

As we shall learn from our guest expert, Dan Hocoy, Asian Americans—when they do seek professional helping services outside of their community—tend to present with a variety of problems, including value conflicts with parents and family, difficulties regarding identity issues, acculturation, extreme work ethics, and familial obligations.

## ► Our Interviewee **14.3**

Dan Hocoy, Ph.D., received his degree in clinical psychology from Queen's University, Kingston, Ontario, Canada. His dissertation focused on the effects of apartheid and racism on black mental health in South Africa. He has also carried out research on racial identity and other cross-cultural topics throughout the world, including Chinese racial identity and the psychological impact of racism on Chinese in Canada. He is a member of the core faculty of the psychology department of the Pacific Graduate Institute, Carpinteria, California, and previously served as assistant professor in the PsyD (Doctor of Psychology) program at John F. Kennedy University, Orinda, California.

### The Interview

**Question:** One of your areas of expertise is racial identity. Could you talk about some of your own experiences growing up Chinese?

**Hocoy:** Being Chinese has always been very central to my life, although I haven't always been conscious of it. That is to say, I didn't always recognize its influence. I went through various phases of racial identity development. At first, I felt embarrassed about being Chinese. My family was the only Chinese family on the block, and because we were struggling immigrants, I always associated being Chinese with being poor. There was a lot of ethnic self-hate in me at that time. There was also external discrimination. For instance, I was always picked on in school for being Chinese; kids would tease me about the way my eyes, hair, and nose looked. I got into a few fights in the schoolyard as a result. During this stage of my racial identity development, I always wanted to be white. This continued into high school. I wanted wavy, more combable hair. I wanted to be taller. I wanted a sharper nose. I always felt inferior. Chinese people were always ugly to me. At the time, I wasn't aware of the influences of having internalized Euro-American standards of beauty. I didn't think I was very attractive. At the height of my racial self-hate, my looks actually disgusted me. Not accepting my ethnicity pushed me toward greater degrees of conformity and assimilation. Yet, I never felt I fit into the dominant culture either. Not feeling comfortable in either culture, I found myself marginalized and caught in the middle.

In university, I moved into another phase of racial identity development. Initially, I still didn't like the fact that I was Chinese, but I began to challenge my negative self-feelings and attitudes toward my people. Fortunately, at this time, I had an opportunity to visit other cultures through international development work. It was in Africa that I observed the psychological effects of colonialism and Western domination. Witnessing black self-hatred helped me come to terms with my own racial self-hatred. This began a process of reclaiming my ethnicity, and eventually, I would study the impact of racism on black South Africans for my doctoral dissertation. I was attending a very Anglo-dominated graduate school, and it was an especially fertile environment in which to come to terms with my race. I realized that much of my perception of the world was based on a lack of acceptance of who I was. I grew increasingly uncomfortable with the feelings of self-hatred and was, in time, able to come to terms with them. I wrote my master's thesis on the topic of racism against the Chinese in Canada, and this was obviously motivated by a struggle for racial self-acceptance. In time, I developed a great interest in my heritage and started buying and reading books about the Chinese and, in a variety of ways, immersed myself in Chinese culture.

My training in psychology helped me process what was going on inside me, both in realizing the effects of my experiences as a person of color and in coming to terms with the self-hate. Today, I regard my Chinese identity as an asset both personally and professionally. As I became clearer about my own ethnic heritage, I also became aware of the cultural bias in psychology and the need to redress the systematic neglect of minorities in both research and therapy. That, in turn, spawned an interest in multicultural counseling. But the process of racial self-acceptance is an ongoing one, and I have yet to completely free myself from what Bob Marley called "the chains of mental slavery."

**Question:** Let's begin with some definitions. Who are the Asian Americans, and what characteristics do they share as a group?

**Hocoy:** First, I think it is important to understand that there is a large degree of diversity among Asian Americans and that they do not conveniently fit into one categorization or description. There are many shades of yellow, so to speak, and it is difficult to make global generalizations. Having said that, individual and subgroup differences are significant, and there do exist commonalities that Asian cultures share. When I talk about Asian Americans, I am referring to people with Mongolian and early Chinese ancestry. This includes the mainland Chinese, Japanese, Koreans, the Vietnamese, people from Hong Kong, Taiwan, Singapore, Malaysia, the Philippines, Laos, Thailand, and others from that region. I know this is not inclusive of all Asians, as it omits East Indians and others, for instance, but these are the groups with which I am most familiar.

With regard to Asian Americans, it is useful to realize that there are a number of factors—historical, psychological, and otherwise—that set them apart as a group in America. First of all, unlike any other minority group, there is a history of warfare between the United States and many of these Asian countries. You have the Japanese in World War II, the Korean War (in which the Chinese and North Koreans were both involved), the Vietnam War, and so on. So, for many Americans, there is a visceral resentment and distrust of all things Asian. This is reflected in U.S. culture and media, where Asians were and, at times still, are portrayed as the prototypical villains.

I think the lack of acceptance of Asians in U.S. culture at least partially stems from the fact that Asians possess such a different worldview. For instance, "East vs. West" is a common dimension of comparison and dichotomy. Individuals who have been socialized into traditional Asian cultures are likely to possess completely different worldviews with philosophies, values, and beliefs that are very disparate from Western ones. This major difference, I think, engenders much of the fear and misunderstanding about Asians. Another important factor is that much of Asian culture and society is based on the value of collectivism, which in recent years has been associated with Communism. Such ideas go against the familiar values and traditions of individualism and capitalism that are so basic to American culture and thus threaten many Americans.

The history and treatment of Asians in the United States have caused them to be very closed in terms of their interactions with other Americans. Asians have generally kept to themselves in very small enclaves. For instance, to this day, there are Chinatowns in most large urban areas, which from early times served as ghettos that ensured survival in the economic and political structure of the United States. Another trait Asians generally possess is a tendency to be less overtly militant and politically active than other racial groups. As a result, they have been an easy and frequent target for abuse and discrimination. Although, it should be acknowledged that Asians have historically made significant challenges to the status quo through equity legislation; this has primarily been through the judicial system. Generally, Asians have been less likely than other ethnic groups to engage in activism toward redress of public policy. Characteristically, this is very reflective of the Asian attitude of not wanting to disturb things. There's a saying among the Chinese: "If you don't know what to do, at least don't do anything." This is very different from the American maxim: "If you don't know what to do, at least do something." This tendency is probably also related to the cultural norm of not showing certain emotions in public. It is very important in many Asian cultures that certain social protocols are followed and that one conforms to the cultural script of not displaying emotions in public.

Recent research findings show that Asians, as a collective group, are more accepted in America than other ethnic minorities. This too seems to be culturally based, with Asians generally perceived as less threatening to the status quo or dominant culture. The Chinese, for example, have survived in America by not having competed economically with whites. Historically, they have always offered services that were lacking. For instance, when the Chinese were first brought to California, it was to provide services typically offered by women. California society at that time was predominantly male. Pioneer men had crossed the flatlands and over the Rockies looking for land and gold. Their womenfolk had, in general, remained behind. So, when the Chinese came to America, they took on what at that time was considered women's work. They cooked, cleaned, and did laundry for these pioneers. The Chinese also provided valuable labor for the expanding railway and picked grapes for the wine industry. These were services that were needed and desired by the dominant culture but were not in direct competition with those offered by whites. This tendency has generally held true to this day. Thus, in America, Asians have taken jobs that other Americans have just not wanted, especially those which are tedious and long in hours. Even now, many corner stores and restaurants are owned by Koreans, Chinese, and Japanese. These businesses involve excessive work and meager wages but offer a means of developing marketable skills and services without displacing and incurring the wrath of others in the economy.

**Question:** Could you next talk about the various names that Asian-American subgroups use to describe and identify themselves as well as protocols in addressing various individuals within Asian culture?

**Hocoy:** Again, I can speak most confidently about the Chinese. In terms of racial self-labeling, I think most Chinese regard themselves as Chinese, Chinese American, or just American. The name or self-reference that one uses is a useful source of information. Clinically, by asking clients what they consider themselves or what they would like to be called, you can get a sense of where they fall in terms of acculturation; namely, assimilation, integration, marginalization, or separation. If they identify themselves as Chinese, this says something very different about their cultural attachment, as opposed to referring to themselves as American. An integrationist would be more likely to say, "I'm Chinese American," whereas a separationist is more likely to self-label as Chinese. An assimilationist would typically use the term *American*, while someone marginalized would probably have difficulty identifying with any of these labels. It is thus quite useful for a provider to ask this question early on and to use it as an entree into these issues.

Personal names also vary somewhat from person to person. More recent immigrants and more traditional individuals use their Chinese name as their legal name. You have the person's family name, preceded by their Chinese first

name. Both would be phonetically translated into English for purposes of pronunciation. Again, this kind of information is suggestive of a person's cultural background and degree to which they had been acculturated. On the other hand, a fifth-generation Chinese-American family would probably have an Anglicized or transliterated family name, with a Christian first name in addition to a more familiar Chinese first name that is used only in the home. This is my experience. I was given a Chinese first name at birth, which is known to and used only by family members. The Chinese practice of naming is similar to the Native tradition. A person is named according to their character at birth, and it is believed that this quality will define them throughout life. My Chinese name is Siao Kee, which translates into "small wonder" to reflect my early curiosity about the world. Many Asians are also given a European name for the sake of convenience in interacting with the non-Asian world.

There are other aspects of naming that are important to know. Within Asian cultures, great honor is given to authority and age, and this is manifest in a general respect for people who are older than you. So, if there is someone in the room of similar age or older than the therapist, it is important to address them formally and with deference, as Mr. or Ms. or whatever is appropriate. If there were several people present, the therapist should address the older person first. Conversely, an Asian client may feel uncomfortable calling a therapist, especially an older one, anything other than "Doctor," even if invited to do so. I, for instance, didn't call my supervisor by his first name until the sixth year of graduate school, when I was about to defend my dissertation. I didn't feel comfortable referring to him in such a familiar manner until I was of similar academic status. It is also important to be aware that older Asian clients, as a result of their traditional Asian worldview, expect to be treated with a great deal of tolerance and patience by the therapist. Asian culture dictates that elders be treated with an obvious tone of respect and deference, and such an attitude is a necessity for facilitating rapport with older clients.

**Question:** These sound like some very useful and important suggestions. Let's go back to a topic you alluded to earlier—the history of Asians in the United States. Could you give a nutshell version of this history?

**Hocoy:** Of the Asians, the Chinese were the first immigrants in the United States. Unlike other people of color who were either brought here forcibly, such as African Americans, or already here and physically displaced, such as Native Americans and some Latinos/as, they came voluntarily, as did the other Asians. The history of Chinese in the United States dates back to the 1840s. Many Chinese-American families have roots in California that go back many generations to the time of the Gold Rush. They came mainly for a better life and to escape harsh economic circumstances and a variety of social problems in their

native lands. Again, the early presence of Chinese made up for a lack of people willing to do what was considered women's work in California. They found work in areas which were sanctioned by the dominant culture. From these vocations came the core of the stereotypes of the Chinese laundry, the Chinese restaurant, hiring a Chinese cook, and so forth. They also were instrumental in building a national railroad system through both the United States and Canada. As I said, the Chinese were willing to take the jobs most Americans would not do. They were usually very dirty or involved high risk. There is a saying "not having a Chinaman's chance," which comes from this period. In the building of railroads, it was often necessary to dynamite the sides of a mountain. Chinese workers would be sent to set the dynamite, and often, it would go off prematurely or the mountain would collapse on them. Many Chinese died this way, and as a result, the phrase "a Chinaman's chance" was coined. I have also heard the phrase used to describe the already-exhausted mine areas, which were the only sites in which the Chinese were allowed to look for gold during the Rush.

There is a long history of racial discrimination against Asians in both legislation and public policy. In 1882, Congress passed the Chinese Exclusion Act, which prohibited Chinese immigration for ten years. It was renewed in 1892 and became permanent law in 1902. This resulted in great difficulties for the Chinese men already here. They were forbidden to bring their wives over, but what they could do was go back and father children, and these offspring were allowed to enter. The result was a very lonely existence: a culture of lonely, hardworking men, isolated from the dominant culture, who kept largely to themselves and lived lives of great hardship and misery. By 1943, immigration restrictions were loosened, and women were allowed to enter. They worked as dressmakers and in sweatshops in the growing Chinatowns, while men opened laundries and restaurants and, as had become typical, took jobs that were of interest to no one else.

And then there are the more recent reminders of discrimination against Asian Americans in the United States: the internment of Japanese during World War II; reactions to the influx of Southeast Asian refugees; reactions to Asian economic success in the United States; reactions to the emergence of Japan and the other "four tigers" as global economic forces; and in the 1990s, talk of quotas limiting the enrollment of Asian-American students in U.S. colleges, universities, and specialized professional programs.

There is anti-Asian sentiment intertwined throughout the history of this country, permeating all aspects of U.S. society—some more subtle than others. For instance, with the growing interest in Asian martial arts in the late 1960s, American television producers conceived of a storyline about a Chinese Shaolin priest set in the Old West. Chinese martial arts expert and actor, Bruce Lee, was initially chosen for the role of Cain in the television series *Kung Fu*. When the

show was pilot-tested, the white audience felt quite strongly that Lee was just too Chinese for the part. A white actor, David Carradine, was chosen instead. Bruce Lee was a hero to many Asians in North America at the time, myself included. One can only imagine the racial affirmation that Lee could have provided for Asians if he had been chosen for the TV series.

**Question:** Let's change our focus somewhat and begin to look at issues related to help-seeking and treatment. First, could you talk about issues that influence the ways in which Asian Americans go about seeking help?

**Hocoy:** In general, we are talking about very closed and tightly knit communities. They are very insular and cohesive and distrustful of outsiders. Their survival has depended on it being this way. These enclaves or ghettos—the Koreatowns, Chinatowns, Japantowns—have learned to live on the fringes and construct for themselves self-sufficient alternative social and economic systems outside the dominant culture. As a result of this mentality, Asians can be very distrustful of white people. The Chinese call whites “ghost people” and consider their ways of life to be strange and sometimes inferior. There is clearly a sense of arrogance here. Both Japanese and Chinese mythologies contain beliefs that view themselves as highly advanced in terms of human evolution. My grandmother described it to me as there being a racial hierarchy according to color. White people reside below the Chinese because they are “pasty and ill looking” in appearance, whereas the Chinese have a touch of gold in their skin. Another example comes from the name China itself, which literally means Middle Kingdom; the early Chinese were pompous enough to believe that the world revolved around them. The Chinese do bring with them a rich cultural tradition outside of the United States and a long history of inventing everything from gunpowder to eyeglasses, from ice cream to the printing press. When these events were playing themselves out in the East, Europeans were still barbarians. This history engenders much pride among Chinese as well as arrogance and serves to support and justify their isolation.

In times of need, Asian Americans are more likely to turn to their immediate and extended family for assistance rather than to an outsider. There are, however, exceptions, like the family doctor, who may not be Chinese but who is someone the family has known for years and has learned to trust. With regard to psychological problems, Asian families may just live with the problem, preferring to work it out themselves rather than going outside for help. Psychological counseling, as a profession, is clearly not an integral part of Asian culture. So, if a client is Asian American, the therapist may have to initially describe and explain the purpose of therapy, the role of the counselor and client, and so on. It should not be assumed that the client understands the nature of therapy. Therapy is a foreign concept in Asian culture. Meditation and self-reflection are traditional ways to self-knowledge,

while the writings and sayings of Confucius, Lao Tse, and other philosophers act as guides for human behavior. In addition, one finds extensive informal networks of support within the family and community which provide counseling and advice.

Another thing to be aware of regarding help-seeking is the fact that there may be a great degree of shame and stigma associated with someone leaving the community and seeking professional help. The airing and telling of private affairs to strangers are virtually unheard of; it is a concept foreign to the Asian worldview. Part of this has to do with a fear of not being understood culturally by Western counselors. So, building rapport is an important first step to therapy. It is important for therapists to convey—both explicitly and implicitly—a knowledge of Asian culture or at least a respect for it and an openness to learning more. It is also helpful to understand that given this general taboo, those who do seek out therapy are either very acculturated or desperate and have probably exhausted what resources they had within the culture and feel compelled to go outside.

**Question:** The discussion of help-seeking has led naturally to aspects of the Asian family and community. Could you talk more about family and community and how these shape what happens in therapy with an Asian American client?

**Hocoy:** To understand Asian culture, it's important to grasp the philosophical traditions and religious influences on the culture. One needs, for instance, to understand the role of Confucian ethics and the Buddhist "middle path" of moderation in life. Asians, in general, come from strong, interdependent family and community bonds; both are very self-contained and self-sufficient. Chinatown, for example, is a microcosm of the greater society in that it contains everything that is needed for life and sustenance. In terms of the family, an important value is the obedience of children. The flip side is respect for elders and their wisdom. These are Confucian values. In the home, there are many token gestures manifesting these attitudes. For instance, in my own family, my grandmother would always sit at the head of the table, even though she was demented in her later years. If there was a big decision to be made, her opinion would always be sought. It was obviously a token gesture, but what was more important was that it was a sign of respect. It's considered taboo to send relatives off to old-age homes once they get old, as is common among Anglo Americans. Doing so is almost unheard of and looked upon with disdain in Asian cultures.

Asian culture is heavily based on interdependence; thus, dependence is not necessarily regarded as a bad thing as it is in Western culture, which places prime value on independence. This interdependence is reflected in the Asian attitude toward family relationships. It is understood that children will be dependent upon their parents for caretaking and that these same parents will eventually become dependent upon their adult children in old age. Since the therapeutic

situation is a relationship, this value will likely manifest itself in therapy in terms of the client's dependence on the therapist and in terms of the client's goals for life and treatment. It is particularly important to realize that these priorities may not have to do with achieving relational independence.

Much communication in the Asian family is indirect, wherein messages are not directly stated but instead must be inferred. There's a reticence to talk about personal issues openly. I think the fear is that someone may be embarrassed by what is said. In my own family, certain things are understood. For example, my mother says something without referring directly to it, but everyone knows what she's referring to. The therapist may see some of this reticence in therapy, especially in regard to subjects that are taboo or that the client finds sensitive. Sex might be such a topic.

The therapist may not initially get a very explicit account of the problem. Much may be implied, and clinicians must be attuned to subtle meanings and innuendoes. This is especially true with clients who are less acculturated. Again, this indirectness has to do with avoiding embarrassment. Clinicians need to be tactful and equally subtle in identifying the client's problems, being careful to validate the client's experiences, avoiding judgment or confrontation, and gradually honing in on the problem. In treatment, it may initially come down to talking in metaphors and indirectly about a topic in order to make the client feel comfortable enough to name and address it directly. This cultural tendency to imply meaning rather than to speak of it explicitly is very foreign to most Western therapists and counselors, whose training has focused on the spoken word and direct verbal communication. The therapist needs to recognize this difference as a cultural artifact rather than be frustrated by it.

Another Asian value that may result in different therapeutic goals for clients is tolerance for ambiguity and inconsistency in life. In Western psychotherapy, psychological integration is promoted through the achievement of clarity about one's life, consistency in various aspects of one's life, and the resulting decrease of cognitive dissonance. Among Asians, however, the ability to tolerate the ambiguities and contradictions in one's life is considered an aspect of maturity. Thus, striving for complete consistency in or understanding of one's life may not be considered as important nor a goal of therapy. In general, it is essential for Western counselors to realize that the paradigms and models upon which Western psychology is based are infused with Euro-American middle-class values and may have little application to other cultural groups.

A sense of balance and reciprocity is also very important in Asian cultures. Because the family is such a cohesive unit, individuals are brought up to think of family over self. This basic aspect of the Asian worldview is diametrically opposed to the Western emphasis on self-realization. For instance, research has shown

that the concept of "self-esteem" does not exist in Japanese culture. This value difference between the two cultures often becomes a major problem for young Asian Americans who become caught in a conflict of values between generations. The older generation demands obedience and respect; the younger one has been more socialized to the American values of independence and individualism. The result is a conflict of cultures and the need for reconciling two very disparate cultural views and sorting out the confusion as to how to live in both worlds.

Another aspect of therapy with Asians relates to the tendency of Asian cultures to de-emphasize the self and a prescription against self-promotion. For instance, one is not supposed to accept a compliment without resistance. If I compliment my mother on her cooking and the preparation of a certain dish, she would never acknowledge that it was deserved. She would probably say instead: "Oh, no. There's not enough salt, and this is actually the worst I've ever made." The implication of this for the clinical setting is that affirmation of the client's self, which goes against cultural norms, may be difficult for him or her to model. A corollary to the lack of emphasis on the self is the avoidance of personal embarrassment. Consequently, direct confrontations and demands on the client to accept personal responsibility for personal difficulties or specific behavior may be problematic for the therapeutic relationship.

**Question:** What are some of the common problems that might bring Asian Americans into treatment?

**Hocoy:** Again, I want to emphasize the fact that many Asians in the United States today still retain traditional norms and values; most of the Asian population in America are immigrants. So, only a limited segment of the Asian American community will ever find their way into a therapist's office. Those who do are generally more acculturated and bicultural, often students, as well as those who are particularly desperate for help and have not been able to find it in the family or community. For students, intergenerational and cultural differences are commonly a source of difficulty. Young people who have grown up with Western norms often find themselves at odds with parents who have very different values and expectations of them. One such issue revolves around strong parental pressures on the young person to excel. This can become especially problematic when the parents of their non-Asian peers are saying to their children: "Just relax. Do what you want." In traditional Asian homes, discipline is strongly emphasized, as is the demand to be successful academically and otherwise. One symptom that may emerge is depression, resulting from feelings of failure and inadequacy, engendered by internalized, unrealistic family expectations. Also common is a conflict between independent needs and loyalty to family. Excessive

guilt can also result from not completely conforming to family demands, as obedience to parents and loyalty are cardinal Confucian rules. In general, holding Western values as offspring of traditional Asian parents is inherently problematic.

A related problem has to do with identity confusion resulting from minority status and the impact of discrimination on personality development. Some young people have a hard time identifying with their Asian heritage because this identity is often disparaged in their non-Asian peer group. Strong pressures to assimilate to Western ways are also likely to be communicated, either explicitly or implicitly. A client might experience "a tyranny of shoulds," pulling in opposite directions. They should be doing this according to the peer group; they should be doing that according to their family. In addition, people may not possess a strong sense of themselves, of who they are, or of what they really want to do. Instead, they may feel caught between two worlds: one side saying, "You should be studying or practicing violin; you shouldn't be going out drinking"; and the other countering, "No, no, man. Come on out; you should be getting stoned and having lots of sex in college." It's a very difficult thing to bridge these different worlds. Feelings of being different because of one's ethnicity and not completely fitting in are often accompanied by feelings of alienation and loneliness as well as those of being misunderstood. It is a short psychological step from feeling different to feeling inferior—that there's something wrong with me; that I'm not worthy of love. And there's the depression that comes from wanting to be someone I'm not and will never be.

Many of these characteristics are subsumed in the literature under the title "mismatch syndrome," which speaks to the disparity in values between one's culture of origin and the dominant culture. Common symptoms of this mismatch are self-rejection and low self-esteem, depression, an emphasis on negativity, rigidity in thinking and problem solving, and even attempts to escape reality via addiction and suicide. Also inherent in the mismatch syndrome is active value conflict: traditional vs. modern gender role definition, an emphasis on family and community vs. self-interest, age status vs. youth emphasis, obedience and conformity vs. questioning authority and individualism. Self-restraint and formality may lead to a lack of social experience. People brought up in a culture that suppresses the open sharing of emotions may find themselves alienated and unable to make contact with their non-Asian peers, who depend on sharing emotions in order to move toward intimacy. Lack of emotional expression can also lead to the somatization of various ills. Insomnia is a particularly common way in which such problems are manifest.

Other typical problems for which Asian Americans may seek help include compulsive gambling, cross-cultural dating and marriage, overbearing parents, caring for aged parents and other family members, immigrant poverty, extreme work ethics, racial identity issues, and post-traumatic stress in those escaping war-torn countries of origin.

**Question:** In carrying out an assessment of a new Asian American client, what factors do you think are most important to attend to?

**Hocoy:** In working with Asian Americans, the first thing I would assess is where a client stands on the continuum of acculturation. It is useful to think of four modes of acculturation. *Integration* implies that the person equally embraces ethnic as well as dominant culture. An *assimilationist* tends to neglect his or her own culture in favor of fully adopting the ways of the dominant society. A *separatist* chooses to maintain ethnic ties and traditions—at the same time refusing to take on Western values/culture. Those who are *marginalized* are caught between cultures, unable to identify as Asian, yet at the same time uncomfortable in the Anglo world. It's vital to make an assessment of where each client stands in relation to these four possibilities and to then identify the social demands that are impinging on them. In my own work, I tend to promote and encourage the integration mode. Research strongly indicates that integration—or *biculturalism*, as it is sometimes called—brings with it the greatest likelihood of psychological well-being, with maximum flexibility, integration, and wholeness. Assimilation, with its rejection of cultural roots, is likely to bring up problems related to self-denial. Separation brings with it difficulties in navigating the dominant culture and can lead to isolation. Marginalization results in a lack of connection to any group and the possibility of serious mental health problems.

Equally important is assessing the nature of current demands upon the client, particularly from family. There may be serious difficulties both in the situation where (a) a family tends toward separation and is putting substantial pressure on one of its members to be more Asian, while the member has chosen a more assimilationist direction, and (b) a client wants to remain traditionally Asian and must function in an environment that demands conformity to mainstream values. It is the disparity between where a person chooses to be on the continuum and what the environment demands of them that is critical.

Other dimensions that I would assess include language dominance, degree of adaptive behavior, degree of identification with cultural heritage, attitudes toward that heritage and themselves (self-esteem), life history (particularly with regard to events of intercultural significance, like racism), and attitudes toward the dominant culture.

**Question:** You talked earlier about cultural differences and therapeutic style. What other suggestions might you have regarding establishing rapport and working therapeutically with Asian Americans?

**Hocoy:** I think something that is essential for non-Asian counselors to do prior to working with an Asian client is a thorough self-assessment of their own competence to work with this cultural group. They must possess sufficient

understanding and knowledge about the culture as well as an awareness of what they are bringing to the therapeutic relationship—namely, the assumptions and values of Western psychotherapy, their own worldview, and personal experiences with biases and attitudes toward Asians. This is a critical first step.

As alluded to earlier, it may help to remember that the concept of counseling is foreign to traditional Asians. It's the counselor's responsibility to introduce them to the roles of the counselor and client and explain the process of therapy before any kind of rapport can be established. Counselors have to be perceived as knowledgeable about that client's cultural group right off. That's particularly important for Asians because they may be apprehensive about therapy. Fear of shame and distrust of non-Asians act as potential obstacles to building rapport. Thus, it is critical that the therapist demonstrates clearly that he or she respects and understands the cultural differences that exist and that these differences are not obstacles. At the same time, therapists must be very careful of stereotyping and of recognizing the kind of expectations they hold about Asian clients.

When treating Asian clients, it may be important for Western therapists to be more directive than they normally are with non-Asian clients and to be prepared when an Asian client exhibits what might be considered more than normal dependency in the therapeutic relationship. Western conceptions of psychological health emphasize client responsibility, openness, and personal exploration as well as self-reliance and self-determination in the therapeutic process. Clinical research, however, has found Asians to prefer a more directed and authoritative therapeutic style and to expect a certain degree of caretaking and direction. It is also important for the therapist to be nurturing and to have the therapeutic interaction reflect a familiar family atmosphere: directive regarding instructions, deferential to authority, but also nurturing.

For Asian Americans, few emotions are allowed and there is generally difficulty with public displays of feelings. Emotionally laden content may not be easily discussed or easily identified by the therapist. The therapist must realize that there may be substantial difficulty with trusting and establishing rapport, given the taboos related to going to non-Asians for help and expressing emotions in public. Similarly, interventions should reflect or be consistent with Asian norms. The alternatives offered should be equally subtle, indirect, and nonconfrontational. There's a risk of Asian clients dropping out early, so it's especially important to build rapport and trust and to intuit any problems and check them out early on. As the client can be rather nonverbal, the therapist may have to ask if there are problems or identify them rather than waiting for them to be reported.

Asians also tend to have a very different nonverbal communication system. Providers need to be aware of this because unlike the Western therapeutic focus on speaking, much of the communication in Asian cultures is nonverbal.

The meanings of facial expressions, gestures, eye contact, and various cultural symbols or metaphors are usually completely different from Western ones. Research has found Asians to be a “low-contact” culture; that is, more comfortable with little physical contact and larger interpersonal distances. Studies also indicate that clients from various cultural backgrounds feel most comfortable with therapists that show similar non-verbal behavior. This mirroring of the client’s non-verbal communication happens on three levels: *proxemics*, which refers to physical distance and touch; *kinesics*, which refers to body and facial movement, gestures, and eye contact; and *paralinguistics*, which refers to the extra-verbal elements of speech, such as rate, tone, pauses, and so forth. It is absolutely essential that therapists pay special attention to the non-verbal dimension of therapy. Research has shown that appropriate non-verbal behavior conveys respect, honesty, interest, and genuineness.

With Asian Americans, the therapist may notice very subtle body gesturing and facial expressions. Large displays of emotion will rarely be seen, even if much is being felt and experienced. In many cultures, emotional states are rather transparent, easily read in the faces and body language of clients. With Asians (traditionally socialized), non-verbal communication is much more subtle. Sometimes, all one can discern is a very slight head nod as a sign of affirmation if a question is asked. There may also be a general reticence. Asians are brought up to be indirect and to avoid emotional expressiveness. You probably won’t see much gregariousness or strong displays of emotion. Also, as suggested above, non-verbal cues may have different meanings than for non-Asians. For instance, giggling often means embarrassment rather than a sign of humor. This is particularly true for the Japanese. Irrespective of the particular message, it is vital not to assume a commonality between Asian and Western “non-verbals.”

The therapist should not challenge or confront avoidance or resistance immediately or in any way single out the client for what might be experienced as criticism. One may eventually be able to address relevant issues through more indirect communication. It is, however, important to lead with regard to the direction of therapy and spell out expectations the clinician has of the client. This is different than being confrontational, which is likely to induce shame and guilt. Again, it’s related to “saving face.” The therapist can subtly bring up deficits and shortcomings in the person—but not directly. Asians do tend to be familiar with very direct advice giving—but as to how or where they might go or what they might do as opposed to direct commentary on their personality, faults, or shortcomings.

For example, if the therapist wants to tell the client the reason he or she doesn’t have a very active social life is because of excessive negativity, it must be stated in a way that the Asian client can hear. With Westerners, a therapist can generally be more direct: “I’ve noticed something and want to give you feedback on it: It seems

you're very critical of other people." With an Asian client, it is preferable to be more subtle. For example, the therapist might gently ask, "Do you think there is anything you contribute to the fact that your social life is not so good?" When the concern involves aspects of the client's personality or interpersonal style, it might be shameful, so it's important to be more subtle, indirect, implicit about it. At the same time, Asians tend to be quicker to listen to implicit messages than non-Asians. That's because of Asian cultural emphases on subtleties in meaning.

Finally, it is important to remember that Asian Americans often experience a sense of guilt or selfishness in pursuing their own interests in therapy as opposed to thinking of the family first. The whole act or exercise of going to therapy is an individualistic pursuit. A client may feel some guilt around it. There is also a sense of collective embarrassment to have to go outside the community. It is a capitulation saying, "My community cannot serve me." It may, in addition, be considered a sign of weakness to go outside the community. These are all issues Asian clients might bring with them to therapy.

**Question:** Finally, could you share with us a case that shows how these various themes that you have defined all come together?

**Hocoy:** When I worked as a university counselor, I'd very often work with Asian students feeling a lot of pressure to excel in school and having difficulty living in two cultures. Terrence is a good example. He was an engineering student who came to counseling because he was getting Bs, and there was a strong demand both from his family and from himself to get better—and even perfect—grades. Terrence revealed other difficulties as well. Because he focused almost exclusively on academics, he had developed few social skills and didn't have many friends. During his second year of university, these various factors came together to cause a depression. He found it difficult to concentrate in school and was increasingly losing interest because he was coming to the realization that there was more to life than just school. When his marks deteriorated, pressures from home increased. At the same time, he had difficulty forming the friendships he desired with non-Asians (his primary peer group).

It was obvious from his presentation that he wasn't clear what therapy was about. Nor was Terrence very psychologically-minded. He had a low awareness of his own emotions and had difficulty identifying them. He experienced an amorphous bundle of vague, uncomfortable feelings, and he couldn't dissect, label, or identify their source. He initially came in because of slumping marks, saying that he wanted to be able to get As and that he had problems with concentration. Through joint exploration, we discovered that he wanted to partake in more extracurricular activities. He also wanted to establish relationships with his non-Asian peers and had a romantic interest in a particular young woman (who was

non-Asian). However, he knew his parents would not approve of his having a non-Asian girlfriend, nor the time he spent away from studying. It was the family's position that school was a time for study and that relationships and hobbies could come afterwards.

It became clear very early that much of his conflict was cultural in nature. He was caught between two worlds: unable to negotiate socially and establish relationships with non-Asians and, at the same time, unable to motivate himself to focus on his schoolwork. He also questioned the expectation that he had to date another Asian. Ultimately, what was at conflict were Asian values regarding the paramount importance of study and maintaining Asian cultural separation vs. the value of making friendships with non-Asian peers and spending more time in nonacademic pursuits. He did not feel a part of his non-Asian peers and was increasingly feeling unaccepted by his family because of his "failing" grades. In short, he was increasingly becoming marginalized.

We spent the initial sessions helping him discern his emotions; often, I had to make suggestions as to what he might be feeling. With time and effort, a bit more clarity emerged in what he was feeling. He had great difficulty separating his feelings from those of other people, whether it be his peers or his parents. His emotional boundaries were very blurred—not uncommon in individuals from collectivist cultures. He was eventually able to report feeling pressured by his family to pursue good grades at the expense of social activities and to date and marry someone Asian. These were accompanied by simultaneous feelings of guilt and resentment. He was eventually able to understand that he had internalized the pressure his family had placed on him vis-à-vis academic performance and began to sense that there could be a difference between the demands his family placed on him and what he wanted for himself. It became clearer to him why his studying had become difficult and why he was internally caught between the values of two cultures. He also came to recognize the disparity between the Asian values of academic success and cultural isolation and his desire for relationships with those in the dominant culture and activities outside of school.

I encouraged him to pursue an integrationist path—one that allowed him to maintain his cultural traditions and, at the same time, establish relations outside the Asian community. By this point, he had developed clarity that this is what he wanted to do but felt uncertain as to how to proceed.

I assured him that he could participate in the non-Asian world without compromising his heritage and that, in fact, he could have the best of both worlds. The issue with his parents actually worked itself out as his marks improved because he was able for the first time to pursue the things he wanted to do, including spending more time enjoying himself and establishing friendships with non-Asians.