Providing an Effective Therapy to Asian-Indian Immigrants

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Introduction

Culture is a shared system of meaning that is transmitted through a coordinated set of activities and enables a group to derive meaning, pursue well-being, and survive effectively (Matsumoto et al., 2008; Keith, 2019). This research paper examines Indian-Asian immigrants in a Westernized culture. The paper addresses eight points and answers relevant questions pertaining to better understanding Indian-Asian psychological influence in the U.S., and examines specific topics that would prepare psychologists or therapists to more effectively treat clients from Asia-India, while reviewing unique aspects their psychological characteristics. First, the paper offers an explanation for why this group is being addressed in the paper. Second, the historical context of this culture is presented to provide the rationale for unique psychological and therapeutic concerns. Third, the family structure and other issues pertaining are addressed. Suggestions of unpacking cultural undercurrents for counselors, as well as suggestions for practice in this culture will be examined. Suggestions for treatment will be offered to effectively treat the Asian-Indian client.

Contextual Influence

Human context frames the foundation for all of our beliefs, social interactions, values, religiosity, and behaviors (Krause et al., 2019). As individuals, we make meaning through our internal and external context. In terms of this paper, India is the selected group that will be addressed. Contextual aspects of the Asian-Indian influence need to be fully understood in order to successfully offer psychological treatments and family therapy to this dynamic population.

Historical Context

In terms of age and demographics, Asia-India has a very young population. Shivkumar (2021) suggested that India's personality is youthful and is characterized by upward income mobility. By 2026, India is projected to be populated by 1.46 billion people, and by 2060, peak population is projected to occur with 1.65 billion. In terms of youth, by 2030, seventy seven percent of the Asian-Indian population will have birth years from the 1980s. Also, by 2030, 140 million households in India will advance to the

middle class. This means that in terms of healthcare, they will spend three to four times more on these services (Ojha & Ingilizian, 2019).

Based on the evidence, the culture is pioneering and innovative. Along with this pioneering spirit, their influence in other areas, such as psychology, will continue to grow. To underestimate Asia-India's influence on psychology is not only ill-advised, it would be irresponsible, because if attempts are not addressed to adequately understand India's contributions and innovation, then in terms of immigrants, U.S. psychologists will not be able to treat these innovative pioneers, either.

In terms of the conversation that therapists are having about treatment, it's important to recognize the level of tumult, change, trauma, and transformation that has shaped India's populace culturally and socio-politically (Bhargava et al., 2017). The word being bandied about by therapists in large part is "crisis." Prior to discussing their immigration, the paper needs to better understand how crisis is shaping the Indian-Asian as a person.

India's Mental Health Crisis

Asian-Indians are suffering from a mental health crisis of major proportion (Padukone, 2022). The rest of the world needs to understand this crisis because of the psychological impacts to not only the people living in India, but also pertaining to the people leaving to seek a better life in other countries, particularly the United States. Just in terms of economic damages, WHO estimated a projected economic cost of one point three trillion U.S. dollars between 2012 and 2030 to the Indian economy (Padukone, 2022). PTI (2014) reported that Asia-India had more deaths from suicide than anywhere else in the world. Eighty-four occurred per day in the age group between fifteen and twenty-nine years of age, as a result of toxic family issues (Pereira, 2013). In 2017, Asia-India's President specified that Asia-India was confronting a mental health debacle and indicated that fourteen percent of Asia-India's populace was suffering with psychologically-related disorders. Statistically, forty five point seven million people suffered with depression. Another 49-million experienced anxiety ailments. After the COVID-19 pandemic, the issues associated with social isolation from the lockdowns, the numbers of dead and burning in the streets in mass crematoriums, as well as family losses, job losses, and food insecurity all

increased the toll on mental health, especially among the younger population (Bernandine, 2021). One survey conducted by the Indian Psychiatry Society (IPS) suggested that twenty percent more Indians experienced mental health concerns after the Pandemic (Barik & Pattayat, 2022). However, despite the growing availability of mental health treatment in India, there are still only .03 psychologists on average per 100,000 people (Virudhagirinathan & Karunanidhi, 2014). Part of the reason that these issues are still so unspoken is because of the stigmas.

Stigmatization in India

According to Padukone (2022), there are major perception gaps in terms of how mental health conditions are viewed in India. For example, conditions like schizophrenia, OCD, and developmental disorders are viewed through a supernatural lens, as opposed to neuroscience or psychology. These outwardly aggressive stigmas refer to the external locus of control over events and circumstances. Rather than pursuing their internal locus of control, which has been historically rejected in India, many still ascribe negative psychological disorders to external factors such as supernatural beliefs, evil forces, and karma (Bhargava et al., 2017).

Overcoming some of these negative stereotypes will take more than a flux capacitor. Western enculturation and ideals of freedom, non-conventionality, and higher levels of individualized countenance have ignited the move towards immigration, especially for younger generations (Mahajan, 2017; Thacore et al., 2019).

Immigration Issues & Family

According to many estimates, Indian Millennials are disruptive actors performing in a global landscape (Raina, 2019). Mahajan (2017) suggested that Asia-India's Millennial population operates from a different set of values then previous generations. They have a more global mindset. Their purchasing choices are technology-based. They have more progressive future expectations. Their technology aptitude and exposure enabled them to integrate more freely, adapt flexibly, interact with other people their age, learn more readily, and develop increased levels of equality with females (Gupta, 2016). According to Ames and Wazlawek (2014), Asian-Indian Millennials are a much more assertive generation and their

willingness to take risks coupled with a more adaptive communication style provides opportunities to flourish as immigrants. These up-and-comers are seeking a more functional life, and many are heading to Westernized countries to start over (Thacore, 2019).

Hierarchies in Flux

Prior to this flux, Indian-Asians were much more hierarchically driven in their family relationships (Raina, 2019). They were not supposed to challenge authority, and historically youngers were expected to submit to the perceived power and status of older generations, especially those in authority (Raina, 2019). The traditionalist mindset of following rules, adhering to authority, and respectfulness has been gradually changing to increased levels of direct communication, power-seeking, pursuit of privilege, and assertiveness, which has driven a wedge among the generations and led to discord (Kalpathl, 2016).

Honor and Tradition

Honor within the Asian-Indian family-system has traditionally involved celebrations of family unity, purity in the lineage, and maintaining these traditions. These traditions involved arranged marriages, shunning of extramarital relationships, abstinence, and among the older generation there are grave concerns pertaining to immigration to Western cultures where these traditions are not only shunned, but are ridiculed (Kay, 2012). Among traditionalists, ridicule of these honorable beliefs, norms, and symbolic rituals has been shown to lead to diminished self-esteem, shame, and threatens the social and family orders and ultimately diminish reputable group identity (Ledgerwood et al., 2007; Haidt, 2008). Kay (2012) conducted a study on the phenomenon of honor among Indians and determined that older generation participants were much more concerned with these issues than second generation participants. However, there continue to be parental attributions given to the meaning of the parent/child relationship (Kakar, 2007).

Parental Attributions

Kakar (2009) emphasized that Hindu beliefs are deeply engrained in the Asian-Indian culture, especially among family groups originating from Chennai. In parent/child relationships, parents tend to

believe that children are their extension and child behavior can be directly attributed to the parent. Montemayor and Ranganathan (2012) view child success as a vicarious achievement; on the other hand, undesirable child behaviors also reflect poorly on the parents. Again, the social interdependence in the family system has historically de-emphasized autonomy and has prized interrelatedness and collectivism far more than individualism, which Sharma (2003) emphasizes has been engrained particularly among practicing Hindus. The family social world emphasizes unity, solidarity, and community (Kakar, 2010). In the Hindu middle-class family system, children are cherished as gifts from God, and enter the world with pre-existing positive traits that are positive residual heritages from their past life (Kakar & Kakar, 2011).

Again, as Asia-India's culture continues to rapidly change, some of these past communal traits are fading, particularly in the newer generations. Westernized social transformations are coloring past rituals and trends are shifting to increased reliance on individualist notions of advanced education, transitions from rural to urban environments, increased levels of diversity, and revised interpretations of the parenting relationship and family social relationships (Montemayor and Ranganathan, 2012).

Summary

Collectively, Asia-India's family culture is changing. For elders facing these issues, there is a lack of trust, insecurity, and ambiguous loss. Ambiguous loss has been applied to MIA soldiers, but this phenomenon can also be applied to immigration. Basically, ambiguous loss characterizes physical presence and psychological loss or the perception of physical absence but with psychologically presence. Asian-Indian family members still worry and fret over the loved one (Testoni et al., 2020). In this scenario of society in flux, families in disarray, and chaos attributed to shifting values from the families of the past to the revised family model, loss of expectations, and grief.

Issues of Culture, Adjustment & Migration

Asian-Indian Migration

Between 1980 and 2019, Asian-Indian immigrants amplified by thirteen times in the United States. As of 2019, there were 2,688,000 Asian-Indians living here (Batalova & Hanna, 2021). While

access to mental health treatment increased, immigrants often face trauma, increased stress, anxiety, and spousal abuse (Doppelt, n.d.). Bhugra et al. (2011) stress the importance for psychologists to have a grounded understanding of the treatment tools needed to successfully treat Asian-Indian immigrants, which will likely include cultural trauma, grief, loss of identity, and other psychosocial problems. Kakar and Kakar (2007) illustrated the importance of family dynamics in Asian-Indian families, including unity and enmeshed identity that springs from hierarchical obligations, suppression of self-actualization, and a lack of assertiveness. For Asian-Indian immigrants, there is a need to confront separatist familial ties, growing independence, especially for women, vulnerability, and to overcome residuals associated with their external locus of control in terms of religious beliefs and rituals (Avasthi et al., 2013).

Acculturation

There are a couple of different types of acculturations, which include maintaining one's cultural identity and the second is participating in the new culture (Berry et al., 2013). According to Kirshner and Meng (2012), previous research has shown that Asian-Indians tend to bring their previously held values and cultural identities with them to the United States, and most are challenged after arrival because of the vast differences in family families, religiosity, and societal norms. Asian-Indian women in particular experience more difficulties as immigrants because American women are allotted more freedom and independence than in their native culture (Berry, 2005). These issues also tend to overlap into the workplace, and the gaps are highlighted among colleagues who tend to experience more favor, which also tends to come from racial biases (Roy & Sharma, 2017). These issues highlight potential struggles with microaggressions (Sue, 2010). Roy's (2020) study suggests that immigrant students experience mood disorders, emotional problems, and difficulty with the rapid transitions that they are facing. Empathy is a guiding force that could nurture higher levels of emotional resilience and enable increased coping potential (Roy & Sharma, 2017).

Microaggressions Toward Immigrants

Sue (2010) described microaggressions as a contemporary perspective that describe subtle discriminatory insults and put-downs aimed towards individuals in marginalized groups, such as

immigrants. Microaggressions are intentionally or unintentionally hostile acts that are communicated as derogatory statements, implicit or explicit prejudices, and cause tremendous harm to marginalized groups (Nadal et al., 2016). These behaviors are ambiguous, filled with contradictions, and are befuddling (Lilienfeld, 2017). Racial microaggressions are presented as teasing or mocking behaviors, name-calling, and other activities that demean, harm, and minimize racial groups (Wong et al., 2013). The words "aversive racism," "implicit bias," and "modern racism" describe subtle racism (Sue et al., 2007). Racial microaggressions tend to fall into categories that undermine the intellectual abilities of certain groups or classes, assume criminal intent of some ethnic groups, or pathologize ethnic or racial groups (Wong et al., 2013).

Adjustment

Deeply rooted cultural roots tend to impact the life experience of the Asian-Indian's immigrant experience. In this new system, they are considered to be minorities, may have difficulty accessing health care, and face rampant discrimination (Yoshihama et al., 2011). Women, in particular, may struggle because there are dichotomies between how they are treated at home contrasted with treatment at work (Masood et al., 2009). Particular issues involve three main themes resulting in depression, mood disorders, anxiety, and other adjustment barriers (Roberts et al., 2015). These issues include language barriers, conflicts arising from marriage and family relationships, and domestic abuse. Let's take a look at each theme.

Language Barriers

Particularly for first generation immigrant, language barriers are isolating and lead to depression (Bhatti, 1976). Participating in social events are amputated. Non-English-speaking women are limited from being able to engage in social activities, education, and are expected to devote strongly to previously held values related to home and family obligations (Roberts et al., 2015). These women experience loss, grief, and are crippled economically and enslaved in terms of personal autonomy (Roberts et al., 2015). As a result of these barriers, immigrants are excluded from health, including mental health treatments and therapies (Showstack et al., 2019). Psychologists and family therapists need to recognize these barriers

and provide potential accommodations to effectively work with clients who experience these difficulties. These aforementioned language barriers also limit researchers from fully understanding how to best help the immigrant, as well (Squires et al., 2019).

Marriage and Family Concerns

There are countless marriage and family concerns that arise for Asian-Indian female immigrants. First, women from traditional Asian-Indian families experience hardships that are difficult for American women to fathom. Relegated to an arranged marriage at a younger-than-acceptable age, many Asian-Indian women are pressured to bear children, and then are subservient to the traditional marriage and familial hierarchies (Roberts et al., 2015). Mired by economic difficulties, and struggling with pre-conceived notions pertaining to working outside the home, when women are able to become gainfully employed, the gossip and restricted conversations in the workplace make it difficult for women who fear retribution at home for their workplace conduct (Roberts et al., 2015).

Domestic abuse is prevalent in the Asian-Indian home (Roberts et al., 2015). With minimal recourse and pressure from family member to stay in these difficult situations, abuse is underreported and causes deep levels of anxiety and exacerbated depression (Guruge, 2012). Statistically, females of all ages are subject to violence. Seeking help for these troublesome conditions causes additional harm, isolation, and patriarchal systems punish reporting, which makes it difficult for women to seek safety (Chantler, 2006). All of these issues are paramount for family therapists to be aware of in treating Asian-Indian immigrants. Understanding the cultural framework is vital to providing appropriate therapy.

Implications of Culture in Therapy

India’s Psychology Influence

Before attending to how to best help American therapists, it’s noteworthy to understand that India has a rich history in the practice of psychology. Knowing this information could help Americans with their cultural competence in the treatment process. Historically, psychology in India goes back as far as Upanishads (1500-600 BCE). Eminent Indian philosophers have also contributed to Indian psychology, and the list includes Bhaattacharyya, Radhakrishnan, Tilak, and Ghose, which spanned time from 1875 to

1975 (Bhushan, 2017). Moreover, *The Gita* was considered to be a seminal book about psychological counseling (Dalal, 2011). The psychology discipline started in India in 1905 and was later followed by the formation of university psychology departments, certificates, and other psychology disciplines (Kundu & Chakrabati, 1979). On November 21, 2006, Dr. L.S.S. Manickam initiated a virtual-led group of Indian psychologists to begin creating a community of practice. As of July 1, 2017, there 7,666 members, and the group is actively presenting, practicing, and publishing (Bhushan, 2017). In 2008, Paranjpe directed attention to karma yoga and the Advaitic method of meditation. Certainly, there has been increased interest in Asian-Indian psychology, and this can only be explained by the rationale that Asian-Indians need mental health services and psychological treatment because despite the country's burgeoning population and innovative spirit, there are growing pains that can only be described as a crisis for many (Thacore, 2019).

The Psychology of Hinduism

Second, Hinduism is deeply engrained in the cultural scripts of Asian-Indian families and their communities. Ryder et al. (2011) describe cultural scripts as a fusion of cultural practices, social meaning, and psychological behaviors. These scripts guide behavior, influence how people in different cultures make meaning, and enable psychologists and therapists to examine psychological practices and clinical processes (Ryder et al., 2011). Much of Asia-India's cultural and spiritual scripts are informed by the religious tradition of Hinduism, which is one of the world's largest religious traditions and the prominent religious tradition in Asia-India (Oman & Paranjpe, 2020). After one survey conducted among psychologists about the influences of Hindu on therapeutic treatment, Peteet (2013) suggested that religion is deeply impactful on mental health treatment, and Hindu abides in the doctrine of Karma, which is the ideal of living a moral life (Pillay et al., 2008). Among followers of the Hindu path, there are four ideals that must be achieved, which include wealth, ethical duty, pleasure, and spiritual enlightenment (Sharma, 2015). Interwoven in the tapestry of the four ideals, there are four ethical tenets, which include knowledge, Yoga, ethical behavior, and devotion (Tarakeshwar et al., 2003). To better understand and therapize Asian-Indian clients, psychologists must unpack the client's understanding and devotion to

these tenets. Additionally, Abhedānanda (1967) commented on the ways of self and understood that the self was infinite and comprised of a single consciousness that acquired a succession of physical bodies passing through reincarnation that were predicated on the laws of Karma. Karma is comprised of choices, actions, and motives (Misra & Paranjpe, 2012). Yoga enables Hindus to lead a more meaningful existence and connect with the internal self (Sharma, 2015). Transcendental meditation is a Hindu practice that has been used as an experimental method to address psychological issues and alleviate stress (Alexander et al., 1987). Historically, if Asian-Indians received therapy at home, they may have been treated with these types of interventions.

Suggestions for Practice

The Depressed Asian-American Female Immigrant

In this scenario, a female Asian-American woman enters family therapy to help her with her depression. She feels lonely and isolated. Her language abilities are limited. And her ability to access healthcare are restricted. According to Inman et al. (2007), practitioners should take specific notice of difficulties for Asian-Indian female immigrants and afford attention to the specific condition of depression. Other mental health conditions need to be ruled out, as well, and cultural consideration should be given to the Asian-Indian's cultural beliefs that Americans might view as paranoid or delusional (Thacore, 2019). Respect and understanding are needed to build trust with the client (Merriam & Tisdell, 2016).

Depression from a Cross-Cultural Perspective

Important to note, depression symptoms may present differently cross-culturally (Kokanovic et al., 2009). For example, in Chinese populations, it is stigmatizing to seek therapy to treat psychological symptoms, even when these health symptoms are caused by depression. Instead, according to Kleinman (1982), Chinese people focus on treating physical manifestations of psychological disorders, such as headaches, dizziness, insomnia, and lingering pain (Ryder et al., 2011). Somatized physical symptoms need to be ruled out, because depression typically presents in the context of the individual's background, education, language barriers, economic limitations, and pressures to adapt to a new culture (Tewary et al.,

2012). The Asian-American woman may seek help to deal with her depression by first seeking medical treatment for potentially somatized physical symptoms.

Family Therapy

Conrad and Bahudar (2005) stressed that care should be given in creating a treatment plan. According to Srinivasan (2001), the client's self-esteem should be regarded within the family context and in association with negative migration experiences, loss, cultural conflicts, and other embedded beliefs.

Conventional therapeutics for depression involve medications and psychotherapy (Baldauf, 2009). Psychotherapy offers behavior modifications that focus on triggers. Hollon (1981) suggested that behavior activation treatments may offer help in offering coaching to help direct problem-solve, develop self-control, and to improve social training for marital, family, social, and work-related issues.

Cognitive behavior therapy is recommended (Bandura, 1969). Any irrational fears or beliefs first need to be identified and then modified (Dobson & Shaw, 1995). Specifically for women, CBT shows promise in treating depression and improving social difficulties especially for immigrant females (Voss-Horrell, 2008). To help overcome troubled family interactions, Corey (1996) recommended a constructivist model to help in better communicating directly within the hierarchical and patriarchal framework (Khanna et al., 2009). Consulting with or referring to a practicing Asian-Indian therapist is a recommended practice for helping the Caucasian American develop cultural competence. Training in this area would also enable the American therapist to identify assumptions, overcome potential bias, understand the client's culture, and develop appropriate strategies for intervention (Wang & Kim, 2011).

Certainly, involving family in therapy as a unit or individually could help with making adjustments to a new country and social structure operating within a community environment (Khanna et al., 2009). By working with a social worker or family systems therapist, the client's assumptions and beliefs could be reframed within a new cultural paradigm. Suggestions for practice should include incorporating the client's cultural and language framework within the therapeutic process, which is essential to building trust, learning open-heartedly, and creating ways to achieve positive outcomes for the bilingual Asian-Indian female suffering from depression (Conrad & Pacquiao, 2005).

Conclusion

This research paper examined Indian-Asian immigrants in a Westernized culture. The paper addressed eight points and answers relevant questions pertaining to better understanding Indian-Asian psychological influence in the U.S., and examined specific topics that would prepare psychologists to more effectively treat clients from India, while reviewing unique aspects their psychological characteristics. First, the paper offered an explanation for why this group is being addressed in the paper. Second, the historical context of this culture was presented to provide the rationale for unique psychological and therapeutic concerns. Third, the family structure and immigration issues were addressed. Suggestions of cultural undercurrents, as well as suggestions for practice in this culture were examined. Suggestions were made to effectively treat the Asian-Indian client.

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