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Psychotherapy with Asian-Canadian Clients: Cultural Barriers and Help-Seeking

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Abstract

Although statistics indicate that Asians utilize mental health services at lower rates than all other ethnic groups, research indicates that Asians do in fact suffer from a range of mental health problems perhaps due to historical and current experiences of discrimination, oppression, and prejudice and that their low rates of mental health service utilization may not be due to better mental health but to a conflict between the values of traditional Asian culture and Western psychotherapy.

A critical review of the available literature found that cultural barriers to utilization can be classified into three categories: cognitive, affective, and value orientation (Leong & Lau, 2001). Furthermore, research has revealed that Asian help-seeking behaviour is influenced by acculturation, the type of problem, and previous counselling experience. In addition, it has been suggested that ethnic and language match between therapist and client, therapist credibility, and cultural sensitivity of therapist are influential in Asian utilization of mental health services.

All research available on this topic was conducted in the United States. Research with Asian-Canadians

is almost non-existent and with the visible minority population in Canada expected to double by the year 2016 (Esses & Gardner, 1996), there is a need to better understand Asian-Canadians in relation to Western psychotherapy so as to encourage their participation in mental health services when needed.

Introduction

The first Asian immigrants in Canada were men from China who came during the Fraser River Gold Rush in 1858 looking for what they called the "Gold Mountain" (Hoe, 1989; Sugiman, 1992). Between 1880 and 1884, due to the construction of the final section of the Canadian Pacific Railway, Chinese immigration increased when immigrants from China came to Canada looking for a better life (Hoe, 1989). These Chinese labourers worked long hours in miserable and dangerous conditions to help complete the railway paving the way for British Columbia's entry into the Confederation; as such they helped to create Canada as we know it today (Hoe, 1989). Once the railway was completed, however, legislation and laws were passed to discourage Chinese immigration. In 1884 the head tax for entry into Canada by a Chinese immigrant was \$10 (Hoe, 1989). This was increased to \$50 in 1885, to \$100 in 1900, and to \$500 in 1904 (Sugiman, 1992). In 1923 the Immigration (Exclusion) Act was passed prohibiting Chinese immigration until 1947 (Sugiman, 1992).

Like the Chinese, Japanese immigrants came to Canada looking for a better life. They first came to Canada in the mid-1890s attracted by the wage labour (Ward, 1982). The majority worked in the coastal fisheries at jobs that were often labourious, demanding, unrewarding, and low paying (Ward, 1982). With the surprise attack on Pearl Harbour on December 7, 1941 by Japan, the close-knit Japanese community in Canada came into the spotlight as being a potential threat to the country (Ward, 1982). On February 27, 1942 all persons of Japanese ancestry were ordered to abandon their homes in the coastal region of British Columbia and to relocate under federal supervision (Ward, 1982). The majority of Japanese-Canadians were placed in detention camps (Ward, 1982). During this period, Japanese-Canadians lost their jobs, their property, and their accumulated life savings (Ward, 1982).

East Indian immigrants started coming to Canada in 1904 looking for jobs when the head tax on Chinese immigrants was at its peak (Johnston, 1984). When the British Columbia economy declined in 1907, however, East Indian immigrants in Canada were perceived as unwelcome competitors for jobs (Johnston, 1984). In response to this, in 1908 the Canadian government "required that Indian immigrants have \$200 in their possession on arrival ... and that they come by continuous passage from India (which was impossible because steamship companies, on instruction from the government, did not provide the service)" (Johnston, 1984, pg. 7). Because of these regulations, East Indian immigration to Canada stopped. Chinese, Japanese, and East Indian immigrants endured very similar hardships in Canada's neighbour country, the United States of America (Atkinson, Morten, & Sue, 1998).

But that was the past. Today, Asians in North America are seen as the "model minority" meaning that they are highly successful with high educational attainment and occupational success, high per family income, and low rates in divorce, delinquency, and mental illness (Atkinson, et al., 1998). It seems that Asians have found their "Gold Mountain" in North America and triumphed over their history of discrimination, racism, and oppression. Yet, a closer look into the current status and attainment of this group reveals that the label of "model minority" is sadly misleading. While some Asians do achieve high levels of educational attainment, the trend is a bimodal one where a large number remain undereducated (Atkinson, et al., 1998). In terms of high per family income, this does not take into account that a high percentage of Asian families in North America are more than one wage earner families (Atkinson, et al., 1998). As well, immigrants still face many hardships today such as oppression, discrimination, and prejudice. Couple that with the stressors of adjusting to a new country, new culture, and new language

and financial hardships, mental health issues like depression, suicide, family conflict, relationship difficulties, and substance abuse may emerge. Furthermore, although 1980 statistics by Snowden and Cheung indicate that Asians as a group utilize mental health services at lower rates than all other ethnic groups, 268 per 100 000 admissions to inpatient psychiatric services in the United States as compared to the highest group of 932 per 100 000 admissions by African-Americans, research is indicating that this phenomenon may not be due to "better mental health" but to cultural factors inhibiting self-referral and to the incompatibility of traditional psychotherapy models and therapists with the Asian culture (Atkinson, et al., 1998; Sue, 1994; Sue, Zane, & Young, 1994).

With Asians making up eight and three percent of the population of Canada and the United States, respectively (Statistics Canada, 1996; Atkinson, et al., 1998); and with the visible minority population in Canada expected to double by the year 2016 (Esses & Gardner, 1996) and the Asian population in the United States projected to double by the year 2010 (Atkinson, et al., 1998), there is a need to better understand Asians in relation to Western psychotherapy so as to encourage Asian participation in mental health services when needed. This paper will offer a critical review of the research addressing Asian utilization of psychological services in North America. First, literature on Asian culture and Asian personality variables as it relates to Western psychotherapy will be examined. Second, a discussion of the variables suspected of influencing Asian help-seeking behaviour will follow. Next, variables said to influence Asian participation in psychotherapy and the therapeutic alliance will be explored. The conclusion will offer a discussion of the limitations of the research reviewed and suggestions for future research.

Asian Culture and Personality

It has been hypothesized that the underutilization of mental health services by Asians in North America is due to a conflict between traditional Asian culture and traditional Western models of psychotherapy with its standard use of the English language, a strict adherence to an unstructured approach to problems, and an emphasis on the individual and verbal and emotional expressiveness (Leong, 1986). Asian culture, when examined in relation to barriers to mental health service utilization, can be categorized into three dimensions: cognitive, affective, and value orientation (Leong & Lau, 2001). Leong and Lau defined cognitive barriers as culturally informed conceptions of mental illness—in other words, the cognitive labelling process of what constitutes mental illness by Asians which serves to impact help-seeking. Many researchers have reported that Asians are more likely to believe that mental disorders are brought on by organic factors and express their symptoms physically (Tsui & Schultz, 1985; Leong, 1986; Sue, et al., 1994; Leong, & Lau, 2001). They concluded that this may be attributed to a manifestation of the Asian holistic emphasis on the union of mind and body (Tsui & Schultz, 1985; Leong & Lau, 2001). In their article, Leong and Lau cited a study by Marsella, Kinzie, and Gordon (1973) that reported Chinese- and Japanese-American students, when compared to Caucasian students, were more likely to exhibit somatic symptoms in depression such as poor appetite, indigestion, and gas. As well, it has been reported that many Asians tend to think that it is detrimental to dwell on and analyze gloomy or disturbing thoughts and tend to view mental illness as a problem that can be controlled by willpower and avoidance of such thoughts (Sue, et al., 1994; Root, 1998; Leong & Lau, 2001). Thus, this way to control or cure mental illness as believed in the Asian culture is in direct opposition to Western psychotherapy emphasizing emotional catharsis and a focus on painful and negative thoughts.

Even if a problem is cognitively labelled as psychological, affective barriers exist that can impact help-seeking. It has been hypothesized that there may be an unwillingness among Asians to report psychological problems and express them publicly because of feelings of shame and stigma associated with psychological difficulties (Tsui & Shultz, 1985; Root, 1998; Leong & Lau, 2001). In addition, because the family name and saving "face" are important to Asians, there may be a tendency to avoid having the family name viewed poorly by others by not reporting psychological difficulties (Leong &

Lau, 2001). Hence compared to other ethnic groups, Asian-Americans show the longest delays in seeking mental health services. Leong and Lau referred to a study by Lin, Tardiff, Donetz, and Goretsky (1978) where they found that Chinese Canadian families resisted seeking psychiatric assistance for their schizophrenic sons. Instead of acquiring professional help, the family members tried to confine their sons in the home for as long as possible and disengaged from participation when their sons went into psychiatric care. European Canadian families, on the other hand, sought psychiatric services early on and stayed involved in their sons' psychiatric care.

In addition to cognitive and affective influences, Asian cultural values also play a role in the seeking of professional psychological help. It has been argued that Asians endorse collectivist values that are in opposition to Western psychotherapy processes focussing on the individual (Toupin, 1980; Leong & Lau, 2001). In the collectivistic model, relationship with others, especially family, is priority; decisions are made with the needs of the group in mind; and the goals of the person's behaviours are focused on the group rather than the individual (Shiang, 2000). In addition, individuals with roots in Asian culture typically prefer to keep information about family and personal problems within the family (Toupin, 1980; Tsui & Shultz, 1985; Leong & Lau, 2001). Asian values of reserve, restraint of strong feelings, and subtleness in approaching problems may come into conflict with Western therapists and counsellors who expect their clients to exhibit openness, psychological mindedness, and assertiveness (Leong, 1986; Leong & Lau, 2001). As well, Asians tend to exhibit lower levels of verbal and emotional expressiveness which adds to the dissonance between Asian clients and the ideal client in Western psychotherapy who is described as young, articulate, white, verbal, intelligent, and sensitive (YAWVIS) (Toupin, 1980).

Leong (1986) in reviewing the literature on Asian-American personality studies reported that Asians have a lower tolerance of ambiguity, prefer situations that are structured, prefer practical immediate solutions to problems, and display a greater respect for authority. Given Asian respect for authority, Tsui and Schultz (1985) suggested that a directive, active, and structured psychotherapy approach may be more appropriate and welcomed. As such, Leong reported that Asian students viewed counselling as a directive and authoritarian process. That is, they expected the counsellor, an experienced person, to provide advice and recommend a specific course of action. Sue, et al. (1994) illustrated that Asian-Americans prefer a more directive style of counselling by citing a study that found that Japanese-American high school, college, and university students rated a directive therapist as being more credible and approachable as compared to a non-directive therapist. Again, this is in contrast to most Western models of psychotherapy emphasizing an unstructured and non-directive approach.

Help-seeking

In addition to cultural and personality variables, researchers have postulated that there are other variables at work to influence the help-seeking behaviours of Asian clients. Four variables, that of acculturation, type of problem, previous counselling experience, and gender have received the most attention from researchers hoping to better understand Asian clients with respect to mental health service utilization. Acculturation, defined as the degree to which Asians are identified with and integrated into the majority culture, is suggested to be one of the major influences on Asian-American help-seeking behaviour. Atkinson and Gim (1989) found that highly acculturated Chinese, Japanese, and Korean-American undergraduate students at a major west coast university in the United States expressed more positive attitudes toward seeking psychological services. The authors found that highly acculturated students recognized the need for professional psychological help, were more tolerant of the stigma associated with psychological help, and were more open to discussing their problems with a psychologist than less acculturated students. In another study, with a sample of Chinese-American students at the University of Illinois, a direct relationship between acculturation and attitudes toward seeking psychological services was found where individuals who were highly acculturated reported a

higher willingness to seek psychological services (Tata & Leong, 1994).

Interestingly, type of problem has also been reported to influence the help-seeking behaviour of Asian clients. In their study, Gim, Atkinson, and Whiteley (1990) found that Asian-American university students were most willing to see a counsellor for concerns about financial, academic or career, relationship, and conflicts with parents issues and least willing to see a counsellor about ethnic confusion, roommate, health or substance abuse, and insomnia issues. The authors found that these students reported financial and academic/career concerns as their greatest problems and health or substance abuse concerns as their least severe problems. Similarly, Tracey, Leong, and Glidden (1986) reported that Asian-American students seen at the student development centre at the University of Hawaii were more concerned with academic and career issues. Perhaps Asian-American students overendorse academic concerns because academic and vocational concerns are perceived as being more acceptable to express which is consistent with their concern with saving 'face' as mentioned previously (Tracey, et al., 1986). Also, these problems may function as a lead in to deal with other personal issues.

Research have found that Asian-American students representing China, India, Korea, Philippines, and Taiwan who had previous experiences in counselling services indicated a higher willingness to seek help for academic, interpersonal, and substance abuse concerns (Solberg, Ritsma, Davis, Tata, & Jolly, 1994). However, Tracey et al. (1986) found that Asian-American clients were less likely to have had previous counselling experience. It is suggested that perhaps previous experience, particularly helpful and relevant service, may help Asian-American students to perceive counselling as a viable option when they are experiencing problems (Solberg, et al., 1994). Thus, outreach programs targeted to educate and inform Asian-American students about the availability of psychological services may result in increased utilization rates.

Although the influence of gender on help-seeking among Asian clients has been a popular research area among researchers, the results have been conflicted. Because Asian culture is very patriarchal in nature where males are valued more than females and where males are expected to uphold the family name and "face", researchers have hypothesized that males are less inclined to seek mental health services since doing so would be to expose their problems to strangers thus causing disgrace to the family. Whereas some studies have found that gender is predictive of attitudes toward seeking professional psychological help, that is women had more positive attitudes towards help-seeking and were more willing to see a counsellor (Tata & Leong, 1994; Gim, et al., 1990), other studies did not find such an effect (Atkinson & Gim, 1989; Solberg, et al., 1994). One explanation for not finding a gender effect as suggested by some researchers is that Asian men and women may be socialized in similar ways with respect to using psychological services (Solberg, et al., 1994). Obviously more research is needed in this area.

Influences on Psychotherapy

Thus far the discussion has been on Asian clients and the influences that their culture bring into the counselling arena. In this next section the focus will be on therapist variables that are said to influence Asian participation in psychotherapy and the therapeutic alliance. For example, credibility of the therapist, ethnic and language match between therapist and client, and cultural sensitivity of the therapist will be reviewed. Credibility refers to the client's perception of the therapist as an effective and trustworthy helper. Sue and Zane (1987) suggested that two factors are important in enhancing therapist credibility that of ascribed status and achieved status. Ascribed status is the position or role that one is assigned by others. In Asian culture this may be governed by age, expertise, and sex (Sue & Zane, 1987). Achieved status refers to the therapist's skills. Through the actions of the therapist, clients come to have faith, trust, confidence, or hope (Sue & Zane, 1987). The authors indicated that credibility must be established within two or three sessions so as to enhance the therapeutic alliance. It has been suggested that the lack of achieved credibility may be the primary reason for premature termination of

therapy whereas the lack of ascribed credibility may better explain underutilization. Sue and Zane reported that Root (1985) found that many Asian-Americans believe that therapists in the mental health profession cannot help them—illustrating a lack of ascribed credibility.

Numerous studies have provided data to illustrate the pertinence of ethnic and language match between therapist and client. Gim, Atkinson, and Kim (1991) referred to a study by Wu and Windle (1980) where they found "a direct relationship between the number of Asian-American staff members and the number of Asian-American clients" (pg. 1). Lin (1998) cited a study by Sue, Fujino, Hu, and Taeuchi (1991) of Los Angeles County mental health services that reported that ethnic match between the client and therapist was associated with an increase in use of mental health services and a reduced likelihood of dropout of Asian-American clients. In the same study by Sue et al., for those whom English was not a primary language, ethnic, language, and gender match were associated with a decrease in the likelihood of premature termination and an increase in the number of sessions. As well, other researchers in a study involving Asian-American university students have reported that ethnically similar counsellors were perceived as being more credible and culturally competent (Gim, et al., 1991). Furthermore, Lin (1994) found that Western psychotherapy when provided by ethnic and language matched therapists was acceptable to Chinese-American clients from an outpatient community mental health clinic in Southern California.

Cultural sensitivity, defined as possessing and acknowledging an understanding and knowledge of the values and beliefs of the ethnic minority client including culturally unique non-verbal communication on the part of the therapist, has also been reported to be influential in establishing a good working therapeutic relationship with ethnic minority clients (Gim, et al., 1991; Shonfeld-Ringel, 2001). Gim, et al. reported that Asian-American university students perceive culture-sensitive counsellors as being more credible and culturally competent than culture-blind counsellors. Asian clients may ask personal questions of the therapist as a way to get to know the therapist and to create an intimate relationship resembling the "family". A little personal disclosure and an appropriate level of emotional expressiveness on the part of the culturally sensitive therapist can be effective in helping to put Asian clients at ease.

Conclusion

Although it has been reported that Asians in North America underuse mental health services, there is evidence that this population possess higher than normal levels of disturbance perhaps due to historical and current experiences of discrimination, oppression, and prejudice (Leong, 1986; Tracey, et al., 1986). As well, having to adjust to a new culture and way of life as a result of immigration may produce stressors that influence mental health (Sue, et al., 1994). This is evident with the finding that less acculturated Asian-American university students reported having more problems as well as more severe problems than more acculturated students (Gim, et al., 1990). In response to this underutilization, researchers and practitioners in the field of counselling psychology have conducted various research studies to try to gain a better understanding of this phenomenon.

These studies have found that the low utilization rates by Asians in spite of the high need may be a result of conflict between the Asian culture and the traditional Western models of psychotherapy. Specifically, studies have shown that Asian culture tend to promote the avoidance of disturbing thoughts and view mental illness as a problem controllable by willpower or self-control. In addition, researchers have reported that Asian culture promotes the inhibition of verbal and emotional expressiveness and places a great emphasis on maintaining the family name—a part of their collectivist value system. Thus, these findings along with the desire to avoid shame and stigma to the family name and the tendency of Asians to somaticize psychological symptoms, may explain the low rates of mental health services usage. In addition to these cultural influences, organizational and therapist barriers also impact the

counselling process. Research has revealed that credibility and cultural sensitivity of the therapist, and ethnic and language match between therapist and client serve to impact the psychotherapy process and therapeutic alliance.

Although research has increased our understanding of the impact that culture has on mental health service utilization by Asian clients, there are limitations to the generalizability of the findings. The majority of the research conducted in this area has been done in the United States and with student samples. Therefore, applying the findings to individuals in different countries must be made with caution as people in different countries experience different social, political, and economic environments. Also, because the majority of studies use university student samples, the results may not be applicable to a non-student population. Future research should therefore be conducted in countries other than in the United States and with community samples to increase generalizability. Furthermore, it should be noted that Asians as an ethnic group is made up of over 20 subgroups including, but not limited to, Chinese, Japanese, Filipino, Korean, Vietnamese, Laotian, Cambodian, Asian-Indians, and Pacific Islanders (Atkinson, et al., 1998). In spite of this heterogeneity, most research on minority mental health treat Asians as a single group because of the limited number of subjects from each Asian subgroup. Thus, future researchers should try to focus recruitment efforts on one subgroup within the Asian minority group and focus research efforts on that particular group. This will increase understanding of the different subgroups within the encompassing Asian group and help to clarify the differences within the Asian minority group. Finally, to ensure that research conducted is comparable, researchers should try to operationalize variables in a similar manner and use comparable instruments.

According to the 1996 Canadian Census there were over two million people from Asia or with Asian ancestry living in Canada (Statistics Canada) and in 1993 there were 10 million Asian-Americans living in the United States (Atkinson, et al., 1998). Because Asians are the fastest growing minority group in the United States, it is projected that this number will double by the year 2010 and reach 10 percent by 2050; while the visible minority population in Canada is expected to double by the year 2016. Thus, it is timely and appropriate to conduct research to better understand this population in relation to mental health service utilization. Although there has been criticism that such research may have the effect of stereotyping the Asian client, I believe that such research is necessary so as to provide more suitable services and to reach more individuals in this community who may be in need of service. To guard against the formation of stereotypes, research needs to be conducted regularly to assess changes and with different subgroups to prevent inappropriate overgeneralization of the findings.

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