

Cultural factors influencing the Mental Health of Asian Americans

Asian Americans are the fastest growing racial group in the United States. They are also one of the most diverse, including at least 43 different ethnic groups who speak more than 100 languages and dialects. The Asian American population in the United States has grown from fewer than 1 million (0.5% of the total US population) in 1960 to 7.2 million (2.9%) in 1990, to 10,242,998(3.7%) in 2000. This number is expected to double by 2025. Approximately 7.2million (70.7%) Asian Americans are foreign born, and Asian immigrants account for 2.6% of the total US population.

KEY CULTURAL FACTORS THAT INFLUENCE MENTAL HEALTH

Culture influences the Asian health belief system and has an effect on the diagnosis and treatment of mental disorders. Several key cultural factors that are relevant to this process are described below. However, there is tremendous cultural variability among groups and heterogeneity within groups. These factors will have differing effects, depending on the individual's degree of acculturation, socioeconomic status, and immigration status. Our emphasis here is on new immigrants, who comprise 1% of the US population,¹ and those who are more traditionally oriented. We have chosen this focus because it is these patients who experience the greatest barriers to receiving mental health care. Key cultural factors are:

- **Language** Knowledge of English is one of the most important factors influencing access to care. Asian languages and dialects usually are not widely spoken outside the individual's ethnic group and, depending on degree of acculturation, even within it. According to the President's Advisory Commission on Asian Americans and Pacific Islanders, 42% of Vietnamese American, 41% of Korean American, and 40% of Chinese American households are “linguistically isolated.” This designation means that no one in the household age 14 years or older speaks English “very well.”
- **Level of acculturation** Typically, it takes three generations for immigrants to fully adopt the lifestyle of the dominant culture. This interval is about the amount of time it takes to accept Western medical care more readily than traditional care.⁵
- **Age** In general, the younger people are when they migrate, the more readily they adapt to living in a country in the West.
- **Gender** Historically, men have acculturated more rapidly than women. This standard may be changing, however, as women enter the work force.

- **Occupational issues** Especially among undocumented immigrants, professionals and highly skilled technicians often cannot access pathways to their previous careers because of language or license verification issues. Some are forced to accept low level jobs as is the case with white-collar workers who become piece-goods workers in garment factories and dishwashers or line cooks in restaurants where they earn minimum wage or less. Sometimes, women earn more than men, thereby disrupting family expectations and traditional values.⁶
- **Family structure and intergenerational issues** (see below).
- **Religious beliefs and spirituality** The predominant religions of Asians who do not practice some form of Christianity or Muslim religion are: Buddhism, which promotes spiritual understanding of disease causation; Confucianism, an ethical belief system that stresses respect for authority, filial piety, justice, benevolence, fidelity, scholarship, and self-development; Taoism, which is the basis for *yin* and *yang* theory; and animism, which is the belief that human beings, animals, and inanimate objects possess souls and spirits.
- **Traditional beliefs about mental health** In the traditional belief system, mental illnesses are caused by a lack of harmony of emotions or, sometimes, by evil spirits. Mental wellness occurs when psychological and physiologic functions are integrated. Some elderly Asian Americans share the Buddhist belief that problems in this life are most likely related to transgressions committed in a past life. In addition, our previous life and our future life are as much a part of the life cycle as our present life.

Culture shapes the expression and recognition of psychiatric problems. The influence of the teachings and philosophies of a Confucian, collectivist tradition discourages open displays of emotions in order to maintain social and familial harmony or to avoid exposure of personal weakness. Saving face—the ability to preserve the public appearance of the patient and family for the sake of community propriety—is extremely important to most Asian groups. Patients may not be willing to discuss their moods or psychological states because of fears of social stigma and shame. In many Asian cultures, mental illness is stigmatizing; it reflects poorly on family lineage and can influence others' beliefs about the suitability of an individual for marriage. It is more acceptable for psychological distress to be expressed through the body than through the mind. Therefore, mental health education, prevention and/or treatment are not directly mentioned within the family context.

The Asian American family

Traditional (adhering to native values) Asians place great value on the family as a unit. Each individual has a clearly defined role and position in the family hierarchy, which is determined by age, gender, and social class. Each person is expected to function within that role, submitting to the larger needs of the family. Rituals and customs such as

ancestor worship, family celebrations, funeral rites, and the maintenance of genealogy records reinforce this concept. To achieve peaceful coexistence with the family and others, harmonious interpersonal relationships and interdependence are emphasized. Mutual obligations and shame are the mechanisms that help to reinforce societal expectations and proper behavior.

Gender

Traditional roles for men and women prevail among the Vietnamese. Women usually maintain that their husbands have a legitimate right to make final decisions, and they usually will withdraw from spousal conflict to maintain harmony within the family.

Women are at particularly high risk for the development of psychiatric disorders during their lifetimes. Most major mood and anxiety disorders, with the exception of obsessive compulsive disorder, occur more frequently in women than in men.

Various biologic, social, and cultural hypotheses have been advanced to explain this phenomenon.

Unfortunately, the value placed on males manifests in sex-specific infanticide and a disproportionate number of females in orphanages and available for adoption in China.

In the United States, traditional Asian expectations of women can severely conflict with ideals that emphasize independent thinking, achievement, and self-sufficiency, even at the expense of others' feelings and needs. These conflicting values can play out in several ways:

- Stress and conflict in teenagers lead to isolation and withdrawal or acting out behaviors that in turn can lead to depression
- Spousal conflict can occur as women work in and interact with a culture in which their status is compared to that of their husband
- Resistance to or refusal of psychiatric treatment resulting from chronic low self-esteem can lead to a sense of fatalism

Among persons aged 15 to 24 and older than 65, Asian females are at the greatest risk of suicide compared with women of all other racial groups. Health practitioners must be sensitive and attuned to these issues so they can enhance the therapeutic alliance and do not miss opportunities for diagnosis and treatment.

Post-traumatic Stress Syndrome is applied to former refugees and immigrants that migrated to the United States of America after the Vietnam War ended (1975). These groups are the Lao, Cambodian and Vietnamese Americans. As a result, their symptoms

and behaviors may affect the well-being of their children while adjusting their new lives in the United States.

The life cycle

Asian society has specific expectations of each age group that differ greatly from those in American society. Because of this difference, all age groups are exposed to conflicts or clashes that may increase the risk for development of mental illness.

Children and adolescents.

Children are highly valued in Asian American families. They are taught to be polite, quiet, shy, humble, and deferential. Conformity to expectations is emphasized, and emotional outbursts are discouraged. Failure to meet the family's expectations brings shame and loss of face to both the children and their parents. Parents are seldom forthcoming with affection and praise because of fear that such demonstrations will encourage laziness. Education is important and children who do not do well in school bring shame to their families. Positive reinforcement and discussion of personal achievements are uncommon.

Adolescence has limited meaning in most Asian cultures because individuation carries little value and seeking a definition of self outside the family is not encouraged.

Children usually acculturate more readily than their parents and other elders. Members of older generations benefit from this rapid acculturation by the children serving as interpreters and negotiators for them in the new culture. Although parents expect their children to acquire the language and skills that will enable them to be successful in their new country, they often are reluctant to have them fully embrace most aspects of American culture for fear that they will abandon their native culture. For example, parents may encourage their children to learn English in order to succeed in American society but may refuse to allow them to speak English at home. Such confusing messages to the child lead to trans-generational conflict.

Young adults. For many Asians, young adulthood means achieving for the family. However, with increased exposure to or immersion in Western cultures and values, and conflict between peer pressure and family expectations, many young Asian American adults begin to question their family values. Interpersonal relationships become more of a challenge. Interracial relationships may cause serious conflicts because of parental fears that biracial children will diffuse the family lineage and culture. Asian men may feel pressured to date only women from their specific ethnic group.

Many Asian adults may misunderstand the meaning of the often brief and transient

personal relationships that are common in urban settings in the West. Young adults also face such dilemmas as deciding the group with which they want to be identified and having one identity at home and another when out in public, a phenomenon known as dual identity.

Often the obligation to parents takes precedence over the individual's choice of career. Choice of a career that is different from that chosen by his or her parents can result in loss of emotional and financial support.

References

US Bureau of the Census (2001a). Profiles of general demographic characteristics: 2000 census of population and housing, United States. Available

at: www2.census.gov/census_2000/datasets/demographic_profile. Accessed June 22, 2001.

US Bureau of the Census. Census 2000. Available at: www.census.gov/population/socdemo/foreign/22-534/tables0101_0301.

Mental Health: Culture, Race and Ethnicity — A Supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: US Dept of Health and Human Services, Office of the Surgeon General; 2001.

President's Advisory Commission on Asian Americans and Pacific Islanders, 2001. A people looking forward: action for access and partnerships in the 21st century. An interim report to the President. Washington, DC: US Government Printing Office; 2001.

Ma GX. Between two worlds: the use of traditional and Western health services by Chinese immigrants. *J Community Health* 1999;24:421-437.

Ferran E, Tracy LC, Gany FM, Kramer EJ. Culture and multicultural competence. In: Kramer EJ, Ivey SL, eds. *Immigrant Women's Health: Problems and Solutions*. San Francisco: Jossey-Bass; 1999: 19-34.

Kleinman A. Depression, somatization and the "new cross-cultural psychiatry." *Soc Sci Med* 1977;1:229-231.

refugees. *Psychiatr J Univ Ott* 1982;7:163-172. Gaw AC. Psychiatric care of Chinese Americans. In: Gaw AC, ed. *Culture, Ethnicity and Mental Illness*. Washington, DC: American Psychiatric Press; 1993:227-251.

Americans: implications of somatization. In: Kato PM, Mann T, eds. *Handbook of Diversity Issues in Health Psychology*. New York, NY: Plenum; 1996: 327-366.

Articles from The Western Journal of Medicine are provided here courtesy of
BMJ Group

[Write to PMC](#) | [PMC Home](#) | [PubMed](#)
[NCBI](#) | [U.S. National Library of Medicine](#)
[NIH](#) | [Department of Health and Human Services](#)
[Privacy Policy](#) | [Disclaimer](#) | [Freedom of Information Act](#)