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Article 15

## **Counseling Asian-American Indians from India: Implications for Training Multicultural Counselors**

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### **Abstract**

Studies continue to reveal that Asian-Americans from India are being ignored and treated differently in American society. There is a widespread belief that Asian-American Indians are a model minority who are not in need of any special consideration and that they underuse or terminate counseling prematurely. This paper deals with socio-cultural differences and the implications for training multicultural counselors to counsel Asian-Americans from India.

According to the 2010 U.S. Census, there were 2,846,914 Asian-American Indians in the United States. The Asian-American Indian immigrant population has increased exponentially over the past few years to become the second largest population group after Chinese (Joseph, 2006; U.S. Bureau of the Census, 2010). The Asian-Americans from India are also called East Asians and/or South Asians (Baptiste, 2005).

Many factors in the world today, such as globalization and a rise in immigration, are increasing the need for mental health counselors and practitioners to acquire knowledge and skills to interact effectively with people from India (Moodley, Gielen, & Wu, 2012). The U.S. Commission on Civil Rights held a series of round table

conferences to learn about the civil rights concerns of Asian-American Indians in their communities. The conclusion of the conference was that Asian-American Indians face widespread prejudice, discrimination, barriers to equal opportunity, and lack full participation in American society (Ablow, 2012; Bhattacharya & Schoppelrey, 2004; Takaki, 1996; U.S. Commission on Civil Rights, 2007).

Asian-American Indians who immigrate to the United States bring with them rich ancient cultures. They have sought to retain their Indian identities, their family ties, and loyalties to the old country. They have established themselves in the United States in a relatively short time. Tulsi Gabbard is the first Hindu Asian-American Indian in Congress and may well be the best ambassador for Hindus in the United States. When she takes her oath over the Bhagavad Gita, this Hawaii resident will herald a new era in the U.S. Capitol (Choudhury, 2012). Dr. Ami Bera of California, a Democrat, beat his opponent after an extended count and became the second Asian-American Indian Democrat to win a seat in Congress (Chai Time, 2012). For decades, Indians have carved out successful careers as doctors and engineers in the United States. Unlike immigrants of the past era, Asian-American Indian immigrants usually have an excellent educational background and possess special technical skills (Chandras, 1977; Rao, 2011; Sodowsky & Carey, 1987).

Americans have paid significantly less attention to the problems of Asian-American Indians as well as other diverse Asian-American groups (Chandras, 1994; Gasman, 2011; Sue, 1994). Asian-American Indians have many sub-groups who differ in language, culture, religion (e.g., Hindus, Buddhists, Christians, Jains, and Sikhs [Baptiste, 2005]), and length of residence in the United States. They tend to endorse coping sources and practices that emphasize talking with family, relatives, and friends rather than counselors and other helping professionals (Ye & Wang, 2000).

The greatest increase in Asian Indian immigration began with the lifting of quotas on Asians after the passage of the Immigration and Naturalization Act of 1965 (Ramisetty-Mikler, 1993; U. S. Bureau of the Census, 1981). It is estimated that there were no fewer than 1.8 million Asian-American Indians in the United States in 2000 (U.S. Bureau of the Census, 2000). Asian-American Indian professionals who came to the United States seeking career advancement account for a large percentage of Asian-American Indian immigrants (Sodowsky & Carey, 1988). Religion and family play an important role in the social adjustment of Asian-American Indian immigrants. They also face intergenerational conflict; parents and children. They feel that they are being discriminated against in American society due to their race, religion, and family orientation. More attention should be paid to the adjustment difficulties that Asian-American Indian immigrants experience in the United States (Brown, 2009).

### **Training of Multicultural Counselors to Work Effectively With Asian-American Indian Clients**

According to research studies, minority group members including Asian-American Indians underuse and prematurely terminate counseling due to the biased nature of these services (Abe-Kim et al., 2007; Ancis, 2004; Atkinson & Matsushita, 1991; Brown, 2009; Chandras, 1997; Chow, Jaffee, & Snowden, 2003). Most of the services offered are inappropriate, insensitive, and oppressive to the experiences of the

culturally different clients (Gonzalez, 2011; Inman, 2006; Mays & Albee, 1992; Panganamala & Plummer, 1998; Sue & Sue, 1990).

In educational institutions, the treatment of Asian-American Indian students and faculty has reflected biases, stereotypes, and discriminatory behaviors similar to those found in U. S. society as a whole (Gonzalez, 2011; Hanna & Green, 2004; Herbert, 1992; Ho & Chin, 1983; Lessinger, 1995; Schine, 1993). There is widespread prejudice, behavioral, and institutional racism against Asian-American Indian students in higher education (Isgark & Isgark, 1989; Kahlenberg, 2012; Ting & Hwang, 2009).

Many counselors and helping professionals support the need for counselor educators and helping professional trainers to address the question of preparing competent counselors who can effectively counsel clients from different minority groups (Braun, Fine, Greif, & Devenny, 2010; Ridley, Mendoza, & Kanitz, 1994). The training programs do not adequately include the cultural influences affecting the minorities in the formation of their beliefs, behaviors, assumptions, and careers (Arredondo-Dowd & Gonzales, 1980; Kulanjiyil, 2012). The preparation programs may include one or two courses in multicultural counseling at the most. The programs should have comprehensive materials on different minority groups and different counseling techniques. Asian-American Indians' cultural worldview is conditioned by religious and mystical traditions. The healing may take the form of religious rituals or prescribing some medication (Chandras, Eddy & Spaulding, 1997; Moodley & Sutherland, 2009; Naurt, 2008). There seems to be an emphasis on traditional models of counseling which are founded on mainstream western values and beliefs (D'Andrea & Daniels, 1991; Ibrahim, 1991; Kawanga-Singer & Chung, 2002). Each counseling approach represents a different worldview and thus should be treated accordingly.

Counseling Asian-American Indians should be culture-centered (i.e., actions of the clients should be evaluated and intervened in a cultural context). *The Diagnostic and Statistical Manual of Mental Disorders* (4<sup>th</sup> ed., text rev.; *DSM-IV-TR*; American Psychiatric Association, 2000) includes the Outline for Cultural Formulation (OCF) in Appendix I, as well as a Glossary of Culture Bound Syndromes. The OCF provides a framework for the delineation and the incorporation of the patient's cultural identity, health beliefs, supports and stressors, and the effect of culture on the patient-clinician relationship into a case of formulation (Rosenberg & Rosenberg, 2013).

In response to the increased diversity of the counseling profession, Sue and colleagues (Sue, Arredondo, & McDavis, 1992) constructed 31 multicultural counseling competencies (MCC) to train counselors more effective ways to serve culturally diverse clients. Multicultural counseling competencies have been endorsed by the American Counseling Association (Arredondo et al., 1996). Under the aegis of the Association for Multicultural Counseling and Development (AMCD), Arredondo and colleagues clarified and operationalized the fundamental multicultural competencies. They recommend that effective multicultural counselors should have competencies in the following three domains (Arredondo et al., 1996):

- (1) Counselor awareness of own cultural values and biases (Cardemil & Battle, 2003);
- (2) Counselor awareness of client's worldview (Alvarez & Chen, 2009); and
- (3) Knowledge of culturally appropriate intervention strategies (Arredondo et al., 1996; Corey, 2012).

Competent counselors will use the necessary cultural awareness, knowledge, and skills when counseling Asian-American Indians (Comas-Diaz, 2011).

### **Counselor Awareness of Own Cultural Values and Biases**

Counselors must be interested in counseling minority clients who are different from themselves culturally and socially. They must have knowledge with issues such as racism, sexism, economic and social class, and other realities (Baird, 1996; Lee & Ramsey, 2006). Ho (1995) states that “Those who do not know the culture of others do not really know their own” (p. 21).

In addition to cognitive understanding and counseling skill-training, counselors should explore their own cultural values and biases (Cardemil & Battle, 2003; Sue & Sue, 1990). A critical self-examination may be threatening since it involves their beliefs, biases, and feelings related to cultural differences. As counselors, they have a responsibility to become aware of their own biases, stereotypes, values, and beliefs about culturally different clients. They should understand and appreciate Asian-American Indians’ experiences and then select appropriate intervention strategies (Brabender & Fallon, 2009).

### **Understanding the Cultural Worldview of Asian-American Indian Clients**

The cultural worldview of Asian-Indian Americans includes a common system of beliefs, perceptions, attitudes, and values. It is a shared way of life that binds Asian-Indian Americans together. It is imperative for counselors to understand the cultural beliefs that the clients hold and the degree to which the counselor can provide assistance that is congruent with those beliefs (Choudhuri, Santiago-Rivera, & Garrett, 2012; Hays & Erford, 2010).

Counseling and psychotherapy are foreign concepts to Asian-American Indians. They are reluctant to utilize mental health services due to different cultural values or attitudes toward mental health services. Major reasons for underutilization of mental health services are: feelings of stigma and shame associated with severe psychological disorders and mental illness; availability of alternative resources from elders in the family and extended families and friends; being conservative and reticent about problems as a result of fear of being ridiculed or rejected; fear of ridicule and rejection from counselors on their non-assertiveness, passivity, and meekness in interpersonal interactions; lack of knowledge of location and service facilities; and responsiveness of services (American Psychological Association, 2003; Baptiste, 2005; Chandras, 1997; Ramiletty-Mikler, 1993; Sue & Sue, 2008).

Asian-American Indians find solutions to their problems in different ways. Some of the value orientations in Asian-American Indian culture are: authoritarian orientation, interdependence, conformity, intense relationships, extended family structure, the role of silence, importance of collective goals and responsibilities, and so on (Baptiste, 2005). Counselors will be effective when they use techniques consistent with the cultural experiences of the Asian-American Indian client (Chandras, 1997; Panganamala & Plummer, 1998).

An awareness of the Asian-American Indians' historical and cultural background should be understood in the current social context relating to perceived racial, gender, cultural, and other differences (Baird, 1996; Mahalingam, 2006; Tewari, Inman & Sandhu, 2003). Unless counselors understand the experiences of the Asian-American Indian clients, they may not be able to understand its effects. Asian-American Indians either underuse the counseling services or terminate prematurely. In most Asian-American Indian societies, the cultural worldview of the majority of the people is influenced by religious and mystical traditions. The healing may take the form of religious rituals, invoking the supernatural powers or prescribing some medication of the holistic variety (Fielding & Llewelyn, 1996; Hanna & Green, 2004; Inman, Yeh, Madan-Bahel, & Nath, 2007).

Often, non-Asian-American Indian counselors lack sensitivity and understanding and at times function in oppressive ways against Asian-American Indian clients (Hodge, 2004). Counselors who are not aware of Asian-American Indians' worldview may experience failure, frustration, and hostility during counseling sessions. They may misinterpret the actions of the clients and jump to wrong diagnoses or conclusions. As a result, they may inadvertently create problems due to their failure to understand the unique experiences of their Asian-American Indian clients (Alvarez & Chen, 2009).

Multicultural counselors should explore the differences between Eastern and Western assumptions about counseling and therapy (American Psychological Association, 2003). Counselor training programs do not adequately take into consideration the various cultural influences affecting Asian-American Indians' career choice, life choices, personality formation, and behavior problems. Asian-American Indians use counseling services only after other sources of assistance such as family members and friends have not worked to find solutions to their problems (Sandhu, 1997). In order to understand and assist Asian-American Indian clients' mental health, knowledge about culturally and historically determined support systems must be gained (Lim, 2006; Sue & Morishima, 1982).

### **Acculturation Issues**

Asian Indians face problems during the acculturation process. These problems are due to the lifestyles and value system of the culture of the United States, which is different from those of their homeland (Bhattacharya & Schoppelrey, 2004; Chandras, 1997). According to a study by Sadowsky and Carey (1988), Asian-American Indians prefer to wear Indian clothing, to eat Indian food, and to think in an Indian language. They perceive prejudice in U.S. society and attribute it to their physically different appearance and nonfluent English. Counselors should modify the therapeutic orientation to fit the Asian-American Indian client's worldview. The effectiveness of counseling increases when the counselor uses techniques consistent with the cultural experiences of the Asian-American Indian client.

Asian-American Indians in the United States share some general cultural characteristics with other Asian groups, such as close family ties, conformity within the family, traditional role structures and filial piety (Baptiste, 2005; Chandras, 1997; Ramisetty-Mikler, 1993). However, there are differences such as race, religion, color,

language, etc. It is helpful to recognize these differences and be sensitive to them during counseling sessions.

Asian-American Indian arrivals in the United States experience strong reactions to moving to a foreign culture and missing their extended families. These events create stress, frustration, and hopelessness. Most families try to adjust to the United States way of life. They maintain contacts with their extended families. The extended family network serves as insulation against mental health problems (Johnson & Nagoshi, 1990; Rasmussen, 2011).

Asian-American Indian children born in the United States seem to have adjusted into the U. S. culture more readily than their immigrant parents, which creates conflicts in issues such as dating, marriage, and values (Gasman, 2011; Kim, Macleod, & Shantzis, 1992).

Multicultural counseling refers to preparation and practices that integrate multicultural and culture-specific awareness, knowledge and skills into counseling (Arredondo et. al., 1996). Diversity exists not only across cultures in India but also within cultures. A competent counselor should develop and evaluate specific counseling techniques for specific cultures (i.e., culture-centered counseling).

### **Implications for Counseling**

The cultural worldview of Asian-American Indian clients is still conditioned by religious traditions, beliefs, rituals, indigenous medicine and mysticism. Indian religions have contributed traditional healing practices such as meditation and prayer to reduce stress, and may be considered as forms of psychotherapy (Frame, 2003; Kulanjiyil, 2012).

Some of the counseling strategies with Asian-American Indian clients should include the following:

- (1) The counselor should ask most relevant questions and refrain from asking too many personal questions (Ivey, D'Andrea, Ivey, & Simek-Morgan, 2007).
- (2) First, prepare the client for counseling. The counselor should explain the stages of counseling, what happens in counseling, the need for verbal disclosure, the role of the therapist and client, and so on. Studies reveal that Asian-American Indian immigrants who were better prepared saw their counselor as more interested and respectful, perceived more positive changes, and were satisfied with their adjustment (Ibrahim, Ohnishi, & Sandhu, 1997; Lambert & Lambert, 1984; Vedantam, 2005).
- (3) Assist the client to develop his or her goals in counseling.
- (4) The counselor should be directive in his or her role.
- (5) The counseling should be short and focused on concrete resolution of problems. Asian-American Indian clients should be asked to explain their adjustment problems to new culture and any family problems that have developed after their arrival in the United States.

## **Implications for Counselor Training**

Many counselor training programs train students to focus on the popular Western-oriented counseling techniques in counseling the clients irrespective of their background (Ivey et al., 2007). Often, this results in failure, frustration, and resistance.

Other strategies that may be designed to train counselors to adapt to the challenges of diversity are:

1. Experiential cross-cultural training;
2. Weekend workshops and retreats; and
3. Studies abroad in India.

## **Conclusion**

Asian-American Indian immigrants will continue as the fastest growing ethnic group in the United States. Three factors seem to limit Asian-American Indians' access to counseling services in the United States: cultural, language, and religious barriers. Counselor training programs should meet the needs of Asian-American Indian clients by being empathetic and flexible. This is a challenge to counseling professionals to develop new techniques and services more appropriate to the experiences of the Asian-American Indians (Boehnlein, Leung, & Kinzie, 2008; Chandras, 1997).

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