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## Influential factors in Chinese American culture: Implications for counselors

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## Influential factors in Chinese American culture: Implications for counselors

### Abstract

The core of responsibility regarding counseling, according to Ivey, Ivey, and Simek-Morgan (1993), is to "do nothing that will harm the client or society" (p. 15). Along with this belief, the authors suggest that counselors must always be aware of clients' individual and cultural differences. As counselors in the field become more knowledgeable regarding treatment, they are recognizing that a lack of cultural awareness restricts their ability to apply counseling theories to multicultural issues.

INFLUENTIAL FACTORS IN CHINESE AMERICAN CULTURE:  
IMPLICATIONS FOR COUNSELORS

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A Research Paper  
Presented to  
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by  
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The core of responsibility regarding counseling, according to Ivey, Ivey, and Simek-Morgan (1993), is to "do nothing that will harm the client or society" (p. 15). Along with this belief, the authors suggest that counselors must always be aware of clients' individual and cultural differences. As counselors in the field become more knowledgeable regarding treatment, they are recognizing that a lack of cultural awareness restricts their ability to apply counseling theories to multicultural issues.

If diverse cultures are to accept mental health counselors as credible professionals, the counselors must be able to demonstrate their ability to improve the quality of life of those groups (Sue & Sue, 1990). Locke (1992) suggests that counselors must learn to communicate, educate, and counsel in a variety of ways that are applicable to a wide array of cultures.

Asian Americans are the fastest growing ethnically diverse population in the United States today (Sue &

Sue, 1987). Asian Americans include those individuals with ancestry deriving from China, Japan, Vietnam, or any other Asian country or region. Sue and Sue estimate that Asian Americans "currently number more than three and a half million individuals in the United States" (p.479). Since the year 1975, more than 700,000 refugees from regions such as Southeast Asia have been admitted into the United States.

The Chinese people were the first Asian group to arrive in the United States in large numbers (Locke, 1992). They emigrated from a land that included significant influential factors that still impact the lives of Chinese Americans today. These influences have direct effects on the development of Chinese Americans as individuals and, consequently, the counselor. This paper will present some of these influences including: Chinese beliefs about the self (from both a general cultural view and a Confucian philosophical view); Chinese beliefs about emotional expression of personal

difficulties; and Chinese beliefs about mental illness. This paper will conclude with a discussion about the implications these influences have for counselors who work with Chinese American clients. For the purposes of this paper, the reader can assume that allusions to "Chinese" and "Chinese culture" refer to the people of, and the culture of, the country of China. The reader can assume that allusions to "Chinese Americans" and "Chinese American" refers to individuals who have Chinese ancestry and are living in, or were born in, the United States.

#### The Self and Chinese Culture

##### Comparison of Eastern and Western Views of the Self

Chang's description of self states that the self helps us to "organize our personality, orient ourselves in society, and relate to the world beyond" (1982, p.68). However, the concept of self is clearly complex and many cultures define it differently. The basic assumption of Western cultures is that "there is a

distinction between that which is the self on the one hand, and that which is nonself on the other"

(Landrine, 1992, p.402). In general, people in Western cultures place the importance of the individual in higher regard than community or family units.

In contrast, the Chinese concept of self "does not exist independently of the relationship and contexts in which it is presented" (Landrine, 1990, p. 406). It is not considered discrete, fully separated, or unique. Instead, Chinese individuals see the concept of self as constituted by social interactions and relationships.

For those in Chinese culture, the self is not a separate entity to which individuals refer in isolation (Landrine, 1992). Their idea of self includes relationships with others and the roles and interactions that occur within those relationships. The self in Chinese culture includes the natural and supernatural as an inherent part of its makeup.



Individuals in the West consider the self to be a deep, private part of the person (Kleinman, 1988). In contrast, individuals in Chinese culture consider the self to be interpersonal. The Chinese people have a private, intimate part of their personalities, but it is not considered as important as the social relationships they experience in daily life. This concept of the self includes doctrines regarding one's individuality. In Western cultures, individuals consider their own self-fulfillment and strive toward completing their own goals in life. However, this opposes nearly every ideal in Chinese thought; the Chinese way of thinking scorns individual self-fulfillment. Instead, Chinese thought stresses that "every action affects another person" (Ryan, 1985, p. 334). In Chinese culture, the ideal is to consider how one person's actions will affect those around him or her.

## Confucian Philosophy

### An Overview

Many philosophies exist in Chinese culture including Taoism and Buddhism (Ryan, 1985). However, the philosophical influences and the teachings of Confucianism have probably had the greatest impact on the beliefs of the Chinese people (Slote, 1992). Even those individuals who could not read were familiar with proverbs apparent in the culture for thousands of years. Philosophy in Chinese cultures influences many aspects of life including development of a healthy self.

Confucian ways of functioning have existed for more than twenty-five hundred years (Slote, 1992). Because it is both religiously and philosophically based, Confucianism establishes criteria for development, behavior, relationships, and values. For many Westerners, comprehending the vastness with which this philosophy infiltrates Chinese culture is

difficult. Confucianism concerns itself with authority on every level of the society. Thus, it is a chief determinant of the manner in which individuals perceive and process their everyday experiences.

Confucianism imposes strict demands on those who follow its teachings (Slote, 1992). While such rigidity occurs to one degree or another in many other cultures, its intensity for Confucian societies is undoubtedly unique. For example, the teachings of Confucius "were part of the elementary and high-school curriculum in China well into the twentieth century" (Ryan, 1985, p. 334). These practices have permeated the beliefs and thoughts of many Chinese who emigrated to the United States and many of these practices have remained with them.

Confucius began to develop his philosophy in response to his own question, "'How can we achieve the well-being of society?'" (Koller, 1985). His answer evolved into a philosophy that is considered both

humanistic and social. Confucius' teachings focus on human beings and their society. Among the beliefs of humanism is one that states that human beings are considered supreme in comparison with nature or the supernatural. The principles for providing happiness and goodness come from humans.

When individuals learn the basics of Confucian philosophy, several terms are essential. These terms are *jen*, *li*, *hsiao*, and *yi* (Koller, 1985). The term *jen* is that which makes human beings human. This is why Confucian philosophy or "Confucian Way is considered the way of *jen* or that of human-heartedness" (p. 264). This "way" emphasizes the combination of feeling and thinking and is the basis for all human relationships.

Confucius wrote that people should also think of *jen* in moral terms (Koller, 1985). That is, one should never, under any circumstances, jeopardize *jen* even in the face of poverty or disrespect from others. Confucius taught that the proper way for humans to act

was based on disregarding likes or dislikes; instead, the right way was acting according to *jen*. *Jen* is so important that Confucius said men who act according to it would sacrifice their lives rather than injure humanity (Koller, 1985). It is *jen* that makes life worth living. *Jen* means fully developing one's own human-heartedness and then extending it to others.

The term *li* refers to more concrete guidelines for action needed in daily life (Koller, 1985). These guidelines include proper ways of behaving, customs, rituals, and even include religious practice. The customs include a system of relationships that have rules for relating to others. These rules include respect for family, elders, and authority.

The third term, *hsiao*, refers to such filial piety. Confucius said that *hsiao* and brotherly respect were the root of humanity. Children learn to respect and love others through *hsiao*. *Hsiao* begins with the parents, brothers and sisters, then, all humankind.

Lastly, *yi* is the other necessary ingredient for developing *jen*. Confucius usually translated *yi* as 'righteousness' (Koller, 1985). Actions mandated by *yi* are considered unconditional and absolute. They are simply the morally correct thing to do, such as obeying one's parents. A person who acts for the sake of *yi* is not far from *jen* since that action is the right thing to do.

These codes of conduct for humans, (i.e., *li*, *hsaio*, and *yi*) are characteristic of the developed and fully aware person moving toward *jen*. Confucius said that the cultivation of *jen* produced a well-ordered society. If each person obeyed these philosophies, a good government and happy social order would result.

### The Self

Besides structured beliefs about the order of society, Confucius set codes for the development of those who followed his ways. One code Confucius addressed was the function and meaning of self-

development. Individuals, according to Confucian thought, should enhance the self to affect the bigger world around them (Dien, 1983). That is, an individual's self is improved only for the benefit of the greater good.

The result of this doctrine is a self in which power and control of the individual, seen in Western cultures as manifest within the individual, lies with others (Slote, 1992). Unlike the concept of self in Western culture, the Chinese American self includes the individual's parents, siblings, and may even include ancestors. The development of self-image of those in Chinese cultures is based on one's unified family; this becomes the person's reference around which his or her life revolves.

According to Confucianism, the self is an ingredient of a systematic whole (Dien, 1983). Confucius said that people should devote self-

improvement toward the realization of the greater society and toward keeping the world at peace.

To achieve peace in the world, one must start with self-cultivation. Only when the self is disciplined can one bring order to the family; only when the family is in good order can one govern the state; and only when the state is well-governed can one achieve peace in the world (Dien, 1983, p.283)

The order of the entire world and its organization relies on each individual's efforts, but the focus of life (and self-development) is to serve as part of this organization and order. Additionally, Confucianism emphasizes that the self is an instrument for moral action and thus carries with it pressure to put the whole world in order (Dien, 1983). Confucius believed that "although the energy to construct life, *Sheng*, is unique to the cosmos, the cosmos lacks *Li*, that is, strength used in moral efforts" (p. 139). Individuals



should expend the latter tirelessly, according to Confucian beliefs.

#### Cultural Beliefs about Emotional Expression

In concurrence with strict standards regarding the development and cultivation of the self, individuals in Chinese culture encourage control over strong feelings (Ryan, 1985). For a Chinese American, publicly expressing worry, despair, or pain is an exhibition weakness. This weakness reflects on the Chinese American individual's entire family (which includes the entire functioning of society). The cultural norm is to avoid burdening others with one's emotional difficulties. For this reason, Chinese Americans encounter a significant amount of shame when talking about their personal problems and experience a cultural stigma attached to the situation (Sue & Sue, 1985). Traditional Chinese groups emphasize the partnership between the ability to control emotions and maturity (Sue & Sue, 1990). For example, when a Chinese

American person is experiencing emotional distress, the advice of his or her family members is usually to "think things through" (Ryan, 1985, p. 285). Elders do not suggest that the person "talk about it" as one might expect to hear from a person of Western culture. In Chinese culture, those who traditionally give advice usually suggest that the person expend more control over himself or herself.

#### Beliefs about Mental Illness

The cultural values discouraging emotional expression do not immunize Chinese Americans against experiencing emotional difficulties. Sue and Sue (1990) write that Chinese Americans' need for counseling is no less great than any other group in the general population. While the debate regarding Chinese Americans' use of psychological services is beyond the scope of this paper, the author wishes to emphasize that Chinese Americans do experience emotional difficulties and mental illness.

As one might surmise, based on the stigma regarding expression of personal problems, individuals in Chinese culture also attach a stigma to mental illness (Ryan, 1985). Although in Western culture one might argue that a similar stigma exists, the stigma associated with mental illness for a Chinese American individual is much more severe than in the West (Kleinman, 1988). One reason for this is that "the stigma attaches not just to the afflicted member but to the family as a whole" (p.49). Unlike the experience for individuals in Western society, individuals in Chinese culture consider mental illness a failure of the entire family system (Sue & Sue, 1987). As with emotional expression, Chinese individuals interpret the illness as a weakness not only in the individual, but in the family and society. The illness becomes a source of disgrace for everyone involved.

One of the biggest differences in Chinese culture when compared with cultures in the West is the

behavioral manifestation of these emotional problems. In the West, for example, emotional difficulties are sometimes expressed through mood changes. Western clinicians recognize depression, for example, in a patient's affective or verbal expression of feelings of deep sorrow and dismay. However, since Chinese individuals discourage this type of expression, Eastern clinicians most often recognize the manifestation of emotional problems through reported physical complaints (Sue & Sue, 1987).

Somatization (i.e., manifestation of psychological problems as physical complaints) is culturally acceptable in Chinese culture (Ryan, 1985). Individuals in this culture learn early in life that expression of emotional distress will cause shame and thus go unattended. Physical illnesses, on the other hand, will draw attention from others and elicit care for the complaints. There is no shame involved in expressing such symptoms to family or others.

Individuals in Chinese culture consider physical problems as the cause of emotional problems (Ryan, 1985). Chinese philosophy provides the basis for this view. The idea is that each organ within the body has a psychological expression. For example, the heart is associated with functions of elation and joy; the lungs are affiliated with anguish and worry. Chinese Americans believe that "physical factors may provoke psychic disturbances" within the person (p.337). Chinese Americans tend to somatize their difficulties rather than verbalizing their distress. They believe that emotional issues will subside when the physical complaints have been treated (Sue & Sue, 1990).

#### Implications and Considerations for Counselors

This paper has presented influential factors in Chinese culture regarding the views of self, emotional expression, and mental illness. In turn, these cultural beliefs have implications for counselors who work with Chinese American clients.

### Will Chinese Americans Seek Counseling?

One implication seems glaring if not paradoxical. This paper has presented evidence that Chinese Americans frown upon emotional expression. This becomes an issue in counseling, since a clear value in Western methods of counseling and therapy is the open expression of feelings through verbal expression (Atkinson, Lowe, & Matthews, 1995). The traditional Chinese American client and the Western counselor hold values that are opposite. The question arises: will Chinese Americans seek counseling?

There is continuing discussion regarding the extent to which Chinese Americans use psychological services. Many studies report that Chinese Americans seek counseling to a lesser degree than do those individuals in the general population (Atkinson, Lowe, & Matthews, 1995). Chinese Americans experience shame in association with emotional disturbances. As previously discussed, emotional problems are a sign of

weakness. Chinese Americans encounter a significant amount of shame when talking about their personal problems and experience a cultural stigma attached to the situation. This weakness reflects upon the individual's entire family and is considered disgraceful. For this reason, Chinese Americans may not seek counseling.

Chinese Americans who do seek counseling often terminate prematurely (D. Whitsett, personal communication, February 2, 1996). Many Chinese Americans find that when they do seek counseling, the treatment goals of the counselor are incongruent with the treatment goals they have determined for themselves. If this incongruency occurs, clients may terminate prematurely since the sessions are not meeting their expectations.

### Acculturation

If the goals of the counselor and the client are incongruent, one reason may be the lack of counselor

awareness regarding the client's level of acculturation. The extent to which groups accept the culture of the United States varies depending on the group. Clinicians know this acceptance process as acculturation (Atkinson, Lowe, & Matthews, 1995). More specifically, acculturation is the process of letting go of one's familiar cultural tenets and behaviors and adopting those of the dominant social structure. Counselors are wise to educate themselves to the varying degrees of acculturation observed in various immigrating cultural groups (Locke, 1992). Various members of a specific cultural group may not be acculturated to the same degree. As immigrants have arrived in the United States, they have carried their own unique properties that include behavioral characteristics, language, religious customs, goals and values.

Various terms describe the levels of acculturation. *Traditional* indicates that a person



recognizes the cultural traits from the culture of origin and rejects those of the dominant cultures' (Locke, 1992). *Bicultural* means that a person functions well in both the dominant and the original culture while recognizing many traits of his or her own culture. *Marginal* means that a person has little contact with the characteristics of either culture. The final term, *acculturated*, means that a person has let go of most of the traits of the original culture and assumed those of the dominant culture.

Counselors must recognize the importance of understanding these terms and knowing the degree to which a Chinese American client is acculturated. Knowing the degree of acculturation implies the strength with which the client's culture of origin still affects his or her life. This will assist the counselor in setting treatment goals that are congruent with the client's goals.

### What is Normal Behavior?

How will the counselor decide what is "normal" behavior for Chinese American clients? Paul Pedersen (1987) notes that one assumption held by Western clinicians is that all cultural groups hold a common measure of what is "normal" behavior. He continues that "there is an implicit assumption that the definition of 'normal' is more or less universal across social, cultural, and economic or political backgrounds" (p.17). This author argues that while that while such an assumption may exist, it is an unwise supposition. The foundation of normal behavior appears to vary according to the client's situation, the client's cultural background, and the circumstances surrounding the behavior a client displays.

While counseling professionals attempt to produce useful, consistent measures to judge behavior, the use of such standardized measures presents problems (Sue & Sue, 1990). Counselors often apply theories of normal

behavior globally but disregard the cultural background of the individuals to whom they apply such concepts. When counselors examine the criteria used to define abnormality, they often see the deficiency in the ability to consider such differences. For example, clinicians may use the absence (or presence) of certain behaviors to define normality. When applied to various cultures, these clinical standards may become destructive.

An example of this destructiveness can be the diagnosis of schizophrenia (Landrine, 1992). The diagnosis of schizophrenia ignores the fact that the Chinese American self includes immediate family members and deceased individuals that influence the client's sense of self. This sense of self is more fluid and less restricted by boundaries than is usually considered in the Western idea of self. If Chinese American clients say that they hear the voices of their deceased ancestors, clinicians perform an extreme

disservice by identifying this behavior as psychotic behavior in light of the clients' cultural beliefs.

Many theories of normality are based on the notion of a single standard that serves as the norm; professionals then appraise all others accordingly (Locke, 1992). When professionals theorize in this way, their subsequent actions become detrimental to the client since they do not consider the individual's varying beliefs and behaviors that are concordant with his or her culture.

For example, different cultures have varying beliefs about the meaning of suicide. In the Chinese culture, suicide is regarded as a personal matter in which others are not to intervene (Ryan, 1985). In fact, the view of suicide in some Chinese cultures includes the notion that people kill themselves because of others or for others, not only because of themselves. Often, the choice to commit suicide is based on the presumption that the suicidal individual

has shamed the family and others. In Chinese societies, shame can be a very potent motive for such self-destruction. For example, Confucius believed that "the family was society's most important institution. If there was order in each family, there would be order throughout society" (Ryan, 1985, p. 335). If there was lack of order, it makes sense that the individual accountable for the disarray would feel a responsibility toward the family and the entire society. The result is a gesture that proves the individual's total regret and, simultaneously, is considered a noble death due to the circumstances that surround it. Individuals who commit suicide do not humiliate or degrade their families as they might have with mental illness. Chinese individuals do not view suicide as the manifestation of such emotional illness; they view it as an honorable solution to the issues. In contrast, Western clinicians often consider suicide the most indicative gesture of poor mental health.

### How Should Counselors Diagnose?

Landrine (1992) suggests that Western "yardsticks" (p. 413) for diagnosis and assessment must be culturally sensitive. For example, those who use Western approaches to diagnosis disregard aspects of the self that Chinese Americans consider to be a part of the self. This oversight may cause the clinician to misdiagnose a Chinese American client simply because the clinician lacks knowledge about the Chinese American culture. An example of misdiagnosis may be the determination of clinical depression. Chinese Americans display and report somatic complaints when presenting a clinical diagnosis of depression (Sue & Sue, 1990). The criteria for depression presented in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994) which includes a dysphoric mood as a primary symptom may exclude such populations who present with atypical symptoms.

### What are the Goals of Treatment?

Ryan (1985) suggests that all counselors focus casework with Chinese Americans toward diminishing problems that arise from specific values in the culture. For these clients, any expression of negative emotion appears to conflict with their belief systems and particularly to their senses of self. Despite the actual issue, remembering this cultural difference is important. In such cases, the counselor can alleviate some anxiety by making simple, social conversation. This is opposite of what Western clinicians normally expect in their sessions. However, Chinese American clients recognize this modeled behavior and interpret it as permission by the authority figure to discuss personal matters.

Chinese American individuals may seek psychiatric care with concerns about physical ailments as opposed to depression or anxiety (Ryan, 1985). In cases like these, counselors must remember that the client's

belief that burdening others with emotional problems is not acceptable. Referring the client to a medical doctor for treatment can decrease the stigma the client would initially feel if mental health professionals deal with the issue primarily as an emotional illness. After the physical complaints subside, professionals can link the physical with psychological issues and deal with the symptoms accordingly.

As far as the goals of therapy are concerned, the ultimate aim for the traditional Chinese American client is to help the client function within the expected social role (Dien, 1983). However, this is the goal only if it is determined by the client. Again, the degree of acculturation will be an important factor for the goals of treatment. A Chinese American client may be interested in insight-oriented therapy. In this case, self-awareness would be very important. However, another Chinese American client may adhere closely to traditional Chinese thought and be interested in



improving the expected relationship with his or her parents and extended family. Counselors must assess each client individually with respect to goals for treatment.

### Lack of Verbal Expression

Besides being less emotionally expressive than clients in the West, Chinese Americans may lack verbal expressiveness; this is a sign of respect for authority (Ryan, 1985). Chinese Americans often display this deference through listening intently to the authority figure, a practice that may produce a session that is far different from what professionals usually see in the West. Knowing that many Chinese American clients follow a traditional way of thinking, the clinician can expect that these clients will be unable to take an active role in the session. The counselor should use educational techniques, gentle interpretations of resistance, and reassurance that the client can reach practical solutions to problems. These could be some

useful techniques in enhancing the client/counselor relationship (Ryan, 1985).

### Thought Processes of Chinese Americans

Another note for the counselor concerns Chinese Americans and their thought processes. Western clinicians describe counseling as "linear, analytic, and verbal" (Sue & Sue, 1990, p. 40). Western society focuses on scientific methods involving lack of bias, sensibility, and linear patterns of thought. The theories of counseling often used in Western approaches are distinctly analytical, stress verbal participation, and emphasize the discovery of cause and effect relationships.

By contrast, Chinese American individuals often focus on circular thinking and interrelationships (Sue & Sue, 1990). For example, those who follow Confucianist philosophy may focus on interrelationships of thoughts, ideas, and people. When considering the teachings of Confucius, one sees the emphasis on a

harmonious lifestyle among people. Those who follow Confucius philosophy emphasize understanding how people's actions affect others in the framework that makes up the significant relationships in people's lives (Ryan, 1985). This Confucian way of thinking is nonlinear. Individuals cannot explain the process as though each cause has one effect and each effect has one cause (Pedersen, 1987). The implication, then, is that focusing on linear relationships between ideas and people is in direct conflict with the philosophies of many Chinese American clients. Using "scientific" or analytical methods can alienate the Chinese American client from the counselor and the counseling process. If the counselor emphasizes a linear focus, he or she may be inconsistent with the thought processes of the Chinese American client.

### Techniques

Sue and Sue (1990) provide some direction for professionals who counsel Chinese American individuals.

They suggest using gentle methods when gathering information from these clients. They discourage deeply probing questions without first building trust with any client, of course. However, due to the stigma associated with mental illness, avoiding such questioning may be even more crucial with Chinese Americans. Chinese Americans' belief that they should not discuss personal matters with outsiders prevents these clients from talking as openly as professionals might otherwise hope or expect.

The following case illustrates some of these important cultural factors in work with Chinese American clients. Although this is a hypothetical scenario, the implications of the case are helpful for counselors learning to develop awareness of the Chinese culture.

#### The Case of Tammy

Tammy is a 22-year-old college student who lives with her parents in Los Angeles. She attends a large

university with plans to continue in medical school. She has two older brothers, one who is a lawyer and the other who is a surgeon. Tammy's father is in retail sales with a large company, and her mother is a research assistant in the biology department of the university that Tammy attends. Both Tammy's parents were born in China but emigrated to California with their parents at a young age. Tammy's grandparents live within close proximity of the family and are proud to have such professionally successful grandsons. They have often commented how helpful having such educated family members will be for the future of the entire family.

Tammy sought medical help at the advice of her parents. They commented on her increase in sleep in the past several months and noted that she was less involved with the family than usual. When they asked her about this, Tammy responded that she simply had not been feeling well. She said she was having headaches

that kept her from studying and interacting with others. Her parents were concerned about this and suggested she seek professional help for these physical symptoms.

The doctor who treated Tammy did not find any serious problems that would contribute to the symptoms she was describing. Because of this, the doctor wondered if she might be experiencing some other difficulties, possibly emotional. He asked Tammy how these symptoms were affecting her academic progress. Tammy said that she was having trouble concentrating on her schoolwork. She also mentioned that school was not quite what she expected and that she was worried she would not do well. As the discussion went on, she added her performance would displease her parents if they knew how poorly she was doing, and she could not bring herself to tell them. She noted that, in light of her successful siblings, she would surely disappoint everyone. She admitted, however, that she was seriously

reconsidering her decision to go to medical school. Beyond this, she is certain her grandparents would also be ashamed of her, as they are so proud of their grandsons' accomplishments.

After hearing this, the doctor suggested that Tammy might want to talk with someone at Student Services. Tammy showed obvious concern about the services provided there. The doctor explained that sometimes when there are issues in peoples' lives that are bothering them, many symptoms can show the discomfort. Tammy still displayed some reluctance, but asked the doctor if the people at the center could help her discover more about why she is unable to concentrate and why she sleeps so much. The doctor suggested that they could help her, and she made an appointment for the following week.

This case illustrates many of the cultural factors for Chinese Americans that the author previously discussed. In this example, Tammy expressed concerns

influenced by many Chinese cultural factors which affect her.

First, when Tammy discussed her change in behavior with her parents, she identified headaches as the primary reason for this behavior change. In response, she received attention from her parents regarding these physical symptoms. These complaints were acceptable to them, and they acted accordingly. Tammy appeared not to feel threatened by seeing a medical doctor for her symptoms.

Second, Tammy was disturbed about disappointing her parents and disgracing the family. She showed more than slight concern for the fact that her grandparents and her immediate family would be disappointed if they knew about her poor academic performance. If the doctor treating her was unaware of the issues of filial piety and deference to authority (particularly to parents), the doctor may have dismissed this issue as one of minor importance.



Third, Tammy displayed concern for her own well-being, but was more concerned with the well-being of her family. She was reluctant to make choices that involved only her happiness. This is a manifestation of the concept of self in Chinese American culture. The self includes others, and decisions made solely for the increased happiness of the individual are not the focus.

Fourth, the doctor was aware of the Chinese American cultural stigma regarding expression of emotional difficulties. He was cautious with his suggestion to see a counselor and reassured Tammy that he was referring her to help diminish her symptoms, not for a purely emotional reason.

The counselor who treated Tammy could investigate the extent to which Tammy and her family were acculturated. This would have implications for the degree to which the Chinese culture affects their lives and their decision-making processes.

### Final Recommendations

Counselors must remember another important issue in multicultural counseling. This applies not only to counseling with Chinese American individuals, but to clients of any cultural background. Clients may have belief systems that represent the majority of cultural groups to which they belong, but the counselor should not make that assumption. While it is crucial that counselors and professionals have an understanding of values and beliefs of various cultural groups, they must be careful to avoid generalizations and stereotypes (Sue & Sue, 1990). Although an individual who is Chinese American may concur with traditional Confucian thought, the next Chinese American client may not hold the same beliefs. Counselors should be constantly open to challenge and change.

Counseling persons of various cultures presents challenging obstacles for the counselor. A counselor must respect differences and see the world from the

client's point of view, not his or her own. Beliefs and interactions bind all persons, including the counselor. Counselors must understand that they are to assist in upholding what is important and meaningful to the client with regard and respect to the client's specific culture.

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