

Asian and Asian Indian Cultures: Implications for Psychotherapy

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Nearly one third of the population of Santa Clara County is Asian, with two out of three reporting that they were born in a foreign country. The two largest groups are the Chinese and Vietnamese (8 % each of the total Santa Clara population), followed by Asian Indians and Filipinos (5 % each), Japanese (2%), Koreans (1%), and other Asians (2%). Thus recently arrived immigrants with close ties to their cultures of origin comprise the majority of Asians in Santa Clara County.

As mental health providers in Santa Clara County, an understanding of differences between Asian and Western cultural assumptions is imperative for providing appropriate therapeutic interventions. While it is difficult to convey cultural and clinical nuances in a brief article without over-generalization, we hope that this paper will contribute to a greater understanding of Asian populations and of intervention approaches more likely to meet their needs.

Asian Cultures

Asia encompasses many countries, each with its own culture(s) and subcultures. However, the commonalities shared by all Asian cultures that differentiate them from other cultures of the world allows us to talk about a general Asian culture, just as we talk about a general Western culture (Hong & Ham 2001). Similar to the historical roles of Greece and Rome in Western civilization, China and India served as beacons of Asian civilization for thousands of years, each having considerable influence over the cultural development of Asian countries. The major philosophical traditions in Chinese-influenced cultures are Confucianism, Daoism, and to a lesser extent, Buddhism. Hindu philosophy and tradition are embedded in the cultures of the Indian subcontinent. In spite of their different roots, Chinese and Indian-influenced cultures are similar in their values and in their manifestations. These traditions have permeated the culture so much, inculcated through family and society, that although many Asians may not think of themselves as Confucians or Hindus, these values have become ingrained in them.

The following table, derived from Lee (1997), provides a summative comparison of Asian and Western values.

Asian agricultural system: Traditional society values	Western industrialized system: Modern society values
<ul style="list-style-type: none">▪ Family/group oriented▪ Extended family, with multiple parenting▪ Primary relationship: parent-child bond▪ Emphasis on interpersonal relationships▪ Status and relationships determined by age and role in the family▪ Well-defined family members' roles▪ Favoritism towards males▪ Authoritarian orientation▪ Suppression of emotions▪ Fatalism/Karma	<ul style="list-style-type: none">▪ Individual-oriented▪ Nuclear/blended family, with couple parenting▪ Primary relationship: couple bond▪ Emphasis on self-fulfillment and self-development▪ Status achieved by one's efforts and achievements▪ Flexible family member roles▪ Increasing opportunities for females▪ More democratic orientation▪ Expression of emotions▪ Personal control over one's life

Saving and losing face The concepts of losing and saving face are very important in Asian cultures. For example, to do poorly academically or to lose one's job is a loss of face. Some people hide such problems from friends or family members to keep face, and family members who are aware of the situation may collude with the hiding. Seeking therapy and admitting to having problems results in a loss of face for the person and for the person's family, which creates additional difficulties in seeking help. Not only is the individual concerned with saving his own face, he is also careful to avoid causing other important people (e.g., family members, authority figures including the therapist) to lose face.

Filial piety Filial piety includes treating parents and elders with respect, taking care of them, making sacrifices for them and showing gratitude toward them. A role-reversal occurs when children reach adult status. The traditional Asian culture expects the adult children to be attentive to the parents' needs with the same level of dedication and sacrifice that the parents showed towards the children when they were young. This may involve providing financially for parents, relocating to care for parents, having parents live with the adult children, attending to parents' needs and desires in priority over those of the immediate family (e.g., buying the parents a house in the home country before buying one for the nuclear family).

Education: The high value of education derives not from knowledge per se, but as a measure of social status. Having a child do well academically reflects on the family; bragging about a child's academic success to the extended family and to the circle of friends imparts status. In traditional Asian societies, careers in the basic and applied sciences and law have afforded access to the higher ranks of society. Hence, many parents place immense pressure on their offspring to over-achieve academically and to consider only certain colleges, majors and careers.

Clinical Implications

Areas for assessment:

When working with Asian or multi-cultural families therapeutically, it is important to assess the following issues:

Culture: How much does the client identify and participate with his or her culture of origin, with the predominant culture in the US, and with any other cultures, if at all?

Migration experience: When did they arrive (e.g., recently, or 3 generations ago)? How did they migrate (e.g., refugee boat people with trauma, or getting on a plane)? What social, political, or financial factors influenced their decision to emigrate? What was their situation in the country of origin (socio-economic status, psychological functioning, exposure to Western culture, family situation and dynamics)? These questions apply to their current situation in this country as well. What is their legal immigration status, and what members in the home country are they obliged to support or to help?

Other: Current family situation and structure (e.g., single adult living alone, living with parents, or with extended family; couple in multi-generational family; nuclear family with extended visits from parents)? Does the concept of interpersonal boundaries exist within the family? What kind of alliances are in the group or family? What is the level of psychological awareness? Situations that appear to be unique to Asian families include "astronaut parents" and "parachute kids." In astronaut families, the family has relocated, often so that the children can receive an education in the US. The "astronaut" father finds better business opportunities in Asia, and ends up working in Asia and visiting the family a few times a year. "Parachute kids" are children who are sent by their families to go to high school in the US. The child lives alone in an apartment or with relatives. He or she is implicitly expected to absorb the education without absorbing the Western cultural values, and is pressured to achieve academically. To not do well in school, to be homesick or depressed, or to return home is a loss of face for the child and the family.

Implications for therapist-client interactions

Respect for authority: For clients who identify highly with traditional Asian culture, the therapist is an authority figure to whom one shows respect and with whom one does not disagree. If the therapist dresses casually, admits to making mistakes or not knowing, he or she may immediately lose face and credibility! The client is losing face by not being able to resolve her problems; she shows disrespect and loses face if she expresses emotions (especially negative ones). The client believes that failure to “get better” and to resolve problems quickly may cause the therapist to lose face. She may also worry that non-compliance with therapeutic or medication recommendations will cause a loss of face for the professional. All these factors make it easier for clients to drop out of therapy rather than to express disagreement with the therapist or question the treatment when progress is slow.

Communication: Commonly, therapists assume that an Asian client’s polite nodding signifies that the client agrees with what the therapist is saying. This is not always the case. Nodding can mean “I am listening and I am showing you respect,” without implying agreement. It is often difficult for a traditional Asian client to disagree with their therapist. The closest they may come to voicing disagreement is to say “Some people say that...” or, “My friends say that taking medication means that you are crazy...” It is considered more acceptable and courteous to voice one’s own needs or opinions as if they are the opinions of a third party.

For some Asian clients it may be more acceptable to talk about emotional issues by highlighting physical symptoms, which has led Western psychologists to talk of Asians as “somatizers.” Some Asians have in turn criticized the Western tendency to over-psychologize. Semantics aside, listening to the descriptions of physical symptoms may be an entryway to the emotional world of the client.

The following issues may arise with Asian clients who are more strongly identified with their traditional culture:

Common presenting problems:

- Identity (being caught between 2 cultures)
- Acculturation stress (often giving rise to depression and anxiety)
- Intergenerational and couple conflicts (often arising from differing degrees of acculturation)
- Conflicts with in-laws (often triggered by transitions, e.g., birth of child)
- Academic stress and career issues
- Couples issues related to arranged marriages (mainly clients from Indian subcontinent)
- Domestic violence (often related to social and immigration status of women)

Possible treatment goals

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| ▪ Develop communication skills | ▪ Independence skills |
| ▪ Stress and anger management skills | ▪ Parent education |
| ▪ Social skills | ▪ Self care skills |
| ▪ Resilience | ▪ Setting limits/boundaries |

Possible treatment approaches

- Consider a more directive approach
- Be very clear and direct: “I can’t read your mind. You need to let me know if you don’t agree or don’t understand.”
- Set clear, tangible, and realistic goals.
- Provide psychoeducation about emotions, stress, developmental stages, and culture.

References

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Bios

Hoai-Thu Truong Ph.D. is a licensed clinical psychologist, with personal roots in the Vietnamese, French and American cultures. She has trained graduate psychology students and mental health professionals about Asian cultures and psychotherapy with Asian-Americans, and given presentations to the Asian community in Santa Clara County on parent-teen communication and on the special challenges faced by Asian-American adolescents. She has a private practice in Palo Alto where she works with adults. (contact info: (650) 327-3003; website: www.paloaltocounseling.com)

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