UNIVERSITY of SAN FRANCISCO

An annual publication of the **University of San Francisco Center for the Pacific Rim**
Copyright 2003

Editors
Stephen J. Roddy
Joaquin Gonzalez

Editorial Consultants
Barbara K. Bundy
Hartmut Fischer
Richard J. Kozicki
Stephen Uhalley, Jr.
Xiaoxin Wu

Editorial Board
Yoko Arisaka
Bih-hsya Hsieh
Uldis Kruze
Man-lui Lau
Mark Mir
Noriko Nagata
John K. Nelson
Kyoko Suda
Bruce Wydick

Asia Pacific: PERSPECTIVES

an electronic journal

Volume III · Number 1 May · 2003

CONTENTS

Nuclear Nonproliferation: A Hidden but Contentious Issue in US-Japan Relations During the Carter Administration (1977-1981)
>>.......Charles S. Costello III 1

An Interview with 2002 Kiriyama Chair Rosemary Foot on Human Rights, the United States, and the Asia Pacific
>>.......Joaquin L. Gonzalez III 7

Persistence of Interlocking Institutions: Big Business Policy Under the Kim Dae Jung Government
>>.......Jiho Jang 10

Shifting Boundaries: The Double Life of Walls in Beijing, 1949-1965
>>.......Duanfang Lu 17

North Korean Realities
>>.......James McAdam 25

Asian American Mental Health Issues
>>.......Michael Menaster 31

Christian Higher Education: A Case for the Study of the History of Christianity in China
>>.......Peter Tze Ming Ng 35

Comparing Democratization in the East and the West
>>.......Doh Chull Shin and Junhan Lee 40

Zebra Crossings: Perspectives on Pedestrian Safety in China
>>.......Yu Qingling, Zhang Qiao, Wang Min, and Yan Jun 50

Asia Pacific: Perspectives
Center for the Pacific Rim
2130 Fulton St, LM202
San Francisco, CA
94117-1080

Tel: (415) 422-6357
Fax: (415) 422-5933
perspectives@usfca.edu

Asia Pacific: Perspectives is a peer-reviewed journal published once a year in May. It welcomes submissions from all fields of the social sciences and the humanities with relevance to the Asia Pacific region.* In keeping with the Jesuit traditions of the University of San Francisco, *Asia Pacific: Perspectives* commits itself to the highest standards of learning and scholarship.

Our task is to inform public opinion by a broad hospitality to divergent views and ideas that promote cross-cultural understanding, tolerance, and the dissemination of knowledge unreservedly. Papers adopting a comparative, interdisciplinary approach will be especially welcome. **Graduate students are strongly encouraged to submit their work for consideration**.

* 'Asia Pacific region' as used here includes East Asia, Southeast Asia, South Asia, Oceania, and the Russian Far East.

Downloaded from http://www.pacificrim.usfca.edu/research/perspectives

Asian American Mental Health Issues

by Michael Menaster, M.D.

Abstract
Asian Americans issues are becoming more and more relevant particularly given this populations increasing numbers in American society. Issues American Americans must face include the "model minority myth," discrimination, standards of attractiveness and self-esteem, and challenges coping with medical and mental illness. The "model minority" myth affects the demographics of HIV transmission and discussion of safer sex activities within the Asian American community. Asian Americans also tend to seek Eastern Medicine treatments with or without Western Medicine services. Although mental illness is considered a stigma, psychiatric disorders such as major depression may be more prevalent among Asian Americans. Explanations for this higher prevalance are offered. Non Asian Americans may misinterpret health-seeking behaviors adversely, while Asian Americans may misinterpret health care providers' interventions. Asian Americans may also respond to lower dosages of medications yet be more sensitive to medication side effects.

Introduction

Asian Americans are becoming an increasingly large minority in the US (Bureau of the Census 1996). This article addresses mental health issues facing Asian Americans, including the model minority myth, psychosocial factors, and diagnostic and treatment challenges.

The Model Minority Myth

Since the 1960s Asian Americans have been considered the model minority. Asian American students are believed to outperform their peers, while Asian American workers seemingly surpass co-workers in productivity (Au 2000, Sy 1998, Takaki 1998, Zia 2000). A 1993 survey found that most American voters perceived Asian Americans as receiving “special advantages” rather than enduring discrimination (Polner 1999).

Several journal articles reinforce these stereotypes. Compared to Caucasians, Chinese American parents and students have more positive attitudes toward the sciences, while these parents help their children learn science (Chen 2001). Perhaps due to more stable families and less peer and family pressure, as a group they tend to smoke fewer cigarettes and use alcohol and drugs less frequently than Caucasian Americans (Au 1997, Harachi 2001, Lew 2001, Thridandam 1998). Among adolescents, Asian Americans have the lowest alcohol use rates; this may be due in part to biochemical differences in Asian Americans (Edwards 1995). Asian Americans tend to have an alcohol dehydrogenase variant associated with lower rates of alcohol consumption and alcohol dependence (Luczak 2002).

In Los Angeles County, Asian American adolescents were diagnosed with mental illness less frequently than Caucasian Americans (Kim 1993). The "model minority" myth may explain this diagnostic bias. Among adolescent groups, Asian Americans have the lowest rate of insomnia (Roberts 2000).

The model minority myth impacts Asian Americans in other ways. Whereas intravenous drug use is the most common risk factor for HIV in Caucasians, homosexual contact is the most common risk factor for HIV among Asian American men, with a 79% prevalence (Wortley 2000). Taboos over talking about sex preclude some Asian American women from discussing safer sexual activities with their partners (Chin 1999, Jemmott 1999). The rate of new AIDS cases among Asian Americans has increased from 1989 to 1995; the "model minority" myth resulted in denial of HIV vulnerability among Asian Americans (Sy 1998).

Other Psychosocial Issues

In contrast to the model minority myth, negative stereotypes of Asian Americans abound. Anti-Asian American attitudes (the so-called “Asian invasion”) and even hate crimes against Asian Americans are prevalent (Menaster 2001, Takaki 1998).

Asian Americans may experience conflicts between American culture and their native culture, fear of failure, having to work instead of staying at home, and job dissatisfaction (Eng 1999, Estin 1999, Hinson 2000, Lin 1999).

Discrimination in the workplace, even in academic medicine, reinforces job dissatisfaction (Fang 2000). Asian Americans tend to work in the secondary labor market, which has low wages and few prospects for promotions, or endure the “glass ceiling” as to career advancement (Takaki 1998). Other psychosocial issues include financial problems and role reversals with their parents (Lin 1999). In the Asian patriarchal family structure, parents remained influential in their children's marriages and child-bearing (Eng 1999, Ngan 1991). Parents experience difficulty relinquishing their roles as nurturers (Eng 1999). Dissonance, conflicts in role expectations, and delayed individuation in children results (ibid., Johnson 2000).

Caucasian standards of beauty and the poverty of positive Asian American role models in the mass media can negatively impact Asian Americans (Mok 1998, Mok 1998).

Limited Access to Health

The presence of health insurance and language barriers affect Asian American health seeking behaviors (Ray-Mazumder 2001, Ryu 2001). Asian Americans have high rates of being uninsured and having difficulty affording health care (Bolen 2000). Asian Americans, particularly men, are less likely to visit doctors and use preventive medical services (Lee 2000, Ray-Mazumder 2001). For Korean Americans, a lack of knowledge, fear, denial, and Confucian thinking were significant psychosocial factors in their failure to receive cervical cancer screening (Lee 2000). Asian Americans tend to be particularly reluctant to seek treatment for depression, in part because it is seen as a dangerous, out-of-control behavior, a sign of weakness, and a source of shame and embarrassment to their families (Estin 1999, Okazaki 2000, Whaley

1997). Greater acculturation is association with greater use of mental health services but lower rates of depresive symptoms (Shen 2001, Tabora 1997, Ying 1992).

When Asian Americans seek treatment, they typically initiate care with Eastern Medicine providers, such as acupuncturists, bone setters, psychics and homeopathic remedies, such as teas and soups; these motivations include cost savings and a desire to preserve modesty (Tabora 1997, Facione 2000, Lin 1999, Ray-Mazumder 2001). Typically, Eastern Medicine involves only one treatment session; this may create an expectation of patients that conflict with Western medicine treatments. Even when Asian Americans use Western Medicine services, they frequently continue to use Eastern Medicine treatments (Tabora 1997, Lin 1999).

Prevalence of Mental Illness

In contrast to the model minority myth, several studies have indicated significant mental health problems among Asian Americans. Some Asian American immigrants were refugees, endured trauma, such as concentration camp internment, and racism and discrimination in their countries of origin and domestically (Lin 1999). Depression and isolation are common among new immigrants, especially Vietnamese (Nemoto 1999). Studies of Indochinese refugees revealed high prevalences of PTSD, anxiety, dissociation, and depression (Carlson 1993, Kinzie 1990). One study found higher scale 9 (mania) on the MMPI-2 of Asian Americans that may be due to cultural biases in the test (Tsai 2000). Although substance abuse appears lower among Asian Americans, marijuana is the most common entry drug for abuse, followed by cocaine and crack cocaine (Nemoto 1999). A study of undergraduates found that Asian Americans were second in prevalence only to Caucasian Americans in heavy binge drinking (McCabe 2002).

Because Asian culture is family-oriented, health care becomes a family venture. Family members play an important role patient's mental health; they can support or undermine treatment. For instance, family members may accompany patients for doctor visits or call physicians with questions and concerns about patients. However, Western medicine downplays the role of the family (Lin 1999). American health providers unfamiliar with Asian culture may perceive this family support as intrusive and enmeshed. Moreover, doctor-patient confidentiality may be an issue under these circumstances (*ibid.*).

Among Chinese Americans in Los Angeles, the lifetime prevalence of a major depressive episode is 6.9%, dysthymia 5.2% (Takeuchi 1998). Mental illness in Asian Americans appear more severe and chronic in duration, perhaps due to delays in seeking treatment and only the most severely ill seeking treatment (Durvasala 1996, Lin 1999). My clinical experience with Asian American psychiatric patients supports this finding, particularly in that my patients multiple, comorbid diagnoses, such as panic disorder and major depression. For instance, compared to Caucasian Americans, depression has a higher prevalence among Chinese Americans (Tabora 1994).

Diagnostic and Treatment Challenges

Assessing Asian American patients can be challenging for health care providers. Because Asian philosophy professes the unity of mind and body, some Asian Americans emphasize physical symptoms over emotional symptoms, and physical disorders over mental disorders (Lin 1999, Torsch 2000). Some Asian Americans view depression as a stigma and may minimize their symptoms. Out of deference to the physician-authority figure, Asian Americans may respond, yes when they do not really understand a question.

Mental health providers may interpret Asian American decreased eye contact or silence as signs of depression or lying, rather than cultural deference to authority figures (Estin 1999). Determining an Asian American patients' mood and affect can be challenging for non-Asian American clinicians. In patients who do not speak English, assessing for abnormalities in fluency, rate, and volume of speech is difficult. A skilled interpreter is essential in these situations. Countertransference issues surrounding the model minority myth may lead clinicians to underrecognize and underdiagnose Asian American mental illness, particularly eating disorders, mood disorders, and substance abuse.

Diversity exists within and between different sub-groups of Asian Americans and can impact diagnosis and treatment. Compared to Asian Americans, Asian immigrants feel less adjusted to American culture and maintain strong family ties (Handal 1999). Peer pressure is the most common motive for Chinese Americans to abuse drugs, curiosity and boredom for Filipino Americans, and depression and stress among Vietnamese Americans (Nemoto 1999). Filipino American drug users, in contrast to Chinese and Vietnamese Americans, inject drugs, have sex while on drugs, and have sex with IV drug users more frequently (Nemoto 2000). Filipino breast and prostate cancer survivors in Hawaii reported the worst quality of life among ethnic groups surveyed (Gotay 2002).

One study found lesbian and bisexual Asian American women having higher rates of behavioral risks and lower rates of preventive care than heterosexual Asian American women (Mays 2002). Among adolescents, steroid use was more common among Hmong; associated features were participation in sports emphasizing weight and shape, disordered eating, substance abuse, depressed mood, and suicide attempts (Irving 2002). As compared to other Asian Americans, Japanese American college students reported fewer conflicts in dating, marriage, and family expectations (Chung 2001). Between and even among Asian American groups, controversies and conflicts exist (Menaster 2000).

Mental health professionals must therefore be conversant in cross cultural issues and correctly assess these conditions, e.g. koro, an anxiety disorder that can be confused as a delusion. Lay press periodicals, such as San Francisco's Asian Week, are addressing Asian American health issues (Menaster 2000). Asian American clinicians preferentially treat other Asian Americans and Asians, although clinicians' bilingual skills do not completely account for this preference (Murray-Garcia 2001). Laboratory test results may differ between Asian Americans and Caucasian Americans (Korotzer 2000).

Concerning treatment, Asian Americans tend to respond

better to structured interventions, such as cognitive psychotherapy, than less structured modalities, such as psychodynamic psychotherapy (Lin 1999). In fact, they may interpret psychodynamic psychotherapists' neutrality as rejection (Lin 1999).

Regarding medications, Asian Americans tend to be more sensitive yet more responsive to lower dosages of medications (Frankewicz 1997). They may experience more frequent and more intense side effects from standard dosages of medications. This underscores the need for a thorough informed consent for medications, particularly in disclosing the poverty of studies in Asian Americans and risk for more frequent and intense side effects. Theories of this sensitivity surround differences between Caucasian Americans and Asian Americans in liver enzymes, such as the Cytochrome P-450 (Lin 1999). Asian Americans may also need lower than normal doses of lithium for manic-depressive illness (ibid.).

Asian Americans face numerous psychosocial and mental health challenges, including dealing with model minority myth, discrimination, and diagnostic and treatment problems.

Case Illustration

Ms. A is a 25 year-old Chinese American, second year medical student who presented with a long history anxiety in interpersonal interactions. Her father was excessively critical and controlling of Ms. A throughout her childhood and adolescence. After Ms. A saw me driving on the freeway, she became fearful that I would label her as “a typical Asian driver.” She met DSM-IV criteria for avoidant personality disorder and social phobia. When SSRIs were discussed as a part of her treatment plan, Ms. A became anxious, expressed concerns as to whether she was "really crazy," and declined medications. Two years of weekly cognitive psychotherapy, which addressed her irrational thoughts and issues with scrutiny, shame, and self-expectations, improved her ability to socialize without disabling anxiety.

REFERENCES

Au JG, Donaldson SI (2000), Social Influences as Explanations for Substance Use Differences Among Asian-American and European-American Adolescents, *Journal of Psychoactive Drugs*, Jan-Mar 32(1): 15-23

Bolen JC, Rhodes L, Powel-Griner EE, Bland SD, Holtzman D (2000), State-Specific Prevalence of Selected Health Behaviors, by Race And Ethnicity—Behavioral Risk Factor Surveillance System, 1997, *Morbidity and Mortality Weekly Report* CDC Surveillance, Mar 49:1-60

Bureau of the Census (1996), Current population reports. Washington, DC: US Government Printing Office, Feb Series P25-1130

Carlson EB, Rosser-Hogan R (1993), Mental Health Status of Cambodian Refugees Ten Years after Leaving Their Homes, *American Journal of Orthopsychiatry*, Apr 63(2):223-31

Chen H (2001), Parents’ Attitudes And Expectations Regarding Science Education: Comparisons Among American, Chinese-American, And Chinese Families, *Adolescence*, Summer 36:305-13

Chin D (1999), HIV-Related Sexual Risk Assessment Among Asian/Pacific Islander Women: An Inductive Model, *Social Science and Medicine*, Jul 49(2): 241-251

Chung RH (2001), Gender, Ethnicity, and Acculturation In Intergenerational Conflict of Asian American College Students, *Cultural Diversity and Ethnic Minority Psychology*, Nov 7:376-86

Durvasula R, Sue S (1996), Severity of Disturbance Among Asian American Outpatients, *Cultural Diversity in Mental Health*, 2(1):43-51

Edwards RW, Thurman PJ, Beauvais F (1995), Patterns of Alcohol Use Among Ethnic Minority Adolescent Women, *Recent Developments in Alcoholism*; 12: 369-386

Eng P (1999), *Warrior Lessons: an Asian American Woman’s Journey into Power*, New York: Pocket Books

Estin PJ (1999), Spotting Depression in Asian Patients, *RN*, April 62 (4): 39-40

Facione NC, Giancarlo C, Chan L (2000), Perceived Risk and Help-Seeking Behavior For Breast Cancer. A Chinese-American Perspective, *Cancer Nursing*, Aug 23:258-67

Fang D, Moy E, Colburn L, Hurley J (2000), Racial and Ethnic Disparities in Faculty Promotion in Academic Medicine, *Journal of the American Medical Association* (*JAMA*), Sep 284:1085-92

Frackiewicz EJ, Sramek JJ, Herrera JM (1997), et al, Ethnicity and Antipsychotic Response, *Annals of Pharmacotherapy*, Nov; 31(111): 1360-9

Gotay CC, Holup JL, Pagano I (2002), Ethnic Differences in Quality of Life Among Early Breast and Prostate Cancer Survivors, *Psycho-oncology*, Mar-Apr 11:103-13

Handal PJ, Le-Stiebel N, Dicarlo M, Gutzwiller J (1999), Perceived Family Environment and Adjustment in American-Born and Immigrant Asian Adolescents, *Psychological Reports*, Dec; 85(3 Pt 2): 1244-9

Harachi TW, Catalano RF, Kim S, Choi Y (2001), Etiology And Prevention of Substance Use Among Asian American Youth, *Preventive Science*, Mar 2:57-65

Irving LM, Wall M, Neumark-Sztainer D, Story M (2002), Steroid Use Among Adolescents: Findings from Project Eat, *Journal of Adolescent Health*, Apr;30(4):243-52

Jemmott LS, Maula EC, Bush E (1999), Hearing Our Voices: Assessing Hiv Prevention Needs Among Asian and Pacific Islander Women, *Journal of Transcultural Nursing*, Apr;10(2): 102-11

Johnson A (2000), *The Blackwell Dictionary of Sociology: a User’s Guide to Sociological Language*, Oxford: Blackwell Publishing, second edition

Kim LS, Chun CA (1993), Ethnic Differences in Psychiatric Diagnosis among Asian American Adolescents, *Journal of Nervous and Mental Disorders*, Oct 181(10):612-7

Kinzie JD, Boehnlein JK, Leung PK, Moore LJ, Riley C, Smith D (1990), The Prevalence of Posttraumatic Stress Disorder and Its Clinical Significance Among Southeast Asian Refugees, *American Journal of Psychiatry*, Jul 147:913-7

Korotzer B, Ong S, Hansen JE (2000), Ethnic Differences in Pulmonary Function in Healthy Nonsmoking Asian-Americans and European-Americans, *American Journal of Respiratory and Critical Care Medicine*, Apr 161:1101-8

Lee MC (2000), Knowledge, Barriers, and Motivators Related to Cervical Cancer Screening Among Korean-American Women. A Focus Group Approach, *Cancer Nursing*, Jun 23:168-75

Lee T (2000), Study Reveals API Disparities in Health Care, *Asian Week*, San Francisco: Pan Asia Venture Capital Corporation, August 10, 21(50), 10

Lew R, Moskowitz JM, Wismer BA, Min K, Kang SH, Chen AM, Tager IB (2001), Correlates of Cigarette Smoking Among Korean American Adults in Alameda County, California, *Asian American and Pacific Islander Journal of Health*, Winter-Spring, 9:49-60

Lin KM, Cheung F (1999), Mental Health Issues for Asian Americans, *Psychiatric Services*, Jun 50(6): 774-780

Luczak SE, Elvine-Kreis B, Shea SH, Carr LG, Wall TL (2002), Genetic Risk for Alcoholism Relates to Level of Response to Alcohol in Asian-American Men and Women, *Journal of Studies in Alcoholism*, Jan 63:74-82

Mays VM, Yancey AK, Cochran SD, Weber M, Fielding JE (2002), Heterogeneity of Health Disparities Among African American, Hispanic, and Asian American Women: Unrecognized Influences of Sexual

Orientation, *American Journal of Public Health*, Apr 92:632-9

McCabe SE (2002), Gender Differences in Collegiate Risk Factors for Heavy Episodic Drinking, *Journal of Studies in Alcoholism*, Jan 63:49-56

Menaster MJ (2002), What You Don't Know Can Hurt You, *SF Weekly*, May 8-14

Menaster MJ (2001), Language Barrier, *SF Weekly*, March 21-27

Menaster MJ (2000), Eating Disorders Brought to Light, *Asian Week*, June 29-July 5

Menaster MJ (2000), Masaoka Deserves Credit, *Asian Week*, July 20-July 26

Mok TA (1998), Asian Americans and Standards of Attractiveness: What's in the Eye of the Beholder? *Cultural Diversity in Mental Health*, 4(1):1-18

Mok TA (1998), Getting the Message: Media Images and Stereotypes and Their Effect on Asian Americans, *Cultural Diversity in Mental Health*, 4(3):185-202

Murray-Garcia JL, Garcia JA, Schembri ME, Guerra LM (2001), The Service Patterns of a Racially, Ethnically, and Linguistically Diverse Housestaff, *Academic Medicine*, Dec 76:1232-40

Nash P (1991), On Being Asian American, in JFJ Lee's *Asian Americans*, New York: New Press

Ngan L (1991), Traffic Cop, in JFJ Lee's *Asian Americans*, New York: New Press

Nemoto T, Aoki B, Huang K, Morris A, Le MN, Nguyen H, Ching A, Wong W (1999), Drug Use Behaviors Among Asian Drug Users in San Francisco, *Addictive Behavior*, Nov-Dec 24(6): 823-838

Nemoto T, Aoki B, Huang K, Morris A, Le MN, Nguyen H, Ching A, Wong W (2000), HIV Risk Behaviors Among Asian Drug Users in San Francisco, *AIDS Education Prevention*, Apr 12:126-40

Okazaki S (2000), Treatment Delay Among Asian-American Patients with Severe Mental Illness, *American Journal of Orthopsychiatry*, Jan 70:58-64

Polner M (1999), Asian Americans Say They are Treated Like Foreigners, *New York Times*, New York: New York Times, Mar 7

Ray-Mazumder S (2001), Role of Gender, Insurance Status and Culture in Attitudes and Health Behavior in a US Chinese Student Population, *Ethnic Health*, Aug-Nov 6:197-209

Roberts RE, Roberts CR, Chen IG (2000), Ethnocultural Differences in Sleep Complaints Among Adolescents, *Journal of Nervous and Mental Disorders*, Apr 188:222-9

Shen BJ, Takeuchi DT (2001), A Structural Model of Acculturation and Mental Health Status Among Chinese Americans, *American Journal of Community Psychology*, Jun 29(3):387-418

Sy FS, Chng CL, Choi ST, Wong FY (1998), Epidemiology of HIV and AIDS Among Asian and Pacific Islander Americans, *AIDS Education and Prevention*, Jun 10 (3 Suppl); 4-18

Tabora BL, Flaskerud JH (1997), Mental Health Beliefs, Practices, and Knowledge of Chinese American Immigrant Women, *Issues in Mental Health Nursing*, May-Jun 18(3):173-89

Tabora, BL, Flaskerud JH (1994), Depression Among Chinese Americans: A Review of the Literature, *Issues in Mental Health Nursing*, 15(6): 569-584

Takaki RT (1998), *Strangers from a Different Shore*, Boston: Little, Brown, and Company

Takeuchi DT, Chung RC, Lin KM, Shen H, Kurasaki K, Chun CA, Sue S (1998), Lifetime and Twelve-Month Prevalence Rates of Major Depressive Episodes and Dysthymia Among Chinese Americans in Los Angeles, *American Journal of Psychiatry*, Oct 155(10):1407-14

Thridandam M, Fong W, Jang M, et al (1998), A Tobacco and Alcohol Use Profile of San Francisco's Chinese Community, *Journal of Drug Education*, 28(4):377-393

Torsch VL, Ma GX (2000), Cross-Cultural Comparison of Health Perceptions, Concerns, snd Coping Strategies Among Asian snd Pacific Islander American Elders, *Qualitative Health Research*, Jul 10:471-89

Tsai DC, Pike PL (2000), Effects of Acculturation on the MMPI-2 Scores of Asian American Students, *Journal of Personality Assessment*, Apr 74:216-30

Weaver CN, Hinson S (2000), Job Satisfaction of Asian Americans, *Psychological Reports*, Apr; 86(2):586-594

Whaley AL (1997), Ethnic and Racial Differences in Perceptions of Dangerousness in Persons with Mental Illness, *Psychiatric Services*, Oct 48(10): 1328-30

Wortley PM, Metler RP, Hu DJ, Fleming PL (2000), AIDS Among Asians and Pacific Islanders in the United States, *American Journal of Preventive Medicine*, Apr 18:208-14

Ying YW, Miller LS (1992), Help-Seeking Behavior and Attitude of Chinese Americans Regarding Psychological Problems, *American Journal of Community Psychology*, Aug 20(4):549-56

Zia H (2000), *Asian American Dreams: The Emergence of an American People*, New York: Farra, Straus, and Giroux

Michael Menaster, MD is a San Francisco-based psychiatrist in private practice. A native of San Francisco, Dr. Menaster attended St. Ignatius College Preparatory, Loyola Marymount University in Los Angeles (BS in chemistry), and The Chicago Medical School (MD). Dr. Menaster completed his psychiatry residency training at LA County-USC Medical Center in Los Angeles. He has spoken on Asian American mental health issues in the local community and written several editorials for local newspapers, such as the *Oakland Tribune*, *San Francisco Examiner*, and the *San Francisco Chronicle*.