Attitudes Toward Intellectual Disabilities Among Southeast and Middle Asians

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Recent History of Intellectual Disability in the United States

Mental Retardation (MR) is often defined by sub-average general intelligence, an age of onset before the age of 18, and impaired adaptation abilities in "at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety" (*Diagnostic and Statistical Manual of Mental Disorders*, 2000, p.41). Professionals in the area of MR have recently replaced the label *Mental Retardation* to the label *Intellectual Disability (ID)*. The American Association on Intellectual and Developmental Disabilities (AAIDD; 2008) definition is quite similar to the *Diagnostic and Statistical Manual of Mental Disorders* (2000). It states that there must be "significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before the age of 18" (AAIDD; 2008). Therefore, for the remainder of this proposal, the term intellectual disability will be used. Nevertheless, the definition, diagnostic criteria, and characteristics of MR will remain the same for the ID label.

General intelligence is determined by an intelligence quotient (IQ) obtained from standardized intelligence assessments. However, just having a score of two standard deviations below the mean does not result in the diagnosis of ID. Impairments in adaptation abilities, such as responses to common life demands, are required for a diagnosis of MR. MR is often categorized into four levels, determined by scores on an intelligence test: mild, moderate, severe, and profound. Approximately 1% of the general population has MR, but this percentage is

usually higher during school years (Berkson, 1993; *Diagnostic and Statistical Manual of Mental Disorders,* 2000).

According to Kring, Davison, Neale, and Johnson (2007), the treatment of people with ID has varied through the years. The ill treatment of people with ID can be seen in Europe during the eighteenth century. Individuals with ID were sometimes put on display as a form of entertainment for the wealthy. Forms of medical treatments were often painful and unethical. Humanitarian movements were made in asylums, such as the removal of chains from individuals and replacing dungeons with bright and airy rooms. However, these improvements were more for the upper classes; the lower classes were sometimes still controlled with physical restraints. A moral treatment approach was later introduced in the early 1800s, giving individuals the opportunity to interact with their attendants, engaging in purposeful activities, and taking some responsibility for themselves. Also, some asylums had a limit of 250 patients per hospital. Despite the positive aspects of this movement, negative practices continued, including the use of drugs as the most common form of treatment and an unimpressive rate of integration into society upon discharge. Individuals such as Dorothea Dix worked to improve the living conditions of patients at the mental hospitals (Kring et al., 2007).

Improvements of facilities became a secondary issue to the eugenics movement, which lasted from approximately 1907 to 1931. During this movement, there was the notion that ID was caused by genetic factors rather than a combination of genetic and environmental factors. Laws were enforced that provided segregation of people with ID into institutions and forced sterilization to prevent this disease, as it was referred to, from spreading among the population. Additionally, immigration from eastern and southern European nations was restricted because of the belief that these people had lower intelligence. Therefore, it was reasoned they would have

children with lower IQ, causing an increase in the rate of ID. In 1910, studies in genetics began to show that environmental conditions affected the transmission of genes from parent to offspring and that genetics did not account for many cases of ID. The public's support of eugenics dissipated during the 1920's (Berkson, 1993; MacMillan, 1982).

According to Berkson (1993), after World War II, beginning in 1945, it was believed that many individuals with ID, specifically children, could be educated to live relatively normal lives. However, there were few supporters for this potential normalization initiative. People with ID had few options available to them. Individuals either lived in a natural home or in an institution; yet, neither setting was ideal. Natural homes provided individuals with homes, but people with ID often were not receiving the best possible care. Also, there was the financial burden and medical requirements that drained families. There was virtually no community support for families.

Institutions were much worse. Most were located in isolated rural locations where staffing was limited and quality of care was low. There were allegations of abuse and neglect of patients. It was also very expensive for the government to maintain and support the services provided. By the mid 1950's, the search for alternative living conditions for people with ID began (Berkson, 1993).

During the 1960s and 1970s, the United States underwent a deinstitutionalization movement in an effort to allow individuals with ID to live in a more normal environment. The movement not only reduced the number of residential placements in institutions, but it also dramatically reduced new admissions into institutions (Kring et al., 2007; Willer, Scheerenberger, & Intagliata, 1980). Many institutions were closed and those remaining served the severely disabled. Individuals once institutionalized for their ID were now being discharged

from the hospitals. Despite some negative results of the deinstitutionalization movement (i.e. inadequate community support), its goal was normalization for people with disabilities. The goal was for individuals with ID to be able to live more independent and better quality lives that would hopefully elicit normal behaviors (Willer, Scheerenberger, & Intagliata, 1980). However, without any adequate transition from being hospitalized to being independent, many people ended up either homeless or in abusive community programs (Berkson, 1993).

Various alternative living situations eventually developed for the people with ID that were discharged from institutions. According to Willer, Scheerenberger, and Intagliata (1980), these alternative living arrangements ranged from least restrictive to most restrictive: the individual's own natural home, foster family care, community care facilities (e.g. group homes or boarding houses), and nursing homes. The amount of restriction varied based on the nature of the facility and the needs of the individual. Since 1975, people with ID have been placed in the least restrictive settings. Many adults in these settings have supports that allow them to function as normally as possible, often holding simple community jobs (Kring et al., 2007).

Attitudes Toward Intellectual Disability in the United States

Attitudes toward ID became particularly salient in the United States because individuals with ID were being integrated into the community settings. Initially, the general public tended to view community integration negatively and stigmatized individuals with ID (Spreen, 1977). According to Willer, Scheerenberger, and Intagliata (1980), legal action was taken during the early 1970's to ensure that individuals with ID did not have their civil rights taken from them. Furthermore, various laws were passed regarding who could be institutionalized, placed in community homes, and for how long they could remain. Although negative attitudes toward ID

exist, there have been considerable improvements in attitudes toward ID since the 1960's (MacMillan, 1993; Willer, Scheerenberger, & Intagliata, 1980).

Research looking at attitudes toward individuals with ID indicated several variables related to more positive attitudes. Generally people with more exposure to individuals with ID, young individuals, females, and people with higher levels of education responded more positively to issues relating to individuals with ID. These individuals were also less likely to endorse negative treatments such as eugenics, segregation in schools, and institutionalization (MacMillan, 1982; Yazbeck, McVilly, Paramenter, 2004). As community integration continues to increase and the U.S. becomes a more ethnically diverse society, it is important to understand how attitudes toward ID may differ across ethnic groups within the U.S. and Western societies.

Attitudes Toward Intellectual Disability Among Asians

In 2000, 28.4 million foreign-born individuals were residing in the United States; more specifically, 25.5% were from Asian countries (Lollock, 2001). The United States Census Bureau defines Asian as "people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent" (Reeves & Bennett, 2004, p. 2). According to the United States census, the country saw the majority of its foreign-born Asian population increase within the last two decades (Reeves & Bennett, 2004). Projected population data predict an increase of Asians in the U.S. by at least 13% for every decade the national census is conducted (U.S. Census Bureau, 2004). Because Asians, specifically Southeast and Middle Asians, are such an important and growing segment of the U.S. society, it is important to understand the attitudes they hold toward ID and how those attitudes may change as a function of living in the U.S.

Studies have shown that ethnicity and culture impact attitudes toward mental disabilities (Tang, Davis, Wu & Oliver, 2000). Asian countries are typically more collectivistic in such a way that beliefs, attitudes, and values are shared among the group (e.g. family, community) to which the individual belongs. For example, collectivistic countries, specifically Asian countries, often share common feelings of shame or loss of face when a family member is the focus of an embarrassing situation. The shame is not only brought upon the individual but also to the individual's entire family (Hampton & Xiao, 2007; Mio, Barker-Hackett, & Tumambing, 2006). It is possible that a person with ID could bring shame to a family. According to Ryan and Smith (1989), parents of children with ID generally preferred to have their children at home with the family either because of responsibility or negative feelings toward leaving their child in another's care. There is a cultural understanding that families' needs are met by family members. Parents did not feel that their children were threatening or dangerous; therefore, institutionalization was unnecessary.

Lack of knowledge about ID may contribute to Asian parents' attitude about ID. Ryan and Smith (1989) found that many Asian parents of children with ID were not aware of the disability, which contributed to a delay in obtaining a diagnosis and treatment. Some parents believed that ID was a temporary condition that would eventually go away without treatment. The traditional Chinese people attributed ID to supernatural forces, punishment for ancestors' bad behavior, metaphysical elements (e.g. interacting forces of the Yin and Yang) or punishment for unethical behavior (Ryan & Smith, 1989).

Among some Southeast Asians, ID is stigmatized as shameful because it is believed to be a result of punishment for one's ancestors' behaviors (Hampton & Xiao, 1989). As it turns out, many Chinese parents have feelings of guilt, fear, denial, and partial acceptance of their child

with ID. Some feel that they are responsible for their child's condition, some fear being blamed by others, and some actually do blame others (i.e. their spouse) (Ryan & Smith, 1989). Tang and colleagues (2000) indicated that the past decade has seen an increase in the encouragement of community integration of people with ID in Asian countries. Ideation about ID may be changing as a result of Western influences, which could influence attitudes about ID.

A less researched area than Southeast Asia is Middle Asia, which refers to nations such as Bangladesh, India, and Pakistan (Gabel, 2004). While studying individuals' attitudes toward ID in rural India, Murthy, Wig and Dhir (1980) found that rural residents felt that ID is a severe health problem, and people with ID should be kept within the family but not allowed to work or be married. Causes of ID from Indian Asian perspectives can be attributed to malnutrition, fate, and karma. Contrary to the Western view of ID but similar to the Chinese, some Hindu Asian Indians view ID as a result of sins they or a close family member committed in the past life (Gabel, 2004; Murthy, Wig & Dhir, 1980; Ryan & Smith, 1989).

Gabel (2004), whose participants were all Hindu Indians, also found that differences existed in Asian Indians' attitudes toward ID depending on if they lived in rural or urban India. Participants in rural India, which make up about 72% of the nation's population (Haub & Sharma, 2006), reported more negative attitudes than urban participants, likely due to their educational differences. However, all Asian Indian participants were reluctant to talk about a family member that had ID because they were afraid of community members finding out about their personal business (Gabel, 2004). Similarly to the Chinese of Ryan and Smith's (1989) study, Gabel found that ID was stigmatized as bringing shame to one's family, but families preferred to keep their family member with ID at home with them.

A study in Bangladesh conducted by Zaman, Banu, Huq, and Hyas (1987) reported that attitudes toward ID varied between the general public, parents of people with ID, and trained specialists. The majority of participants were from urban cities; they responded positively to allowing individuals with ID to participate in social and religious rituals, though reasons for inclusion varied between groups. However, rural individuals, who make up as much as 85% the nation's population (Rural Poverty Portal, 2007, February) were similar to rural Asian Indians in that they were more negative in their attitudes and less aware of ID. Some of those from rural Bangladesh considered ID to be the result of ancestors' sins and curses from God (Zaman et al, 1987).

According to Ali (1997) and Ali, Al-Shatti, Khaleque, Rahman, Ali, and Ahmed (1994), a diagnosis of ID brings shame and feelings of inferiority to a family and reduces the amount of social contact that the family has with others in the community because of the stigma associated with having someone with ID in the family. Even children refrain from playing with other children who have ID. Guilt, embarrassment and feelings of failure are reported among Bangladeshi families of children with ID.

Pakistan shares many similarities with India and Bangladesh in the attitudes that some people have toward ID, especially in regards to the rural population. ID is sometimes attributed to sins of the parents, possession by evils spirits and other superstitious beliefs (Miles, 1992). Miles (1992) also indicated that families are afraid of losing their pride and honor as a result of behaviors elicited by family members with ID. Masood, Turner, and Baxter (2007) compared Pakistani parents to United States parents of children with ID and found that Pakistani parents felt more responsible for their child's disability and this sense of blame was correlated with a more negative relationship with child.

If people in Asian cultures hold different attitudes and beliefs about ID, it is important to understand how those attitudes may change as a function of being in the U.S. First generation immigrants and refugees, defined in this present study as individuals who were born in the country of their nationality and are currently residing in United States, are likely to hold pre-established traditional beliefs and attitudes about ID. Children of first generation immigrants, referred to in this study as second-generation individuals, may differ from the beliefs and attitudes of their parents as a result of their bi-cultural status and exposure to the host countries' beliefs and attitudes. This transition to accepting some of the values of the host culture is reflected in studies of ethnic identity and acculturation.

Ethnic Identity and Acculturation

The process by which a second generation individual may adopt the attitudes of a host country may be partially reflected through ethnic identity and acculturation. Ethnic identity is defined by Saylor and Aries (1999) as "a multicultural construct defined by involvement in the cultural practices and activities of one's ethnic group and by positive attitudes toward, feelings of belonging to, or pride in one's group" (p. 549). Phinney and Ong (2007) describe the components of ethnic identity to include commitment and attachment, exploration and ethnic behaviors, all of which combine to explain one's achievements in terms of one's ethnic identity.

According to Mio, Baker-Hackett, and Tumambing (2006), the stages of ethnic identity include pre-encounter, encounter, immersion, and internalization/commitment. Individuals may move through these stages throughout their lives while exploring their identity in response to discrimination, stereotype, and cultural expectations (Dhingra, 2003; Mio, Baker-Hackett, & Tumambing, 2006). Saylor and Aries (1999) showed that individuals who were high in their

ethnic identity were more likely to show attitudes of immersion and/or commitment. This study also showed that individuals high in ethnic identity linked themselves to others of the same ethnicity in organizations and events who have the same cultural practices and activities.

The process of acculturation, which is closely tied to the concept of ethnic identity, is an important factor in attitudes and beliefs. Acculturation can be defined as "experiences and changes that groups and individuals undergo when they come in contact with a different culture" (Mio, Barker-Hackett, & Tumambing, 2006, p. 116). Individuals often struggle with acculturating themselves to the host culture and maintaining their ethnic culture (Yasuda & Duan, 2002). Some individuals may have a strong ethnic identity to their native culture while rejecting the host culture (i.e. separationist); some may choose to embrace and integrate aspects of both cultures (i.e. integrationist); some do not identify with either culture (i.e. marginalist), and then there are some who reject their native culture and immerse themselves into the host culture (i.e. assimilationist). Individuals' knowledge and understanding of the world is influenced by both their ethnic identity and acculturation (Farver, Xu, Bhadha, Narang, & Lieber, 2007; Mio et al., 2006).

Yasuda and Duan (2002) found that among Asians, increased generation status and amount of time living the in the United States were positively correlated with positive acculturation but negatively correlated with ethnic identity. Also, an increase in age of immigrants was negatively correlated with degree of acculturation; therefore age and length of residency serve as separate significant predictors of acculturation levels (Shih & Brown, 2000; Yasuda & Duan, 2002). With reference to international students, Shih and Brown (2000) found that Taiwanese international students did not achieve high levels of acculturation because their

short time in the United States did not compel them to integrate both cultures; thus, they

maintained a stronger Asian identity.

Fuligni, Witkow, and Garcia (2005) studied adolescent ethnic identity among children of

Mexican, Chinese and European heritages and found that adolescents whose families were recent

U.S. immigrants (i.e. Chinese, Mexican) were more inclined to include their ancestral

nationalities as part of their ethnic identification. As expected through acculturation, adolescents

sharing short generational distance (e.g. first-generation versus second-generation) with their

ancestors who first came to America had a stronger association with their ethnicity and national

heritage. Therefore, American-born adolescents of immigrant parents, in comparison to their

first-generation ancestors, tended to identify themselves with more hyphenated, nationalistic

identities (e.g. Chinese-American) and American labels, indicating that one's place of birth and

generational status may affect one's level of ethnic identity. Fuligni, Yip, and Tseng (2002) also

showed that as Chinese adolescents' became more acculturated, the collectivistic nature of their

upbringing interfered with their attempts to become Americanized. For example, attitudes toward

family obligations tended to interfere with time spent socializing with peers and developing

independence separate from one's family.

Statement of the Research Purpose

Based on the limited data available, it appears that many individuals in Southeast and

Middle Asian countries hold attitudes toward ID that are more negative than the typical attitude

in the U.S. This difference is particularly apparent when comparing rural groups in these Asian

areas to people in the U.S. As Southeast and Middle Asians immigrate to the U.S., it is likely that

their attitudes toward ID will shift to be more similar to the attitudes commonly held in the U.S.

This is particularly true for individuals with increased acculturation. Therefore, the purpose of the study proposed here is to examine attitudes toward ID among first and second generation individuals of Southeast and Middle Asian descent.

Research Questions and Hypotheses

Research question 1: Will the attitudes of first generation Southeast and Middle Asian individuals toward ID differ from the attitudes of second generation Southeast and Middle Asian individuals?

Hypothesis 1: Second-generation Southeast and Middle Asian individuals will have more positive attitudes toward ID than first-generation Southeast and Middle Asians.

Research question 2: Is there a relationship between ethnic identity and attitudes toward ID?

Hypothesis 2: Among both generation groups, ethnic identity will be related to attitudes toward ID such that individuals with a strong Asian identity will have more negative attitudes toward ID.

Research question 3: Is acculturation related to attitudes toward ID?

Hypothesis 3: Among both generation groups, individuals who are more acculturated to the U.S. or Western ways will have more positive attitudes toward ID.

Method

Participants

Participants for this study will include two samples of young adults. First-generation ethnic minorities will be eligible for participation if they were raised in Southeast and Middle Asia (e.g. China, Vietnam, Thailand, Taiwan, Malaysia, Bangladesh, Pakistan, India, and Saudi Arabia) and have been in the United States for less than 6 years. Second-generation ethnic minorities will be eligible if they were born and raised in the United States but their parent(s) were immigrants or refugees from Southeast or Middle Asia (e.g. China, Vietnam, Thailand, Taiwan, Malaysia, Bangladesh, Pakistan, India, and Saudi Arabia). Both first and second generation Asian students will be recruited through attendance at various ethnic student organization meetings at the University of South Alabama, the psychology participant pool, community events, and through snowball sampling where participants recruit friends and family members who are eligible to participate.

Instrumentation

Questionnaires include the Mental Retardation Attitude Inventory-Revised (MRAI-R; Antonak & Harth, 1994), Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992), and Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA; Suinn, Rikard-Figueroa, Lew, & Virgil, 1987) (Appendices A-D). Participants will complete a demographics form that includes information about their age, nationality, religion, length of residency in the United States, who they live with, and parent(s') length of residency in the United States.

The MRAI-R (Antonak & Harth, 1994) consists of 29 items that make up four scales: Integration-Segregation, Social Distance, Private Rights, and Subtle Derogatory Beliefs.

Integration-Segregation subscale consists of seven items. Social Distance subscale consists of eight items. Private Rights subscale consists of 7 items. Subtle Derogatory Beliefs consist of seven items. Participants respond to each statement on a 4-point scale from 1 (*strongly agree*) to 4 (*strongly disagree*). Higher overall scores indicate more favorable attitudes. The Spearman-Brown split-half reliability and Cronbach's alpha coefficients of the scale are both .91 (Antonak & Harth, 1994).

The MEIM (Phinney, 1992) consists of a total of 15 items that make up two subscales: ethnic identity search and ethnic identity commitment, consisting of five items and seven items, respectively, for a total of 12 items. The remaining three items are not part of the scale but are used in the identification of the individual's ethnic heritage. Respondents answer on a 5-point scale from 1 (*strongly disagree)* to 5 (*strongly agree)*. The mean of all 12 items gives an overall score; therefore, scores can range from 1-5. The higher an individual's score, the more one identifies with one's ethnic group. The lower the score, the more one identifies with another ethnic group besides one's ethnic group. A score of 3 indicates a neutral identification between both ethnic and host groups. Psychometric analysis of the MEIM by Ponterotto, Gretchen, Utsey, Stracuzzi, and Saya (2003) found reliability coefficients for the MEIM ranging from .81 to .92.

The SL-ASIA (Suinn, Rikard-Figueroa, Lew, & Virgil, 1987) consists of 21 items with 4 optional items measuring acculturation on a multi-dimensional level. Participants are to respond to each item by selecting one of five multiple choices which are indicated by numbers next to the choices. Generally, responses of 1 are considered more Asian-oriented and responses of 5 are considered more American-oriented. Low scores (i.e. 1.0) on the SL-ASIA indicates low Western acculturation and high Asian identification, while high scores (i.e. 5.0) indicates high Western acculturation and low Asian identification. Psychometric analysis conducted by

Ownbey and Horridge (1998) found Cronbach's alpha reliability coefficient to be .89, which is close to .91 reported by Suinn, Ahuna, and Khoo (1992).

Procedure

After receiving approval from the Internal Review Board (IRB), participants will be recruited by contacting university organizations and community groups that involve Southeast and Middle Asian students. During the various ethnic student organization meetings, members will be asked to participate in the study. Participants will be given the option to complete the questionnaire either at the meetings or online. The anonymous questionnaires will be distributed in a packet containing the aforementioned measures. All questionnaire packets will be collected upon completion. Participants will also be asked to recruit (i.e. snowball sampling) friends and/or family members who are eligible to participate to online.

The questionnaire order will consist of the following: MRAI-R (Antonak & Harth, 1994), Demographics questionnaire, MEIM (Phinney, 1992), SL-ASIA (Suinn, Rikard-Figueroa, Lew, & Virgil, 1987).

Data Analysis

To investigate Hypothesis 1 (that the groups differ in attitudes), I will conduct multiple analysis of variances with scores on the MRAI serving as as the dependent variables and ethnic generation as the independent variable. If Hypothesis 1 is supported, second generation participants will score higher than first generation participants, suggesting a more positive attitude toward ID. To investigate Hypotheses 2 and 3 (that attitudes are related to identity and

acculturation), I will investigate the relationships among the following variables: attitudes, ethnic identity, and acculturation.

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Appendix A

Mental Retardation Attitude Inventory (MRAI)

Mental Retardation (MR), also referred to as Intellectual Disability (ID) is defined by sub-average general intelligence, an age of onset before the age of 18, and impaired adaptation abilities in two or more areas including communication, self-care, home living, interpersonal skills, use of community resources, self-direction, academic skills, work, recreation, health and safety (*Diagnostic and Statistical Manual of Mental Disorders*, 2000).

INSTRUCTIONS: The following questions are for the purpose of collecting data about your attitude toward individuals with mental retardation and mental retardation in general. Use the following numbers to indicate how much you agree or disagree with each statement below.

(1) Strongly disagree   (2) Disagree   (3) Neutral   (4) Agree   (5) Strongly agree

_____   1. School officials should not place children who are mentally retarded and children who are not mentally retarded in the same classes.

_____   2. We should integrate people who are mentally retarded and who are not mentally retarded into the same neighborhoods.

_____   3. I would allow my child to accept an invitation to a birthday party given for a child with mental retardation.

_____   4. People who are mentally retarded are not yet ready to practice the self-control that goes with social equality with people who are not mentally retarded.

_____   5. I am willing for my child to have children who are mentally retarded as close personal friends.

_____   6. If I were a landlord, I would want to pick my tenants even if this meant only renting to people who are not mentally retarded.

_____   7. It is a good idea to have separate after-school programs for children who are mentally retarded and children who are not mentally retarded.

_____   8. Regardless of his or her own views, a private nursery school director should be required to admit children with mental retardation.

_____   9. Even though children with mental retardation are in public school, it is doubtful whether they will gain much from it.

_____   10. Although social mixing of people who are mentally retarded and not mentally retarded may be right, it is impractical until people with mental retardation learn to accept limits in their relations with the opposite sex.

_____ 11. I have no objection to attending the movies or a play in the company of people who are mentally retarded.

_____ 12. Laws requiring employers not to discriminate against people with mental retardation violate the rights of the individual who does not want to associate with people who are mentally retarded.

_____ 13. Integrating children who are mentally retarded and who are not in the same preschool classes should not be attempted because of the turmoil it would cause.

_____ 14. Real estate agents should be required to show homes to families with children who are mentally retarded regardless of the desires of the homeowners.

_____ 15. I would rather not have people with mental retardation as dinner guests with my friends who are not mentally retarded.

_____ 16. Children who are mentally retarded waste time playing in class instead of trying to do better.

_____ 17. Having people who are mentally retarded and not mentally retarded work at the same jobsites will be beneficial to both.

_____ 18. I would rather not have a person who is mentally retarded swim in the same pool that I swim in.

_____ 19. I would be willing to introduce a person with mental retardation to friends and neighbors in my home town.

_____ 20. Campground and amusement park owners have the right to refuse to serve anyone they please, even if it means refusing people with mental retardation.

_____ 21. The problem of prejudice toward people with mental retardation has been exaggerated.

_____ 22. If I were a barber or beauty shop owner I would not resent it if I were told that I had to serve people with mental retardation.

_____ 23. Assigning high school students who are mentally retarded and who are not mentally retarded to the same classes is more trouble than it is worth.

_____ 24. I would be willing to go to a competent barber or hairdresser who is mentally retarded.

_____ 25. Even with equality of social opportunity, people who are mentally retarded could not show themselves equal in social situations to people who are not mentally retarded.

_____ 26. Even though people with mental retardation have some cause for complaint, they would get what they want if they were more patient.

_____ 27. I would rather not have people who are mentally retarded live in the same apartment building I live in.

_____ 28. A person should not be permitted to run a day care center if he or she will not serve children who are mentally retarded.

_____ 29. The child who is mentally retarded should be integrated into regular classes in school.

Appendix B

Demographics Questionnaire

INSTRUCTIONS: Please fill in and/or check all that apply.

1. Age: _____ years old

2. Gender:
   _____ Male
   _____ Female

3. Education Classification:

   _____ Freshman
   _____ Junior
   _____ Sophomore
   _____ Senior

   _____ 1st year Graduate
   _____ 2nd year Graduate
   _____ 3rd year Graduate
   _____ 4th year or more Graduate

4. Have you taken a course in psychology before?
   _____ Yes
   _____ No

5. Living Arrangements in the United States:

   _____ Dormitory
   _____ Host-Family
   _____ Living with your parents
   _____ Living alone
   _____ Living with peers/friends
   _____ Living with your spouse/family

6. Identify your native country of birth:

7. How many years have you been in the United States? _____ years

   What other countries have you lived in (for at least 1 year)?

8. Describe the region where you lived in your native country:

   Urban:

   Rural:

9. What country was your mother born in?

   How many years has she lived in the United States? _____ year(s)

10. What country was your father born in?

11. Do you know of any family member(s) or friend(s) with MR?
    _____Yes
    _____ No

12. Have you had any exposure working with individuals with MR?
    ____ Yes
    ____ No

    If yes, for how long and what was your experience?

13. Describe in your own words what Mental Retardation means to you.

NOTE: If you are of Southeast or Middle Asian heritage, please proceed and complete the rest of the questionnaire. If you are not, you may stop now. Thank you for your participation.

Appendix C

Multigroup Ethnic Identity Measure (MEIM)

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or *ethnic groups* that people come from. Some examples of ethnic groups are Latino, African American, Mexican, Asian American, Chinese, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

INSTRUCTIONS: Use the numbers below to indicate how much you agree or disagree with each statement.

Please fill in: In terms of ethnic group, I consider myself to be _____.

(1) Strongly disagree   (2) Disagree   (3) Neutral   (4) Agree   (5) Strongly agree

_____ 1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.

_____ 2. I am active in organizations or social groups that include mostly members of my own ethnic group.

_____ 3. I have a clear sense of my ethnic background and what it means for me.

_____ 4. I think a lot about how my life will be affected by my ethnic group membership.

_____ 5. I am happy that I am a member of the group I belong to.

_____ 6. I have a strong sense of belonging to my own ethnic group.

_____ 7. I understand pretty well what my ethnic group membership means to me.

_____ 8. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.

_____ 9. I have a lot of pride in my ethnic group.

_____ 10. I participate in cultural practices of my own group, such as special food, music, or customs.

_____ 11. I feel a strong attachment toward my own ethnic group.

_____ 12. I feel good about my cultural or ethnic background.

_____ 13. My ethnicity is
> (1) Asian or Asian American, including Chinese, Japanese, and others
> (2) Black or African American
> (3) Hispanic or Latino, including Mexican American, Central American, and others
> (4) White, Caucasian, Anglo, European American; not Hispanic
> (5) American Indian/Native American
> (6) Mixed; Parents are from two different groups
> (7) Other (write in): _____

_____ 14. My father's ethnicity is (use numbers above from Statement 13) _____.

_____ 15. My mother's ethnicity is (use numbers above from Statement 13) _____.

Appendix D

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

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

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

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

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

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

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

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

5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

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

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

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

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

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

_____ 12. What generation are you? (circle the generation that best applies to you:)
1. 1st Generation = I was born in Asia or country other than U.S.
2. 2nd Generation = I was born in U.S., either parent was born in Asia or country other than U.S.
3. 3rd Generation = I was born in U.S., both parents were born in U.S, and all grandparents born in Asia or country other than U.S.
4. 4th Generation = I was born in U.S., both parents were born in U.S, and at least one grandparent born in Asia or country other than U.S. and one grandparent born in U.S.
5. 5th Generation = I was born in U.S., both parents were born in U.S., and all grandparents and parents also born in U.S.
6. Don't know what generation best fits since I lack some information.

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

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

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

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

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

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

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

_____ 20. How would you rate yourself?

1. Very Asian
2. Mostly Asian
3. Bicultural
4. Mostly Westernized
5. Very Westernized

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

_____ 22. Rate yourself on how much you believe in Asian values (e.g., about marriage, families, education, work):

1	2	3	4	5
(do not believe)				(strongly believe in Asian values)

_____ 23. Rate your self on how much you believe in American (Western) values:

1	2	3	4	5
(do not believe)				(strongly believe in Asian values)

_____ 24. Rate yourself on how well you fit when with other Asians of the same ethnicity:

1	2	3	4	5
(do not fit)				(fit very well)

_____ 25. Rate yourself on how well you fit when with other Americans who are non-Asian (Westerners):

1	2	3	4	5
(do not fit)				(fit very well)

_____ 26. There are many different ways in which people think of themselves. Which ONE of the following most closely describes how you view yourself?
1. I consider myself basically an Asian person (e.g., Chinese, Japanese, Korean, Vietnamese, etc.). Even though I live and work in America, I still view myself basically as an Asian person.
2. I consider myself basically as an American. Even though I have an Asian background and characteristics, I still view myself basically as an American.
3. I consider myself an Asian-American, although deep down I always know I am an Asian.
4. I consider myself an Asian-American, although deep down, I view myself as an American first.
5. I consider myself as an Asian-American. I have both Asian and American characteristics, and I view myself as a blend of both.