Counseling Asian Men

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e-Book 2016 International Psychotherapy Institute

From *Handbook of Counseling and Psychotherapy with Men* by Murray Scher, Mark Stevens, Glenn Good, Gregg A. Eichenfield

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In this chapter, counseling principles guiding the therapeutic processes in working with Asian men are addressed. Although much has been written and documented regarding generic characteristics of the Asian population in the United States, there has been little written specifically about the effects the impact of gender has on influencing the processes of therapy. It is our hope that future research will validate some of the clinical observations and findings presented in this chapter.

Awareness of Differences

An accurate awareness of differences means voluntarily giving up one's own perceptions temporarily in order to gain access to another person's gestalt. Stereotypically, Asian male figures in the majority white society have been depicted in films and in the public media in less than favorable light. For example, old and not so old war movies often depict Asian men as unfeeling, sadistic, cowardly, more animalistic than human. Old TV series such as *Bonanza, MASH,* and *Happy Days* presented caricatures of Asian men emphasizing and making jest of their use of broken English, their physical stature, and their manners. Therefore, having a basic awareness of one's own bias regarding Asian males is an integral starting point in becoming effective in counseling with this specific population. In order to understand this important process leading to self-awareness, ask yourself these questions: (1) What have my reactions been when I have encountered an Asian-American male, be it in person, in the media, or in movies? (2) How have I come to hold these conclusions? (3) How often do I question the validity of these views? Responding to these questions will make possible opportunities to compare one's beliefs about Asian-American men with the information we provide in this chapter.

Generalizations About Asian Men

Traditionally, in Asia men are perceived to be the favored gender. In the context of Confucian

tradition, men are seen as being the carriers of their family names and kinship linkages, as well as carrying the heritage of the family tradition. In addition, the order of birth takes precedence, even among males—old over young, the firstborn over the succeeding—in terms of relative authority and level of responsibility. In countries such as Japan, China, and Korea, where the male is regarded as the culturally more favored gender, such a cultural orientation pervasively affects Asian men's intra- and inter-gender relationships and interactions.

The gender-role dichotomy is more structurally than functionally defined. Often, the man assumes primary responsibility as the breadwinner, the economic provider, and the decision maker when relating to the broader linkage among family, kinship, and society. For instance, if one had parents in need of ongoing health care, usually it is expected that the sons—particularly the oldest one—will assume primary responsibility in caring for the adult parent. (However, his wife may be the actual person to functionally carry out the responsibility.) The Asian man may encounter an identity crisis of sorts if he doesn't perform this expected role competently.

Coming from male-dominated societies where social responsibilities are carried out by male members, Asian men tend to relate to other men much more comfortably. In certain important matters, they are discouraged from disclosing themselves to women because it violates the normative expectation of not revealing inner feelings, particularly if they reflect weaknesses. Asian men in general have difficulties in submitting or subjugating themselves to an unknown person unless that person's authority is clearly understood and appropriately negotiated. Knowing one's place in society is imperative in a culture where "saving face" is always of the highest priority in any interaction.

Thus the Asian cultural emphasis on formal interpersonal relationships versus the much more informal and spontaneous nature of Westerners can often make Asian men uncomfortable relating to Westerners, who show by their actions a lack of understanding and therefore respect for the cultural differences.

View of Mental Health

The roles of the clinical psychologist, psychiatric social worker, and nurse in most Asian countries

are quite different from those found in the United States. In the United States, individuals from these different professions take active roles in the diagnostic interview, treatment, planning, and psychotherapeutic treatment. In most Asian countries today, the physician continues to be the primary caregiver. As compared to the United States, psychotherapy, or "talk therapy," still barely exists in Asian cultures. For example, what we call group psychotherapy in the United States is described as mass education in China and group dialogue in Japan. Since emotional problems or difficulties still are not culturally acceptable, many psychiatric problems of Asians are often manifested through somatic complaints. The symptoms of anxiety and depression, for example, are often attributed by these patients to a defect in the kidney, hormonal imbalance, or malnutrition (Pedersen, 1981). Therefore, the Asian men's expectation of treatment is often a medical solution.

In times of crisis, Asian men have a tendency to search for or use traditional indigenous means to release their conflictual feelings rather than directing their problems to the mental health professionals. They may choose various social settings such as bars, restaurants, tea houses, or clubhouses where they seek comforting companionships and advice. Group songs, chanting, or regressive behaviors are often elicited to produce catharsis of repressed feelings, resentment, anger, grief, or even erotic excitement. Such intermediary processes serve as a therapeutic approach that facilitates corrective feedback or curative factors without having to fear any personal attack, embarrassment, or the trauma of "loss of face." Other indigenous methods may include massage, herb medicine, tea ceremonies, the martial arts, or meditation.

Another example can be drawn from Japanese management practice, which is currently studied and tested in America. Supervisors/supervisees or executive/professional staff join together in an informal setting where repressed feelings can be released and any distressful matters or interpersonal conflicts are resolved in a familiar atmosphere. Using this kind of informal social contextual approach to problem solving is seldom available to Asian men from the contemporary therapeutic communities. Many recent immigrants or first-generation Asian men often find themselves lost in searching for these customary ways of problem solving or conflict resolution.

Therapy and Asian Men

Therapy with Asian men does not require that a therapist necessarily develop new skills. The fundamental skills in being an effective therapist remain the same, such as being able to hear what the client is trying to communicate, accepting the client's view of distress, communicating this understanding in an acceptable manner, and developing treatment goals that take into account the client's level of functioning, resources, and environmental conditions. What is different is that the problems are presented by Asian men.

It is often postulated that treatment efficacy is dictated by good assessment of the client and his or her presenting concerns. Accurate assessment of the interaction between readiness level and degree of acculturation, which include issues of culture, gender, and social content of the Asian-American male client, is crucial in determining success or an early dropping out of treatment (Kleinman, Eisenburg, & Good, 1978).

Asian-Americans in general are confronted with two important issues that affect their identity development and mode of problem solving. The first is the direct conflict of traditional Asian cultural values, such as filial piety and conformity, with traditional American values, such as individualism and independence (Sue & Kirk, 1973). The second is the impact of racism, which is sometimes overt, sometimes subtle, but ever present and pervasive in American society today (Kitano, 1973; Sue & Kirk, 1973). As a result of these two issues, a number of Asian-American personality types have evolved, ranging from the individual who may reject or deny all aspects of being Asian to a radical individual who may espouse a new Asian consciousness while rejecting the traditional values of both Asian and American cultures (Chen, 1981; Sue & Sue, 1971). With each type comes distinct ways that problems are perceived, addressed, and resolved.

Asian-Americans who have been born and acculturated in the United States are often confronted with an acute conflict between identifying themselves as primarily "Americans" and their appearance to others as primarily "Asian" or "Oriental," curtailing being accepted as belonging to this country. Thus an important variable to assess immediately in working with Asian male clients is ascertaining whether that Asian male is a recent immigrant or first, second, third, or fourth-generation American born, and the degree to which he has acculturated and assimilated into mainstream Anglo values and perceptions. Sue

and Sue (1971) have proposed a conceptual acculturation and assimilation model that can be used as a guide to assess where a particular Asian man may be in terms of self-identity, self-worth, and clinical expectations. They label these three patterns as the *traditional,* the *transitional,* and the *Asian-American* ways to adjust to the often conflicting demands of the two different cultural traditions.

First, Asian males may remain loyal to their cultural roots by retaining traditional values and expectations. The traditionalist Asian males are oftentimes the most recent immigrants, having spent their primary developmental years within their native culture. They can also be first-, second-, third-, or fourth-generation-born Asian-American males, who, having been brought up in a predominantly Asian community, have accepted the values of that community as their own.

Second, Asian males may attempt to become over-Westernized as a means of solving the bicultural dilemma. These transitional Asian males define their self-worth by how well they have acculturated into white society. However, in their attempts to find acceptance, they are often forced to reject the Asian side of themselves and thus become rejecting of anything that reminds them of being different, including customs, values, behaviors and even physical appearances.

Third, Asian males may define themselves as Asian-America. Like transitional males, Asian-Americans are also rebelling against the cultural conflict, but the emphasis is on the development of a new identity that will enable them to reconcile viable aspects of their heritage with selected values of the majority white culture.

Therapeutic Implications

Depending on where that Asian-American man may be in terms of self-identification, the therapist will address himself or herself to different presenting problems as manifested by the traditionalist, the transitionalist, or the Asian-American. Generally speaking, the therapist or counselor most often is confronted with addressing the problems of guilt and shame and lack of openness in the case of the traditional Asian male; to problems of independence and self-hate in the transitional Asian male; and to issues regarding racism in society with the Asian-American male (Sue & Sue, 1971). A therapist who works with an Asian man with a strong traditional orientation must be aware that when the traditionalist

seeks counseling or therapy, this often indicates the person is experiencing intense feelings of shame and guilt, admitting that problems exist that cannot be handled. Thus therapists working with males from a traditional background will often be called upon to alter their usual style of counseling and therapy.

In American psychotherapy, there has been considerable emphasis on the therapist as a neutral, nonjudgmental, noncritical, relatively passive person. In working with the traditional Asian male, however, therapists need to assume the role of the authority figure in order actively to engage in the therapeutic process (Pedersen, 1977,1981). The traditional Asian male will often have high expectations of the therapist, in terms of demonstrating immediate understanding and knowledge of the client's problem. The usual conceptualization of treatment is therefore short term, with its emphasis on symptomatic relief (Sue, 1976).

In working with the transitional Asian male, the therapist has an obligation to help the client sort out his identity conflicts. Specifically, the transitional male must be helped to distinguish between positive attempts to acculturate and the rejection of his own cultural values (Sue & Sue, 1971). For the therapist to work effectively with such an individual, he or she must be conversant with the culture, history, and experiences of Asians in America. It would also be erroneous to assume that, with such a person, a therapist of an Asian background would work best, realizing that this client is in the process of rejecting his ethnic identity. There might be the risk that the counseling process would terminate prematurely if that person were to work with an Asian therapist.

As in the case of the traditional Asian male, the presenting concerns of a transitional Asian male may be physical, that is, not "I feel depressed or anxious," but rather the physical symptoms of depression and anxiety such as complaints of frequent headaches or of having stomach problems. Again, it is very important to utilize a concrete, directive type of communication approach and minimize open-ended questions. To go after the underlying constructs initially will probably have a tendency to scare off the client and again lead to premature termination.

It has been found that very few of the men in the Asian-American developmental stage utilize any type of mental health services because of its identification with the status quo (Sue & McKinney, 1975).

When they do, they are usually suspicious and hostile toward therapists, especially if they are non-Asian. Before any type of therapy can proceed effectively, the therapist will generally have to deal with certain challenges from these Asian-American males. For such a client, any defense on the therapist's part of white society or any explanation of the value of therapy would certainly arouse greater hostility and mistrust. It would be extremely difficult to establish rapport without some honest agreement on the racist nature of American society. Often it has been shown that there is a parallel between growing pride and self-identity and the notion of accepting having emotional problems (Sue, 1981). The following guide (see Table 12.1) highlights and summarizes these differences, as well as the possible therapeutic approach set to utilize in working with the Asian male population.

A. Comparison of Generic Characteristics Distinguishing Traditional Counseling from Asian Male Value System	
Traditional Western Counseling Model	*Asian Male Belief/Value System*
Predicated on the assumption of horizontal relationship, individuation, independence, self-disclosure, and change.	Based on vertical relationship, interdependence, self-control, and acceptance of what is.
Emphasis on "getting in touch with your feelings" as a beneficial treatment.	Trained to internalize and meditate about one's personal conflicts. The concept of relating one's innermost personal conflicts to a stranger is seen as negative.
Value of being verbal, direct, assertive, and individualistic.	Valuing use of will power, solving one's own problems, being non-confrontive, practicing humility and modesty, and avoiding bringing shame to the family.
Utilization of verbal therapies.	Meditation approaches, emphasis on introspection, self-discipline, self-control of negative thoughts and feelings.
Goal of therapy: insight, verbalization, and change.	Self-discipline and self-mastery, acceptance of what is.
B. Suggested Therapeutic Approach Set	
Focus on internal conflicts.	Focus on external stress(es).
Process-oriented discussion.	Emphasis on direct problem-solving techniques, active problem-resolution management.
Offering internal resolution(s).	Offering external resolution(s).

As can be seen, one of the major principles in working with Asian-American men, be they in the traditional, marginal, or Asian-American stage of development, is that an approach that is too

confrontative or emotionally intense at the onset of therapy can increase the level of shame, and therefore result in premature termination of therapy. It is more effective in establishing a therapeutic alliance if the therapist, guided by some understanding and knowledge of cultural factors, responds to what may be viewed as superficial problems and takes the opportunity to establish rapport and trust. A second principle is the importance of confidentiality between therapist and client. A frequent concern of many Asian men is that their friends, and particularly their parents, will find out that they are seeing a therapist. A third principle is providing adequate therapeutic structure when working with Asian male clients. This can be done by providing sufficient guidelines in the form of explanations and suggestions of expectations of therapy. A fourth principle, because of the Asian men's tendency toward emotional inhibition and lower verbal participation, is for the therapist to be more active throughout the session. A fifth principle is for the therapist to assume the role of the authority figure in order to engage actively in the therapeutic process (Pedersen, 1977,1981). In assuming authority, the therapist is clarifying the boundaries of the relationship thereby making the process less threatening. A sixth principle is that it often is difficult for Asian men to have therapists who are female or who are men who display/represent symbolically feminine qualities. Additionally, being seen by a therapist not perceived as having greater rank or status as that Asian male may also be a barrier. However, once a strong relationship has been established, the therapist has greater freedom to vary the therapeutic approach.

The following case vignettes illustrate some of the aforementioned cultural implications that arise when working with Asian males.

EXAMPLES

A bright male student of Korean ancestry, majoring in clinical psychology, was thought to be suicidal. He had an outstanding academic background prior to coming to the United States as a graduate student. While studying under a different curriculum structure in the United States than he was used to, he began to exhibit unusual behaviors. His exhibited problems involved alienation, non-communication, and deterioration in his academic performance. He simply closed up. There was no acting out of the experienced distress. This became a great concern for the faculty members and his peers. They tried to convey this concern to him through written communication, phone calls, and attempted visits but without success. As time went by, he was more and more unconnected to any meaningful social contact, further

complicating his situation.

This is a case where potential suicide was conjectured as a very imminent possibility. His most recent problems included: (1) not picking up his paychecks for a couple of months; (2) not submitting his papers on time; and (3) consequently his academic status being in serious jeopardy. Before his professors made any academic decision, they contacted the student counseling service. Because of the cultural ramifications in his situation, the case was referred for consultation.

In the Korean environment, his sense of equilibrium was well maintained and his intellectual and social functioning were never challenged. His entire previous school experience had been one of reward by people at all levels.

Because of the current language barrier, the conceptual differences, and expectational discrepancies, he was hampered by unexpected amounts of stress where new strategies for interacting and adaptation were necessary. He was struggling alone with the difficulties involved in bridging his old reality with his current situation. He became quite disillusioned. This was marked by signs of dysfunction in a number of areas—academic, interpersonal, and in his self-perception. Unless a deeper level of interpersonal relationship was established, he would not feel comfortable sharing his inner feelings. Since no such relationships were available to him, he chose not to reveal any feelings to those he perceived to be superficial.

In establishing a therapeutic relationship, the counselor picked an informal setting where comfortable conversation was possible. The initial focus was on the client's competence, reconstructing his ego sphere from a perspective of his previous life. His sense of current failure in another cultural setting was not customary and had not been easily incorporated because of his heightened anxiety defense system. Thus he was unable to deal with his current reality appropriately.

For the first time, the client had been existentially challenged in his sense of competency, as well as his total outlook on life. He could not handle such a generalized sense of failure, nor could he relate this situation to his own ethnic peers. Because his pride was at stake, he could not relate his feelings to any American peers. He was already determined not to reveal his feelings, as long as the relationship remained superficial. Inhibited in approaching faculty, who are customarily perceived to be authorities,

it was almost taboo to unload his own personal difficulties on them. His loyalty and respect for faculty members made it even more difficult for him to engage himself while in the middle of his own internal struggle, causing him to distance himself from establishing mentorship relationships. As a result, he could not communicate his inner feelings and his sense of frustration to anyone, leaving his traditional crisis management and cultural adjustments untouched.

In addition, he chose not to communicate his remorseful feelings and sense of failure to his wife back home. Being separated from his wife and his family for several years, he could not reopen his emotional ties. He felt he had lost control and was reaching the edge in a very dangerous existential journey.

If he had chosen conventional ways of problem solving and conflict resolution, he could have prevented his current crisis by using new coping mechanisms and strategies. Through the use of a therapeutic consultation, he reconstructed his ecological system and he was able to change his distorted perception and generalized anxiety over his sense of failure. He began to realize the simple fact that people conditioned by different cultures do have different behavior manifestations. Differences are neutral, they do not require a value judgment. He also realized the importance of increasing his sense of control by mastering new skills in adapting to new realities (acquiring new sets of behavioral strategies and coping skills).

After he was assured that the faculty was genuinely concerned and was willing to alter the system so he could maximize his talents, he was successful in reestablishing his sense of equilibrium, as well as regaining his former reputation in this new environment. This situation required a reciprocal accommodation process, which was essential for achieving a successful outcome in this consultation. Mutual accommodation released him from his heightened anxiety and sense of failure, allowing the restructuring of his perceptions and a reconnecting with significant others, faculty, peers, as well as his own ethnic group members.

As a result of this consultation, the subject was able to share more freely the difficulties encountered in a foreign country and in mastering a second language. He realized that his competency in formal cultural settings was not readily transferable to his present cultural context and required adjustment on

his part and on the part of those assisting him.

In another case, an 18-year-old Asian male attending a large mid-western university was seen at the counseling center at the request of his academic adviser due to a sudden change in his overall academic performance from first to second quarter. He was the oldest of three children, born and raised in a small community in Ohio, where his father worked as an engineer and his mother stayed home to attend to the children. Both parents were first-generation Japanese. The parents had always held high expectations for their oldest son and consequently transmitted these values to him. Ever since he was a little boy, his parents had determined that he would go to college and become a physician, scientist, or engineer—jobs that they held in high regard.

Throughout his early schooling, he was a model student, being constantly praised by his teachers. He displayed stereotypic qualities of being hardworking and obedient, never causing problems for his teachers. Going to a predominantly white school, he quickly used his athletic abilities to find acceptance among his peers and to offset any racial discrimination.

He exhibited a great deal of anxiety at the initial counseling contact. A look of surprise was evident when he discovered that the counselor was also Asian. He found it difficult to talk about himself in a personal way. It became quickly apparent that he felt a great deal of shame about having to come to a therapist, and particularly uncomfortable about being seen by an Asian counselor.

Without directly confronting him about his feelings, the counselor recognized his stage as being transitional and initiated action for him to be seen by a white male counselor. When told of the plan for him to see another counselor for follow-up sessions, he asked how many counselors at the center were Asian. When told that only one was, he appeared relieved.

Further exploration by the second counselor revealed significant sources of conflict. First, he felt his declining grades meant he was letting his parents down. Second, he had always been interested in art and music, but felt these areas to be unacceptable professions to his parents. Third, pressure to graduate as soon as possible to minimize financial drain on the family was constantly emphasized. Fourth, for the first time he had experienced rejection solely based on his ethnicity, when he was turned down by several fraternities, and by several white coeds who would not date him because he was Asian. His

resentment and shock at being treated differently and the perceived restrictions about his career choice were originally denied and repressed. When he was able clearly to see his anger and hostility toward his parents, much of his physical complaint of frequent headaches vanished. The recognition of having to deal with issues related to his identity and to the impact of racism initially made him extremely depressed and ashamed. After some initial working through the process of supporting him emotionally and providing a safe environment to present a cognitive map of what was occurring with him, he was able slowly to work out of his depression and guilt. The Asian counselor was gradually reintroduced into the therapeutic process to further bridge the internal split that had formed to create the blind spots. Concurrently, his grades improved as progress was made.

As illustrated in these two cases, the therapist must not only have some sense of understanding and knowledge of the different cultural patterns and perceptions held by Asian male clients, but also must be clear as to differences that exist between traditional Western counseling models and the value/belief orientation system underlying an Asian's model for interpersonal relations and his mode of problem solving. Only then can effective counseling transpire.

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