Helping Americans of South Asian ancestry negotiate the influence of family, ethnic culture, and dominant culture for improved well-being

Presented by:
Komal Dutt, PhD, Nancy Sidhu, PhD,
and
Gurpreet Singh, MSW, LCSW

https://www.google.com/maps/place/Gatwali,+Punjab+151301,+India/@1.0349436,34.3499793,3z/data=!4m5!3m4!1s0x39112c3483dcbced:0x537f1f9dfae8a8f2!8m2!3d29.9014527!4d75.0421313

Asian Indian Families

Caution when counseling people with different cultural backgrounds than our own

- Awareness of our own sociocultural backgrounds, assumptions, biases, values and perceptions
- Careful not to have a homogeneous understanding of South Asian communities; even within a subgroup such as the Hindu Indian community.
- India represents vast diversity dating back 4,000 years
- 18 official languages, including English, approx. 1,652 dialects
- South Asians skin color range from very fair-skinned to very dark-skinned, eye colors from blue and green to more common brown and black
- In 2011, the Indian population was classified as 79.8% Hindus, 14.2% Muslims, 2.3% Christians, 1.7% Sikhs, and 2% unspecified
- 1.4 billion people in India; almost 1/6th of the world's population
- U.S. population is 329 million people
- In 2019, 2.7 million Indian immigrants in US; approx. 6% of U.S. foreign-born population;
- 2nd largest immigrant group in U.S. after immigrants from Mexico and ahead of immigrants from China and the Philippines.
- In 2019, only Hawaii and CA had a larger percentage of Asian American residents than NJ
- In 2019-2020, 44,069 Asian Americans in Morris County

(McGoldrick, M., Giordano, J., & Garcia-Preto, N. (2005). *Ethnicity & Family Therapy (*3rd ed.*).* New York, NY: The Guilford Press.; also from Migration Policy Institute)

Phases of Immigration to the United States

Phase One: 1899-1908, about 6,800 immigrants from India arrived in CA, mostly Sikhs, some Hindus from Punjab, mostly agricultural and military backgrounds

Phase Two: 1960s, upper-class, usually wealthy, well-educated and professionally advanced to enter well-known universities, work in reputable companies, have the American dream, better life, escape from lack of personal freedom

Phase Three: Late 1980s, highly skilled Indian professionals- computer skills, close ties with India

1990s Family Reunification Act- family sponsorship program- newer arrivals not as well-educated, faced more challenges adjusting to their new home

Phase Four: Between 2010 and 2017, the population of Indian Americans grew by 38% (3.5 million Indian Americans in 2010; 5.4 million Indian Americans in 2017).

-2016 High Skilled HIB temporary visas

-2nd largest group of international students

Images of countries that have the same area as India's 29 states:

https://www.storypick.com/indian-states-population/

20 minute Youtube video about Sikhism:

https://www.youtube.com/watch?v=L-1UAORcX4c

Peabody Essex Museum in Salem, MA current exhibit on South Asian Art:
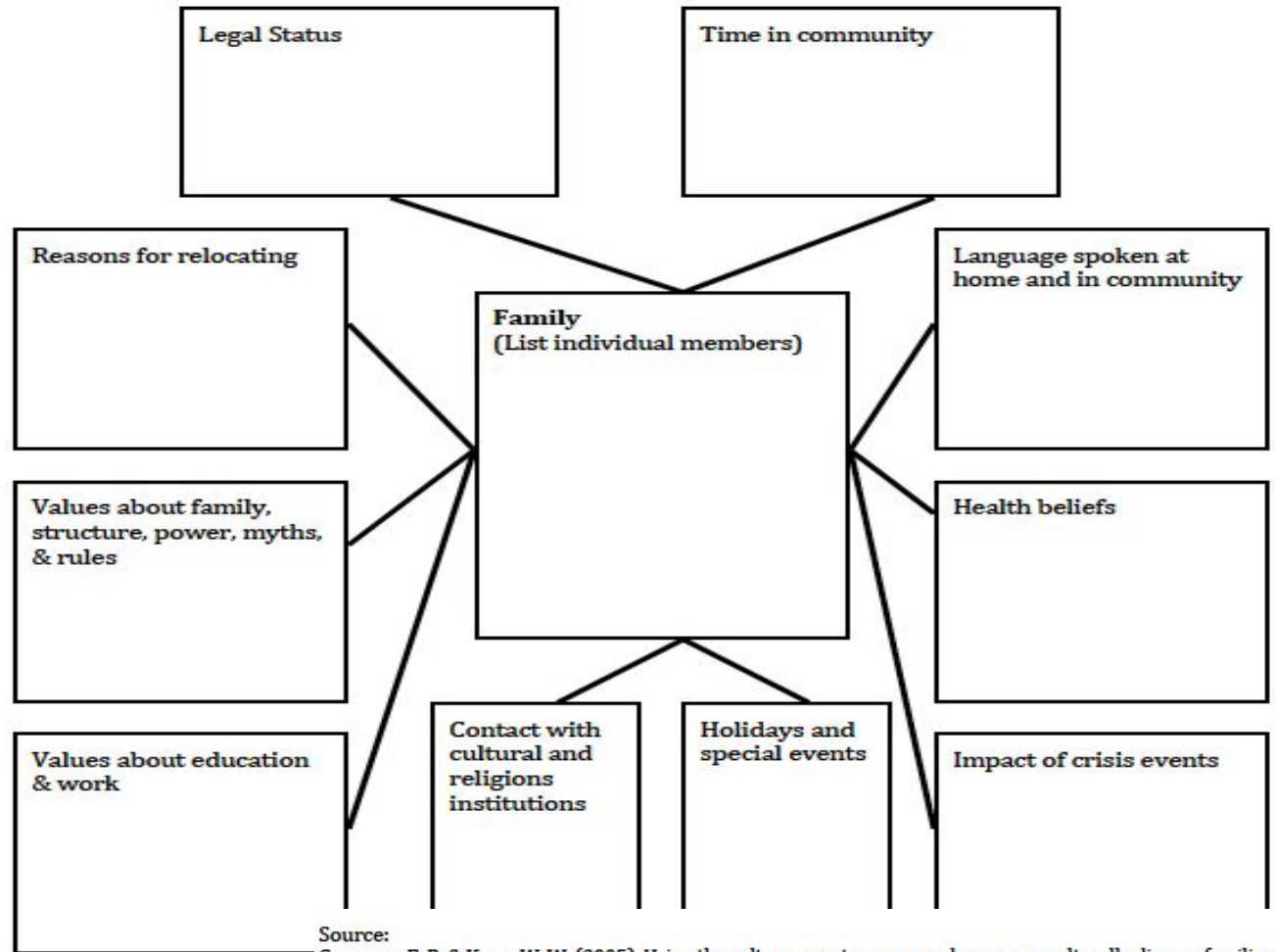https://www.pem.org/exhibitions/south-asian-art-galleries

Key Concepts to Keep in Mind

- **Assimilation:** Process members of a newly arrived group subordinate to the host culture- in lieu of emphasizing their own cultural identity

- **Acculturation:** Process of maintaining an identity with one's culture of origin **while** adapting to the host culture

- "The development of a strong racial/cultural identity is crucial to intergenerational resilience. Therapist empower the parents and cultural experiences while bridging these with progressive values from the dominant culture (McGoldrick, M., Giordano, J., & Garcia-Preto, N. (2005). *Ethnicity & Family Therapy* (3rd ed.). New York, NY: The Guilford Press, p. 390)."

- Even when individuals come in alone for treatment, the focus of treatment is connected to **familial and cultural issues**

- Concrete and time-limited interventions within the complex familial and cultural issues are recommended but do not expect that preferences for treatment are universal

Culturalgram

Use the culturagram to assess and empower culturally diverse families

Legal Status

Time in community

Reasons for relocating

Family (List individual members)

Language spoken at home and in community

Values about family, structure, power, myths, & rules

Health beliefs

Values about education & work

Contact with cultural and religions institutions

Holidays and special events

Impact of crisis events

Source:
Congress, E. P. & Kung, W. W. (2005). Using the culturagram to assess and empower culturally diverse families. In E. P. Congress & M. J. Gonzalez (Eds.), *Multicultural Perspectives in Working with Families, 2nd Edition* (pp. 3-21). New York: Springer.

South Asians in America

Characterized as a "model minority," South Asians are a unique group that is largely invisible in psychological research.

Model Minority

- South Asian Americans are often characterized as a "model minority" (Daga, S.S., & Raval, V.V., 2018). The concept of model minority is related to their outperformance in academic, social, and professional realms as compared to other racial groups.

- Perception of Asians as a "model" minority group may be misleading given consistent findings that stressful academic events are linked to greater depression in Asian-American compared with European-American young adults (Yoo, Miller, & Yip, 2015). *Our case study will highlight this point*

Dialectic of Acceptance vs change

- Participants in Daga, S.S., & Raval, V.V. (2018) indicated that
  - Although the pressures associated with the model minority concept were stressful, the pressures motivated them to concentrate, focus, and achieve more.
    - *A possible treatment approach would be to explore this dialectic with them.*

Stigma

- Members of collectivist societies may keep personal problems to themselves, as seeking outside help may be seen as a failure of the family to solve the problem.

- Mistrust of Psychological Help – For example, stereotypes held by professionals, pathologizing certain aspects of the culture.

Case Study

- Patient is a 21-year-old Indian male, sophomore in college, majoring in engineering. He sought therapy for dealing with anxiety associated with academic difficulty, and recent conflicts with parents.

- Patient denied any history of depression; however, reported history of test anxiety, especially while taking math tests in high school.

- He struggled with dealing with peer pressure from fellow Indian students, and parental pressure to excel academically in high school.

- He reported that his academic counselor suggested that he change his major as he was struggling in Math and Physics. However, this created intense feelings of anxiety in him.

- He described his anxiety as – feeling scared for his future, headaches, having trouble falling asleep, and lowered desire to socialize (this was particularly disturbing to him as he described himself as social).

Would you like to share your initial thoughts

- What kind of culturally specific information do you think you will need?

- Would your case conceptualization be any different, given this is an Asian Indian?

Culturally specific information to explore

- Which part of India did his parents immigrate from?
- What is the education level of his parents? Did they study in USA?
- Parental communication about careers, and any internalized myths/beliefs about careers.
- Family history of any anxiety, how emotions were communicated/managed?
- Whether his friends are mainly Indian, Caucasian, or from some other ethnic group?
- Whether he played sports in school or was he a part of a social club (was he was encouraged to be well rounded)?
- Social and dating history, and any peer pressure?
- Substance use.

Case Conceptualization

- Anxiety –
  - ==Shame== arising out of the pressure to live up to the "model minority tag."
  - Asian Indians tend to be allocentric, where the self and the family are integral and related, rather than separate. Farver, J.A.M., Narang, S.K., & Bhadha, B.R. (2002). They may place ==greater value on needs and wants of others== and hence experience greater distress from stressful interpersonal events in which ==their own needs are in conflict with their loved one's, and this can put them at a risk for depression/anxiety==.
    - *Possible treatment strategy – explore this as a dialectic, and help with skills to manage associated feelings and thoughts.*

Case Conceptualization

- Mood (although patient denied depression; it is imperative to explore it further).
  - Research indicates that depression can manifest in physical symptoms (headaches, sleep difficulty), and psychoeducation of biological and social causes is important with South Asians. Refer to slide on somatization.
  - Farver, J.A.M., Narang, S.K., & Bhadha, B.R. (2002) cite that early symptoms of anxiety in adolescents more than doubled the likelihood of later depressive symptoms.
  - Chang (2001) found that feeling distanced from social/familial sources was linked to greater depression, specifically among Asian-American students, as compared with European-American students.
  - *Treatment strategies – Psychoeducation of Depression, Behavioral Activation, Assertiveness training.*

Case Conceptualization

- Peer Pressure – Farver, J.A.M., Narang, S.K., & Bhadha, B.R. (2002) cite that Indian adolescents and young adults face an added challenge of creating a sense of self based on conflicting cultural allegiances.

- Adolescent self-identification may involve a refusal to accept the choice of being either American or Asian Indian, and an attempt to create a new self-definition by finding out how to be an Asian Indian on one's own terms rather than on the parents' mode of acculturation or preferred ethnic identity.

Things to be mindful about

- Avoid suggesting culturally dystonic strategies.
  - Example – Avoidance in Asians is motivated by a preference to maintain interdependence, preserve social harmony, and prevent direct confrontation (Markus & Kitayama, 1991). *Focus* on skills training to communicate effectively (DBT skill training is very helpful).
- Microaggression
- Colorism and Body Image

Some useful tips

- Psychoeducation on causes of depression (biological and psychosocial etiology) might be an important point of intervention with South Asian American clients.

- Given that there may be some sort of interpersonal vulnerability, interpersonal therapies that focus on the client's relationships with others may be effective.

- Perera, M.J., & Chang, E.C. (2015) suggest that therapists specifically work to reduce strategies such as denial and self-blame.

Somatization and Depression

- South Asians commonly interpret their symptoms as physical illnesses and often do not seek needed psychological help.
- When they present psychological difficulties to their primary care physicians, they are often untreated and undiagnosed because they are presented as somatic rather than depressive symptoms.
- Somatization of stress has also been identified as an adverse health effect of abuse, and includes sleep abnormalities, bodily pains and gastrointestinal problems.
- Somatization may also be understood within the concept of collectivism. Members of collectivist societies may keep personal problems to themselves, and only seek professional mental health services as a last resort, as seeking outside help may be seen as a failure of the family to solve the problem.

- When working with South Asian American students, it is important to consider not only the impact of involvement with ethnic student organizations, but also the other environments the student operates in and how that affects the student's holistic development (Patel, V.S., 2010).
- Patel, V.S., 2010 suggests that student affairs professionals should help students explore both the positive and negative aspects of ethnic student groups as well as supporting the continued ethnic identity development of their students.

Suicide

- Asian Americans are also less likely to utilize professional mental health services and to self-disclose suicidal thoughts without being asked by a clinician, but are more likely to present with more serious mental illness (U.S. Department of Health and Human Services, 2001).

Suicide

- Singh and Hiatt (2006) found that Asian immigrant women had 38% higher suicide rates than U.S.-born Asian women. The experience of immigration may exacerbate isolation and a lack of social integration through language barriers, acculturative stressors, discrimination, and a loss of the community and social supports that may have been present in the country of origin.

Suicide

- Ethnic differences in the function of emotion expressivity should be considered in suicide prevention and interventions among Asian American emerging adults (Polanco-Roman, L., Ahmad, K., Tigershtrom, A., Jacobson, C., & Miranda, R., 2019)

Suicide

- Factors most strongly perceived to be causes of suicide attempts by South Asian women were violence by the husband, depression, and being trapped in an unhappy family situation (Nath, S.R., VanLeer, S., & Ahmad-Stout, F. (2018).

Suicide

- Studies have shown differential treatment and assistance for South Asians attempting to seek care (Burman, Chantler, & Batsleer, 2002; Cooper et al., 2006), as well as lower rates of referring to specialists, and other services after discharge from the emergency room (Cooper et al., 2006).

- Given that help-seeking for depression and suicidal ideation is a protective factor for suicide, it is important to consider whether attitudes toward help-seeking may also impact beliefs about suicide.

Body image and color complex

- Maternal criticism has been found to be linked with disordered eating pathology among Asian Americans (Yu, K., & Perez, M., 2020). This study highlighted the potential role of culture on disordered eating, particularly collectivistic orientations.

- Colorism, the bias against people of darker skin tones, has troubled India for a long time. Colonial prejudices, caste, regional differences and Bollywood have promoted lighter-skinned people. Indian government has proposed a law that would make it illegal to market products promise to lighten skin.

Concluding comment

- We need the same counseling skills, and to add to it, an awareness and respect for our client's culture. At the end of the day there are more similarities than differences in human nature.