

1999

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Recommended Citation

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Important Considerations in Counseling Asian Indians

Winston Seegobin, PsyD

A review of the literature indicates that the Asian Indian population in the United States is growing and at present is the fourth largest Asian American group (Sheth, 1995). Asian Indians are often viewed as a model of successful immigration because the majority hold professional or technical positions and contribute to the economy (Helweg & Helweg, 1990). Asian Indian immigrants now "consist of college-educated, urban, middle-class professional young men and women of religious, regional, and linguistic diversity" (Sheth, 1995, p. 169). According to the 1990 census, there are 815,447 Asian Indians living in the U.S. (Sheth, 1995); however, little has been written and minimal research done regarding Asian Indians and mental health services (Durvasula & Mylvaganam, 1994; Steiner & Bansil, 1989). This chapter examines factors pertinent to counseling Asian Indians. First of all, the family structure and dynamics and their influences on counseling are examined. The roles of extended family and religion are also explored. The final section of the chapter is devoted to specific strategies and techniques that are important considerations in counseling Asian Indians.

Family Structure and Dynamics

The family structures of Asian Indians are in many ways similar to other Asian cultures. Some factors are unique to Asian Indians. An understanding of the structure and dynamics of the family is therefore crucial to set the stage for other factors and behaviors present in the family. In contrast to Western cultures, the primary focus of Asian Indian culture and religion is the family rather than the individual. Asian Indians tend to be group focused, or allocentric. Consequently, individuals are expected to sacrifice their desires and goals for the benefit of the group and, in particular, the family (Segal, 1991).

The roles of family members in the Asian Indian family are clearly delineated. The father is the head of the family, the authority figure, and the breadwinner. His role is the most important in the family because he has the final authority in most matters. The father's responsibility is to provide financially and to protect the family. In general, men are valued more and are seen as the primary disciplinarians and decision makers (Segal, 1991). The mother's role is a nurturing one. She is usually responsible for taking care of the children and household chores. In general, women are taught that throughout their life, they are to be dependent on their father, their husband, and ultimately their eldest son. Their major role is to get married and contribute to their husband's family (Segal, 1991). From a traditional Hindu religious perspective, women are seen as subordinate and inferior to men. Ramu (1987) cited Desai (1957), who summarized the status of women according to the Shastras (codes):

Ideally, woman was considered completely an inferior species, inferior to the male, having no significance, no personality; socially she was kept in a state of utter subjection; denied all rights, suppressed, and oppressed. She was further branded as lacking an ethical fibre. (Ramu, 1987, p. 905)

Some Asian Indian families may not hold such traditional roles since migrating to the West. Therefore, it is important that the counselor inquires and determines where the family fits in terms of these roles. Asian Indians who were born in the West may have a more egalitarian perspective.

The principal role of children is to bring honor to their families by their achievements, good behavior, and contribution to the family's well-being. As such, qualities such as obedience, conformity, generational interdependence, obligation, and shame are highly valued (Durvasula & Mylvaganam, 1994; Segal, 1991). Children are seen

as parents' pride and joy and the products of their hard work. One of the primary goals of marriage in Hindu families is to have children. The major role of parents is not focused on helping children become independent, but on fostering obligation and duty. The rule of thumb is that children are taken care of by their parents as long as is necessary, with the intention that children will take care of parents when they grow old. Steiner and Bansil (1989) noted that "children are considered the social security of India" (p. 372).

Asian Indian children growing up in the West may experience internal conflict between the collectivist demands of their family and the independence, individualism, and self-sufficiency valued in the society. Segal (1991) observed that these distinct differences in values significantly affect parent-child relationships and are most often evidenced in communication problems in the family. It seems that parents' recognition of these problems and desire to resolve them can assist children in their adjustment and decision making. Saran (1985) suggested that parents must recognize and realize that their children will not be the same as children raised in India. He further noted that:

the lack of change in the attitude of Indian parents and their expectations based on the traditional Indian value system is a major source of strain among Indian families residing in the United States. In our judgment, parent-child relationships are the most pressing issue confronting the Indian community in the United States. Since most of the children are still rather young, the community has not, as yet, experienced very serious consequences of these conflicts. However, it is quite obvious that the issue warrants serious consideration from social scientists and mental health professionals as well as from the concerned parents. (Saran, 1985, p. 41)

This issue was quite evident in an Asian Indian family that moved to the United States on a temporary basis because their children were in an American college. While at college, the teenage daughter became attracted to an American student, with whom she later established a more serious relationship. Initially, the parents were accepting of the relationship. As the relationship grew, however, her parents found out that the man came from a divorced family and strictly prohibited their daughter from seeing him. To them, marrying someone from a divorced family was setting oneself up for disaster and disappointment. Thus, they threatened her that if she continued to see the man, she will be disowned and distanced from the family. At this point, the family began experiencing serious communication problems. Even her brother, who attended the

same college, distanced himself from her. She chose to continue the relationship and talked about plans for marriage, which angered her family. As a result, she was excommunicated from the family.

Durvasula and Mylvaganam (1994) noted that "children of Asian Indian immigrant parents who become acculturated to American views of dating and marriage may find themselves in a difficult situation" (p. 101). They also observed that conflicts occur in families because Asian Indian parents demand that decisions about marriage be made by the family. For many Asian Indian parents, having their children, especially their daughter, become involved in dating relationships with Americans is very disturbing and a major disappointment. At times, these children are referred for counseling because of their "rebellious" and "crazy" attitudes and unwillingness to submit to the parents' demands about relationships and marriage. Counselors need to be aware of these tensions and issues when these families present for counseling (Durvasula & Mylvaganam, 1994).

Problems encountered by any member of an Asian Indian family are perceived as family problems. Thus, family dynamics around a problem are significant. This is clearly evident in the shame that results from an unmarried Asian Indian teenager who becomes pregnant. The parents, however, usually feel more shame than the children. Attempts to avoid shame can sometimes result in the family playing an "enabling role" in the client's problems. This was quite evident with an Asian Indian client whom I treated for substance abuse.

Doodnath was a 38-year-old man who belonged to an affluent family. He initiated treatment because he was addicted to alcohol and cocaine and often used the "family's money" to buy drugs. He was married and had one child. As a result of marital problems, Doodnath became divorced and later moved back home to live with his parents. His family, especially his mother, experienced much difficulty having the client in a residential treatment program. It brought shame to the family. Although the client responded well to inpatient treatment, he quickly relapsed after leaving the treatment center because his parents found it difficult to not give the client money because he was their "child," in spite of having been told that the client was unable at that time to handle money and it was detrimental to his recovery from drug addiction. They allowed him to continue in the family business and not inform others of his problems with illegal drugs. Eventually, Doodnath had a significant relapse. In an effort to cover the shame of drug addiction, the family did not adequately address the problems of the client after treatment.

For many Asian Indian families, marriage is a family matter; marriage does not take place between individuals, but families (Durvasula & Mylvaganam, 1994). In fact, it is not usual for the families to be involved in choosing the spouses. Arranged marriages often result. This occurred in my own family; both of my brothers had arranged marriages. I recall that as a 12-year-old boy, I was part of an all-male "team" that visited the home of the potential mate of one of my brothers. As we sat in the living room, the potential bride served us drinks and left the room. Discussions were held with her parents about her education and interests, but no conversations were held with her. Usually decisions were made after leaving, and they were relayed to the family. In some cases, spouses are chosen for children shortly after birth.

Extended Family

The role of extended family is significant in Asian Indian families. It is not unusual to see several generations living in the same house or in houses built very close to each other. Asian Indian families also get much support and assistance from their relatives. When children live away from their parents, it is not unusual for parents to visit them for extended periods of time. Relatives also tend to help each other financially. As a result of these behaviors, the Asian Indian family may be perceived as being too enmeshed and psychologically unhealthy. It is important for counselors to understand, however, that this closeness often aids the family in times of crises and also provides much needed social and emotional support.

Counselors who see Asian Indian families need to be aware that at times several family members may become involved in an individual's problems. For instance, when an Asian Indian client attempts suicide, many of the relatives, including aunts, uncles, and cousins, may show up for the counseling session and seek to be involved in the client's treatment. These behaviors should not be interpreted by counselors as "meddling" or inappropriate intrusions, but as additional support for the client. These relatives come to see the counselor because of their concern for the client. This behavior was observed at a drug treatment center, where several relatives attended family sessions because one member of the family was having treatment. Steiner and Bansil (1989) noted that when relatives of a patient who was hospitalized were permitted to stay in a tented camp in close proximity to the hospital, patient care improved because the family did not have to experience separation anxiety and remained integrated.

Role of Religion

According to Ramisetty-Mikler (1993), "Asian Indian psychology rests heavily on Hinduism, a 2,500-year-old religion, and on its strict social sanctions" (p. 38). Hinduism is a pantheistic religion based on the worship of many gods. In spite of their advances in education, some first-generation Asian Indians in America continue to hold to their traditional beliefs that their life will be happier and better if they pray to and burn incense for their gods. Saran (1985) also noted that religion becomes more important in family life after children are born because of attempts to maintain their cultural heritage.

The role of religion is affected by the level of acculturation and the length of time the family has been in the West. Although the majority of Asian Indians may identify with Hinduism, not all are Hindus. And even those who consider themselves Hindus may not be "committed" and may merely follow Hinduism as a tradition (Zacharias, 1994). Awareness of these factors is important because they will affect the client's response to the counselor and affect how the counselor addresses religious issues or the impact of religious issues on clients' functioning.

This author has worked with several Asian Indian clients who identify with Christianity, with some being leaders of Christian churches. It is rather offensive for these individuals to be labeled or treated as Hindus because they are Asian Indians. These individuals also have a completely different worldview. Therefore, it is very important for the counselor to check the religious background of the client and not make assumptions about his or her religious orientation.

Therapeutic Process

In therapy with Asian Indians, what information is needed to do an effective job and bring the desired results? It is very important for Asian Indian clients to see counselors as experts in the field and competent in their work. These issues can be addressed in the first session by counselors discussing their qualifications, degrees, schools attended, and skills. They should display their diplomas and licenses. It is also a good idea (and often reassuring to the family) for counselors to talk about prior experience treating other clients, emphasizing the number of clients they have treated. Asian Indian clients also want to know that their counselor can help them bring about changes in their situation (Paniagua, 1994).

Clients may also formalize the initial session by bringing letters of introduction and formally addressing the counselor. As treatment progresses, they may make the sessions more casual and talk about mutual acquaintances, common interests, and ask the counselor personal questions relating to family or religion (Steiner & Bansil, 1989). Counselors need to realize that these activities indicate that the client likes the counselor and that the therapeutic alliance is being strengthened.

When counseling is successful, it is not unusual for the family of the client to "adopt" the therapist into their family. Consequently, the family may invite the therapist to birthday parties and family gatherings, such as a wedding. Clients may also bring gifts to their last session or send gifts periodically (Sue & Sue, 1990). The therapist must be prepared to deal with these dual role issues in a tactful manner. The intentions of the clients are not to cross boundaries, but simply to express their gratitude. On one occasion, after successfully treating a client for drug addiction, his family expressed its appreciation by inviting me to a family get-together for Christmas. It seemed that the family's happiness over the client's recovery overcame the shame of having him in treatment.

Asian Indian families are also usually closed and private and prefer that problems not be discussed outside of the family. Therefore, it becomes very difficult for Asian Indians to seek professional help. Two implications are noted. First, counselors need to think of creative ways to get Asian Indian families into therapy before their problems worsen. Some Asian Indian families wait until problems are severe before initiating treatment. For counselors to work effectively with these families, they need to get them into treatment earlier. Second, when these families do come for counseling, counselors need to understand that they have come at personal distress and cost. Therefore, it is wise to acknowledge their difficulties and seek to help them in specific and direct ways.

Often the whole family may show up for treatment, even though the problem may apply to only one member of the family. In these cases, it would be better to work with the whole family. Children will often resist doing any intervention that will go against their parents because of the authority and respect awarded to them. Family secrets are often marginalized to avoid embarrassment. Thus, confidentiality is a major concern for Asian Indian families. A broken confidence is not soon forgotten and significantly impairs the therapeutic relationship. One of the issues the counselor may have to face is reporting suspected child abuse. The manner in which this matter is handled by the counselor is a significant factor in treat-

ment and can affect the therapeutic relationship. Breaking confidence is often perceived as betrayal and may cause the family not to return for treatment.

Asian Indian families often perceive counseling as similar to a medical doctor's visit and feel that they go to the therapist to get a "shot" to make them feel better. Therefore, it is important for the therapist to explain the meaning and structure of counseling. Directive approaches to counseling often fit better with the Asian Indian's approach to treatment (Atkinson, Morten, & Sue, 1993). Time-limited therapy, such as behavior therapy, also seems to fit well with this population because Asian Indians often come to counseling with the attitude of "tell me what I need to do to feel better and I will do it." This may sometimes result in them rigidly carrying out instructions. They also experience difficulties disagreeing with their counselor, which may result in passive-aggressive behaviors. Asian Indians tend not to be assertive, and consequently, this can be mistaken as disinterest or lack of self-confidence. Resistance may also become evident when the instructions do not fit clients' worldview or tradition. They also tend to be traditionalists and act in very conventional ways, and having them do an intervention that is unconventional will be problematic. They also tend to manifest their psychological problems in physical ways. Thus, somatization disorders are prevalent (Durvasula & Mylvaganam, 1994).

Steiner and Bansil (1989) noted that when female clients are counseled by male counselors "behind closed doors," problems may arise for the treatment, as well as for the family. One of the ways these clients deal with their uncomfortable feelings is by suggesting that the counselor be seen as a brother or father. The counselor's assumption of these roles reduces the client's anxiety. Anxiety can be further reduced by parents' involvement in treatment by seeing the parents for part of the session. We need also to note that psychodynamic interpretation of the interactions (e.g., transference issues) can be detrimental to treatment because of its insidious nature (Steiner & Bansil, 1989).

Family Therapy Strategies

Marriage is a very significant relationship for Asian Indians. Even though the marriage may have been arranged, it is very important for the couple to stay together; divorce is rare among Asian Indians. As a result of the significance of them staying together, it is not unusual for Asian Indian couples to choose to stay together not for

the satisfaction in the marriage, but because of the commitment and the children. The relationship between a husband and wife is thus based more on commitment than love.

Differences in how Asian Indians have been raised may sometimes result in marital problems that bring them in for counseling. This was quite evident with Anna and Jim, who were seen for therapy because of marital conflicts. Anna initiated treatment because she was feeling dissatisfied with her marriage. She and Jim were married for 4 years. Anna explained that Jim wanted her to perform certain duties that she had difficulty doing. Jim grew up in India and expected that his marriage would be traditional and that his wife would be the traditional Asian Indian wife who would cook and bring food to the table for him. Meiss (1980) noted that "the demand of the wife that the husband should help is a direct attack on his privileged status: for to serve the husband gladly and without hesitation is the highest duty of the good Hindu wife" (p. 914). Anna, however, grew up in the West in a home in which each family member served food for themselves. Consequently, when Jim indicated to Anna that she was expected to serve him food every day, she refused, which resulted in marital conflicts. Jim also wanted Anna to be the traditional Asian Indian wife in the way she dressed and her general behavior. She refused, and this resulted in even more tension in the marriage. Even though they were both Asian Indians, their diverse upbringing significantly affected how they saw their marital roles. Discussing their different perspectives toward marriage helped them in counseling.

It must be noted that Asian Indians raised in India have different traditions and expectations than Asian Indians raised in the West. Therefore, in counseling these couples, the gathering of background information, including family traditions and expectations, is an important first step. It is also important to find out how living in the West has affected clients' perception of the marital relationship. For instance, the changes husbands make as they accommodate to the West, such as performing household chores, are often criticized by their parents, and in particular their mothers, because they are perceived to have "lost their authority" in the home. Their male peers may also look down on them (Helweg & Helweg, 1990).

Wife beating is also a major problem among Asian Indians. Often this behavior is related to a husband's alcoholism. Women are taught that the responsibility for a successful marriage rests primarily with them (Helweg & Helweg, 1990), so in cases in which there are problems in the marriage, wives are blamed by society and their parents experience shame. Wives are often not allowed to work outside of

the home and consequently feel isolated at home. Helweg and Helweg also noted that some husbands tend to be insensitive to the plight of their wives. The acknowledgment by the therapist of both the husband's authority and the wife's empowerment as a helpmate seems to bring a sense of balance and acceptance.

Working With Children

Ho (1992) observed that little has been written about the mental and psychological problems of Asian American children and youth. A significant consideration in diagnosis and treatment is the level of acculturation of these children and their degree of adjustment to Western culture. In counseling Asian Indian children, it is important for the parents to be informed of the children's problems and how they can participate in treatment. Gaining the children's trust as well is important. Usually children will be referred for treatment by an authority figure in their life (such as a teacher or a physician) or a trusted associate (such as a previous client). It is unusual for Asian Indian parents to initiate treatment without having previous knowledge of the counselor.

A counselor's knowledge of Asian Indian culture will definitely help in understanding the unique problems of the child. A thorough developmental history can assist in understanding the context of the problems. Additional strategies include the following. (a) See children as well as parents in each session. (b) Do not keep any secrets children tell you from their parents because they may tell their parents, who may feel that you are hiding information from them and distrust you. (c) Spend some time talking with the parents while attempting to find out about the problems of the child. Asian Indian children are often submissive and have difficulty relating to authority figures. (d) Engage in play therapy as a useful way to build rapport and confidence. (e) Understand where clients are in the acculturation process because Asian Indian teenagers may present with problems related to their level of acculturation. (f) Be patient with these clients, and whatever needs to be revealed will be revealed. (g) Incorporate the parents in the change process. Encouraging children to act against their parents' desires and rules is detrimental in treatment with Asian Indian children. These strategies can be illustrated with the case of Annie.

Annie was a 13-year-old girl who was referred to the author because of problems with stealing. She came from a religious family and had two older brothers. Her father was the youth pastor of a large Christian church. Her parents, who accompanied her to the

first session, expressed concerns that Annie had stolen an object from another student at school and had shoplifted a few times. They explained that they wanted to find out what caused the behavior and how it could be stopped. It was quite clear that they were invested in Annie's treatment. For all the sessions, I met with both Annie and her parents. Initially, I met with Annie and her parents together for a few minutes before meeting with Annie alone to reduce her anxiety about being alone with me. Her parents indicated that they trusted me to meet alone with Annie because one of their trusted friends referred them to me. Initial sessions focused on building a therapeutic alliance with Annie. We talked about several aspects of her life, and I involved her in activities. Annie played with dolls and she was asked to bring them to the sessions. We also did drawings and talked about school and her relationship with her parents. The time spent with Annie's parents focused on assessing the parent-child relationship and attempting to understand Annie's behavior. After a few sessions, it became apparent that the parents were often busy with their jobs, and Annie was feeling neglected. Stealing was her way of getting her parents' attention. We discussed how the parents could spend more time with Annie. Homework assignments consisted of her parents increasing the amount of time they spent talking with Annie and also doing specific activities with her each week (e.g., going out for an ice cream cone). Annie's mother also became more actively involved in Annie's daily life. The stealing behavior quickly subsided, and the parents were happy with the results of the treatment.

Conclusion

Several factors affect counseling with Asian Indians. The structure and dynamics within the family determine some of the problems that occur within the family, as well as the strengths the family brings to treatment. An understanding of the nature of the family in this population aids in knowing what interventions will work and how we can make them work effectively. It is quite clear that families are usually supportive of clients and that extended families' involvement is a positive sign. Counselors need to be professional and come across as experts for counseling to work effectively. Although Asian Indians may have difficulties initiating counseling, when they come in, a directive therapeutic approach is best. For couples, knowing their background and family relational styles make treatment more effective. In working with children, it is best not to en-

courage any intervention that goes against parents and to actively involve parents in treatment. Saran (1985) noted that as mental health professionals become actively involved in removing whatever obstacles lie in the way of treatment, Asian Indians will be more open and actively pursue counseling in times of need.

References

- Atkinson, D. R., Morten, G., & Sue, D. W. (1993). *Counseling American minorities: A cross-cultural perspective*. Dubuque, IA: Brown & Benchmark.
- Desai, N. (1957). *Women in modern India*. Bombay, India: Nora.
- Durvasula, R. S., & Mylvaganam, G. A. (1994). Mental health of Asian Indians: Relevant issues and community implications. *Journal of Community Psychology*, 22, 97-107.
- Helweg, A. W., & Helweg, U. M. (1990). *An immigrant success story: East Indians in America*. Philadelphia: University of Pennsylvania Press.
- Ho, M. K. (1992). *Minority children and adolescents in therapy*. Newbury Park, CA: Sage.
- Meiss, M. (1980). *Indian women and patriarchy*. New Delhi, India: Concept.
- Paniagua, F. A. (1994). *Assessing and treating culturally diverse clients*. Thousand Oaks, CA: Sage.
- Ramisetty-Mikler, S. (1993). Asian Indian immigration in America and sociocultural issues in counseling. *Journal of Multicultural Counseling and Development*, 21, 36-49.
- Ramu, G. N. (1987). Indian husbands: Their role perceptions and performances in single-and dual-earner families. *Journal of Marriage and the Family*, 49, 903-915.
- Saran, P. (1985). *The Asian Indian experience in the United States*. Cambridge, MA: Schenkman.
- Segal, U. A. (1991). Cultural variables in Asian Indian families. *Families in Society*, 72, 233-242.
- Sheth, M. (1995). Asian American Indians. In P. G. Min (Ed.), *Asian Americans: Contemporary trends and issues* (pp. 169-198). Thousand Oaks, CA: Sage.
- Steiner, G. L., & Bansil, R. K. (1989). Cultural patterns and the family system in Asian Indians: Implications for psychotherapy. *Journal of Comparative Family Studies*, 20, 371-375.
- Sue, D. W., & Sue, D. (1990). *Counseling the culturally different: Theory and practice*. New York: Wiley.
- Zacharias, R. (1994). *Can man live without God*. Dallas, TX: Word.