



## Working with South Asians in America

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South Asians have been immigrating to the US since the 1800s. At present, the population consists of: (i) first generation immigrants who immigrated to the US as adults and temporary residents who are here on work visas and are not immigrants, (ii) second generation (South) Asian Americans whose parents immigrated to the US. They themselves were either born in the US or moved to the US in early childhood, and (iii) third generation (South) Asian Americans whose parents are second generation Asian Americans. These groups present numerous intergroup differences as well as intragroup differences in terms of acculturation level, identification with South Asian cultural values, language, region of origin in South Asia, religion, diet, customs, beliefs, values, education level, and socio-economic status. Hence, no single set of “do’s and don’ts” can be applied to this very heterogeneous population.

The following points offer some suggestions that may enhance clinician skills when working cross culturally with immigrant groups such as South Asians and South Asian Americans, keeping in mind that immigration has a profound impact within and across generations.

- **Obtain Cultural Knowledge:** South Asians are a diverse group of people. It is important to obtain relevant cultural knowledge for the particular group with whom you are working. In general, it is important to appreciate that the values of independence, self reliance, autonomy, and self determination are emphasized in the larger American culture. South Asian culture instead places value on interdependence, mutual cooperation, reliance on relationships, and interconnected between people and the universe. Although family connections are important in all cultures, the importance and power of interconnected familial relationships has a different level of intensity in Asian cultures. It is therefore crucial for the non-Asian therapist to:
  - Understand and respect family hierarchy
  - Accommodate family involvement and account for family needs and expectations
  - Be aware of role relationships, especially the role assigned to the clinician, the clinician’s implicit hierarchal position in relation to the client, and the consequent expectations. If these expectations are not made explicit there can be disappointments, early terminations and impasses in treatment.
  - Respect the power of the familial connection – independence from the family is often not a psychologically viable option for South Asian clients, even if dependence is causing distress. Thus, independence and autonomy

may not be attainable goals of treatment. Acceptance and understanding of interdependence as an alternative cultural value can enable the provider to help the client negotiate an alternative solution to distressing situations.

- **Understand the stigma related to seeking mental health services:** While in every society mental illness carries some stigma, it has a particular meaning in South Asian culture. The difficulty in acknowledging mental health problems can be particularly acute for immigrants who do not have support systems in the US. It may be seen as a failure/weakness of the individual but also of the entire interconnected family, and it can sometimes have real economic consequences for an interdependent family system. It is important to understand the meaning for the individual and the family so that appropriate services and supports can be provided. In addition, it is important to:
  - Respect the need to “save face” for the individual and, by implication, for the family
  - Convey understanding and respect for stigma issues
  - Provide psycho-education about therapy and other forms of mental health treatment
  - Obtain knowledge about the notions of health, disease, and treatment in South Asian culture
  - Normalize what is “healthy” in South Asian culture while explaining the notion of “healthy” in the ambient American culture
  - Provide hope
  - Enable access to ancillary services
  
- **Use appropriate methods of communication:** Effective cross cultural work may require:
  - Providers (or translators) that speak the language of the client
  - Providers who understand the communication styles and patterns of “high context cultures” that use more indirect and non-verbal communication than American culture
  
- **Consider holistic approaches and the mind-body connection:** Hindu philosophy outlines a system of medicine, health and illness that is based on the basic tenet of interconnectedness between mind and body, man and nature, the animate and inanimate, man and God and so on. South Asians may therefore express mental health difficulties by presenting with somatic symptoms and may seek help from a medical professional first rather than a mental health provider. It is therefore important to appreciate that:
  - Somatic symptoms may have psychological and emotional meaning
  - Clients may respond positively to using alternative and additional treatment strategies such as yoga, meditation, medication, psychotherapy, prayer etc.
  - Communication between disparate service providers may enhance patient care

- **Seek “creative” and non-orthodox solutions:** Diagnoses, techniques, treatment processes, and treatment goals are defined in the context of “Western culture.” When working with South Asian populations, it is important to think outside the box and incorporate alternative treatment strategies that may incorporate holistic approaches, the use of collateral information, the involvement of family members, the tolerance for a certain degree of family dependence and so on.
  
- **Know yourself:** The therapist’s understanding that the therapeutic self (beliefs, values, training) is influenced by one’s own cultural context is critical. For the South Asian patient, it is often important that the provider convey respect by understanding the cultural embeddedness of the self and the client. In addition, it is useful to ask:
  - Does the therapist share the immigrant experience?
  - Does the therapist have knowledge/ access to knowledge regarding immigration and the “before and after” structures/culture of the client?
  - Is the knowledge/ assumption set of the therapist helpful or a hindrance?
  - What are the therapist’s stereotypes/beliefs about the client’s culture?
  - What is the communication style of the therapist and the client?
  
- **Consider the immigration history** of the individual and family and assess the impact of the move on the client and the generation above and below the client. It may be important to understand:
  - Who immigrated?
  - Why did they immigrate?
  - When did they immigrate?
  - Where did they land in the US?
  - How were they received and how did they adjust?
  - What was their socio-economic status before and after immigration?
  - What was the emotional and psychological impact of the immigration on all the different family members?
  
- **Help with post- immigration mourning to relieve distress.** Immigration is a process that offers both pleasure and pain. Losses due to immigration are often profound and challenge our very sense of self. Attempting to hold on to what we have lost is “natural” and in the immigrant experience, defense against grief is understandable and ubiquitous. However, it can lead to isolation, ethnocentric withdrawal, marginalization and maladjustment in the new culture. The clinician should:
  - Normalize the effects of immigration experience and loss
  - Help the client to negotiate the new environment and make different choices *without losing sense of cultural self*
  - Help with the mourning process

- **Assess the acculturation level** of the individual and the family and use interventions based on acculturation level. *For example, to assume a lack of knowledge and awareness of Western culture on the client's part can be insulting to a highly acculturated client but essential for a less acculturated client.*

### **Organizational Cultural Competence**

- **Linguistic needs:** Following CLAS standards organizations need to provide
  - Hire bilingual staff
  - Provide interpretation services as appropriate
  - Provide brochures/literature/educational material in several languages
- **Cultural Competence:** Organizations need to:
  - Hire diverse staff that reflect the diversity in the population they serve
  - Support continuing education for current staff who work with minority cultures
- Network with and provide referrals to **community organizations** and support groups, as appropriate.
- Provide information about various services available and how to access them in addition to facilitating the access to and **coordination of services**
- Engage in **culturally relevant outreach** into the ethnic community
- **Integrated treatment** - To the extent possible, primary care, psychotherapy, medication, support services etc. should be closely connected with cross referral possibilities
- **Consistent contact** with same practitioner is often important to develop relationships and trust