woman, and accomplished geisha. Among her female tormentors, Hatsumomo (Gong Li), the head geisha, is the most cruel. In adolescence, Chiyo's (ZiyiZhang) fate takes a switch as an older geisha Mameha (Michelle Yeoh) takes her under her wing and in a caring way teaches her the practices of the Geisha subculture. The expose of this subculture presents the viewer with poignant examples of multifaceted human behavior. There are numerous instances of graphic child mistreatment and abuse,vindictive and revengeful behavior, and exploitation of the young and dependent for profit, along with instances of resilience, compassion, sacrifice, self-restraint and love.

In a fairytale-style scenario, Chiyo, is forcefully taken away from her small house in a remote but beautiful coastal spot. In the turbulent years that follow, she is affected by a mixture of abusive and compassionate treatment and grows into a head geisha. As a young child in servitude, yearning for reunion with her older sister, she makes an escape attempt and in the midst of a crowd she encounters the "Chairman" (Ken Watanabe). She, a young child intrigued by the treat he buys for her; he a grown up man of prestige and influence. At this moment, an emotional connection between the two takes place which never leaves them, and which becomes their personal internal turmoil. She learns that her role as a geisha is to entertain men - not fall in love with them. "Geishas do not determine their destiny," Mameha, her mentor, tells her.

Under the critical eye and compassionate approach of her mentor, Chiyo grows into a beautiful and legendary geisha who is sought after by men of wealth and power and is despised by vengeful competitors. She learns how to perform the Geisha craft but never ceases to question her right for independent thinking, self-determination, and love.

Brokeback Mountain, based on Annie Proulx's 1997 short story from the *New Yorker* and directed by Ang Lee, depicts a similar human drama; one that challenges contemporary American societal practices and beliefs about sexual orientation.

Two young men, Ennis del Mar (Heath Ledger), a ranch hand, and Jack Twist (Jake Gyllenhaal), a rodeo cowboy, meet when they

accept summer employment as sheep herders roaming the beautiful ranges of Wyoming's Brokeback mountain. Single and with weak and fractured family ties, they find comfort in each other's company. They also discover that they are sexually attracted to each other. From a wordless sexual encounter on a cold summer night, they develop a long-term relationship, with periodic secret meetings masquerading as fishing trips in beautiful wilderness landscapes. At summer's end, they go their separate ways. Both do what society expects young men to do: get married and start families. In the process, they attempt to suppress their sexual attraction for each other, conceal their love, and suffer the consequences in silence. They handle their same sex orientation differently. Jack is more open and forward. He initiates their first sexual encounter, their first reunion four years after their initial summer together, and the numerous fishing excursions that take place over the years. He is also the one who has a vision of a happy life with Ennis on a ranch. Ennis is more cautious and reserved. "You know, I ain't queer...This is a one-shot thing we got going on here," he tells Jack. Their struggle to conceal and suppress their true feelings for each other and to conform to societal expectations takes a toll on their relationship and on those with whom they are connected: wives, children, girlfriends, parents, and in-laws. As they create opportunities to spend time together they inflict and create conflict in their marital and familial relationships. At the end, each one deals with his internal demons differently and suffers a different set of consequences.

The plots of these two movies take place in two vastly different countries: Japan, an East Asian country, and America, in the Western Hemisphere. The first is an ethnically homogeneous country with a long history, rich traditions, and rigid behavioral protocols.

The second is an ethically diverse, new nation of immigrants that takes pride in her democratic system that, in theory, promotes individual freedom, justice, and equal opportunity for all her citizens. In the context of the Japanese culture we see the effects of power, poverty, and wealth, and gender-based discrimination on people's mental health and behavioral manifestations. In the context of the American culture we see the effects of discriminatory practices with a religious, moral and socio-political base on the personal well-being of two young adult gay men and on those who are intimately connected to them. The two scenarios take place at different chronological periods: Japan during the 1930s, and in America during the 1960s. In both cases we witness human efforts to protect the self by conforming to societal expectations and to challenge these expectations to secure personal fulfillment and happiness. The socio-political changes in post WW II Japan seem to allow for the dismantling of the anachronistic geisha trade, and they promise greater freedom for women. The feared public reaction in America to the acknowledgement of one's same sex-orientation is a sign of condemnation and intolerance for difference. The ending of each movie leads to differing conclusions about the direction each country follows on gender and sexual orientation based issues. Changes in Japan reflect a willingness to abandon a practice that subjects women to subservient roles. In America, endorsement of moral and sociopolitical beliefs and practices continue to subject persons with same-sex orientation to humiliation, exclusion and psycho-emotional suffering. An American author chronicles the fictionalized experience of a geisha. A Southeast Asian film maker directs a movie depicting the love of two American men in a hostile social environment. The insights that the author and director reflect through their respective work might be a sign of how, in a globalized environment, we more easily transcend East /West differences and

acknowledge the universal effects of adverse practices on the well-being of people.

In the *Memoirs of a Geisha,* the insertion of Japanese subtitles and accents interferes with the smooth flow of dialogue. The underlying reasons for the characters' behavior do not always become clear until later in the plot. In *Brokeback Mountain,* Ennis' words are at times lost as he timidly attempts to explain to Jack his reservations about their relationship.

The cinematography of both movies is impressive. In *Brokeback Mountain,* the natural beauty of Wyoming's mountainous landscape with clear water streams and lakes, the luscious forests and the snow-covered peaks is breathtaking. In combination, both films easily make you promise yourself that you will spend your next vacation there. In *Memoirs of a Geisha* the architecture of Kyoto's dense, low, cedar and bamboo housing structures, beautifully landscaped gardens, and blooming trees in vibrant colors, including cherry trees, country and sea landscapes, create feelings of awe and serenity. In both movies, the sound track and lyrics are penetrating and moving.

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SENSEMAKING: THE SUMMER OF OUR DISCONNECT

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"Have a Pleasant Summer!" These were the words written in LARGE letters on the front page of the NASW California News (July-August, 2006). Great idea, if only I could stop reading the newspapers, listening to the radio, and watching T.V. The headlines in another article asks, "Just a heat wave or the beginning of Doomsday?" While written in a light vein, it didn't make me feel any better. In addition, it would also help if I wasn't a social worker with the social justice and service commitments that assumes. Now I don't think we need to carry the weight of the world on our shoulders, but this has to be an awfully hard summer to relax. Even those on a cruise might have a sliver of concern after reading how a cruise ship listed 15 degrees and a hundred or so passengers were injured. This summer presents problems that aren't reflected in songs like *Welcome Sweet Spring Time*, or the 13th century ballad, *Summer is a-Comin' in, Sweetly Sing Coo Coo*. Record breaking temperatures were reported world wide, and newspapers shared the front page war news with heat wave news.

There have been other problematic summers. Notorious, of course, were the summers of 1995 when 750 people died in a Chicago heat wave, most of them aged and single room occupants. A high proportion lived in one ward of the city. Then there was the fire in the summer of 2003, when 30,000 died in Europe; 15,000 of them in France, mainly the elderly. Perhaps the toll was intensified because help was not available. August is vacation time in France, and many of those died because their families and medical personnel were out of town. In both of these heat waves, there was a lack of service and connections for those who suffered the most. Europe is once again feeling a heat wave, but is reported to be better prepared this time. Still, the toll on the aged world will be high.

In the summer, high water temperatures intensify the power of a hurricane and can lead to the kind of winds and waters that ravaged New Orleans and other surrounding areas last year. That threat must still raise nightmarish fears in the minds of many living along the historically hurricane threatened coast lines. A number of articles have suggested the area still isn't prepared for another hurricane of such tenacity. This year, throughout the world, high temperatures have broken the records held since records have been kept.

While an overwhelming number of scientists see Global Warming as a major cause for extreme temperature changes, floods, and glaciers melting, our politicians are waiting for more evidence. But then, I can't find any call for action in the NASW News on the subject. Do we have a role?

Before I go on, I want to acknowledge that there are the many other tragedies taking place this summer. To discuss even a small number would be beyond the scope of this column. A list might include: the wars, terrorism, bird flu, starvation and genocide, the volcano eruptions and a tsunami in Indonesia that killed more than 400 people. Warning systems were not yet in place. Are there some of these events we should connect with? Do we have a role? As a profession? As citizens?

Some of this early summer reading and viewing made me reflect on how, in the face of all of these events and more, people faced with catastrophes survive, carry on, and continue to build for the future. In most cases these are the "Yederman;" the common folk

persons we often serve. They might easily be you and me. It is hard to imagine that we are not in someway affected by the summer news. At times, when hope and efforts at sensemaking doesn't quite help, I have thought that the lack of sensemaking can be mediated by humor.

For example: During my summer newspaper reading I suffered an ego shattering blow when I read the findings of a survey on economic class, reported out this summer in the press. According to the report I am about to disappear, if I haven't already. The middle class has vanished! This is not a joke, it is a fact because I read it in the *New York Times,* (Scott). It was substantiated by the *L.A. Times* (Cleeland). It was kinder to me than the *New York Times* since the headline says: "...Middle Class Shrinks", while the *New York Times* headline proclaims: "Cities Shed Middle Class..." The latter made me feel reptilian-like. Shedding my skin is much worse than shrinking, I thought. Both articles indicated that Los Angeles is one of the most economically segregated cities in the United States. New York and Miami are also high on the list. Both articles deal with the growing gap between rich and poor and the loss of the middle class. Now of course this is not funny, because it means there are a lot of poor people out there and the loss of the middle class may mean a loss of support and connections for help. Do we have a role? Of course! But do we have the connections we need to help?

Putnam's theme in his book *Bowling Alone*, is that persons with numerous connections tend to be healthier, more economically well-off, live longer, find jobs more easily, and are more able to accomplish what they want, and so forth. But he says that over the past years, there has been a decrease in civic involvement; loss of membership in various groups and disintegration of community. He calls for an increase in Social Capital, (connections of trust, reciprocity, support, a more civil society). But my summer reading turned stormy when I read this week that the number of connections persons have with each other is still "shrinking." People are "shedding" their connections, if they ever had them in the first place. Once again my impeccable source is the *New York Times*. The number of confidants a person has is down. "Americans have fewer close friends than before." (Hulbert). Now of course some people have numerous contacts with others through chat rooms on the web, and sources for information are there, and even counseling is available. But what is missing is our connections with those who could be considered confidants. Also missing are the kind of connections that could help you find a job, build a better community, or rush over to help when you or your child is ill.

As I write this, I realize that the summer is just about over. I need to stop reading the newspapers; maybe I will go see the *Da Vinci Code*. Or listen to some music. Now here's something...Oh, it's something by George Gershwin...*Porgy and Bess*...

"Summer time and the living is easy....."

Makes sense to me.

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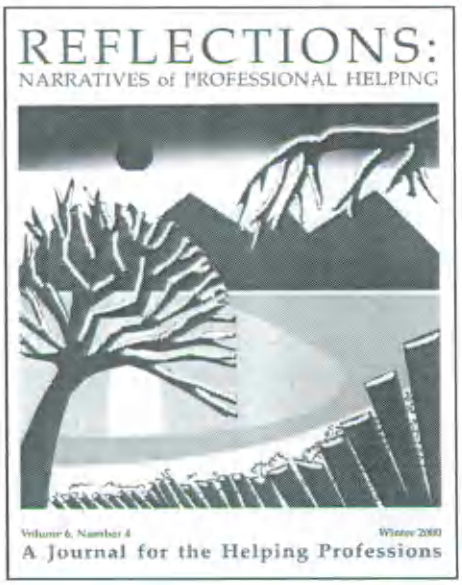

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