HANDBOOK OF ADULT PSYCHOPATHOLOGY IN ASIANS

THEORY, DIAGNOSIS, AND TREATMENT

EDITED BY

EDWARD C. CHANG

OXFORD

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First and foremost, this volume is dedicated to my courageous and loving parents, Tae Myung-Sook and Chang Suk-Choon. Beyond being a consequence of a historically significant moment in their interpersonal lives, it took many, many dedicated years filled with purposeful practice, patience, and great sacrifice on their part to teach me as a young immigrant boy growing up in Greenpoint, Brooklyn, why I should be aware and proud of my Asian heritage even if it embodied habits and sensibilities different from, and perhaps even undervalued by, those of the strange new society we dearly hoped to make our own one day. I will forever be indebted to both of you for helping me appreciate the rich complexities and ways of being Korean American (감사합니다) and, of course, providing me a middle name (Chin-Ho) that made me wonder as a young child how some American kids knew me without ever being formally introduced. To my dear wife, I would like to thank her for always being understanding and there to support my efforts no matter where they took me or us. And to my G12 Midwest ranked eleven-year-old Kapalua Princess, Olivia, I would like to thank her for inspiring my hopes and dreams of what an even brighter future we may all help to build if we sometimes just remember that living life is about finding unexpected opportunities, rather than dealing with predictable limitations. I hope to keep this wise lesson in mind as time passes. Finally, I would like to thank my dear colleagues, the wonderful contributors of this work, who have devoted their personal and professional lives in order to enrich our global understanding and treatment of mental illness in Asian adults. Without their passion and persistence, this critical work could not have been made possible.

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FOREWORD

The significance and value of *Handbook of Adult Psychopathology in Asians: Theory, Diagnosis, and Treatment*, edited by Dr. Edward Chang, are highlighted by three facts. First, *National Geographic* researchers determined that the world's most typical person is a Han Chinese man. Second, Asians represent over 60% of the world's population. Asians include persons having origins in peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, China, India, Japan, Korea, Cambodia, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam. Third, most of our knowledge of mental health is derived from studies of Americans or Western rather than Asian cultures. Given the population dominance of Asians in the world, and the relative lack of mental health knowledge concerning Asians, the Handbook is an important, refreshing, and much needed contribution.

A wide range of topics is actually covered in the Handbook, such as Asian psychology, nosology and disorders, culture, assessment, diagnosis, and treatment. The primary emphasis of the book is the presentation of mental disorders. The various chapters largely focus on disorders from the *Diagnostic and Statistical Manual* of the American Psychiatric Association. Consequently, mood disorders, anxiety disorders, schizophrenia, substance abuse, eating disorders, dissociative disorders, adjustment disorders, personality disorders, sleep disorders, somatoform disorders, and culture-bound syndromes are presented. In general, the chapters cover symptom expression and assessment, etiological factors in the disorders, and treatment. The contributors are distinguished researchers and scholars on Asians from various parts of the world.

A focus on Asians that is based on disorders from the *Diagnostic and Statistical Manual* is not an easy task. Asians are quite diverse in terms of cultural milieu, political orientation, geographic locations, socioeconomic status, and so forth. Furthermore, it is impossible to cover all Asian groups and all topics related to psychopathology, assessment, and treatment. And, as discussed by several chapter contributors, the use of the American Psychiatric Association's *Diagnostic and Statistical Manual* for various Asian groups may be problematic in terms of definition of disorders, diagnostic criteria, and symptom manifestations. But raising these issues allows the thoughtful examination of the adequacy of what we do as scientists and practitioners. What Dr. Chang and

the various contributors have accomplished in the Handbook is a meaningful sampling of Asian populations and mental health issues.

At the core of this book is the principle that culture in general and Asian cultures in particular affect all of mental health. This is apparent in descriptions of how Asian cultural influences affect symptom expression and illness behaviors. Indeed, various contributors point to the need to consider indigenous conceptions of mental disorders, indigenous psychotherapies, and new ways of defining mental disorders. The principle of culture is most clearly revealed in three ways. First, the popular belief is that psychotherapies were first developed and articulated in the West. Yet, we find that Asians also utilized different forms of psychotherapies that either paralleled or predated those in the West. Second, the contributors succeed in demonstrating how those in the mental health field have often considered practices, concepts, and theories as being valid, etic, or universal phenomena applicable to all populations, when the practices and theories are actually emic or culturally limited in nature. For example, in the West, somatic disorders are diagnosed largely on the basis of symptoms that show strong psychological features; yet, in the East, these disorders are expressed with psychological and somatic symptoms because of a stronger holistic integration of mind and body features. While mental health research and conceptualizations are most advanced in Western societies, particularly the United States, there is the danger that these conceptualizations and attendant cultural biases become the norms and standards to use throughout the world. Third, it is always intriguing to compare the rate and distribution of mental disorders in various countries or societies—for example, is schizophrenia more prevalent in the United States than China, or do Asian Americans have a higher rate of mental disorders than non-Hispanic white Americans? These questions are important to raise. However, the answers are complex. Is the *Diagnostic and Statistical Manual* applicable to different cultural groups? Are symptoms of disorders and diagnostic categories valid for different cultural populations? Are measures of disorders invariant across different groups? How do we deal with so-called culture-bound syndromes in our estimates of prevalence of mental disorders?

These questions and issues point to the importance of understanding not only the mental health status of Asians, which is an important goal per se, but also the broader implications concerning the mental health field, its concepts, practices, assessment assumptions, treatment approaches, and limitations. *Handbook of Adult Psychopathology in Asians: Theory, Diagnosis, and Treatment* represents a significant advance in our understanding of Asians and the broader issues in mental health.

Stanley Sue
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2011

PREFACE

The conceptual and practical impetus for the present work emerged from my early clinical experiences working with Asian adult patients as part of my year-long training as a clinical intern at a major New York City hospital. I can still recall the unexpected mix of excitement and calm I felt when I realized that I could connect with these patients in ways that went beyond the formalized conventions and alliance-seeking strategies I was trained to express and establish with all my adult patients. Indeed, as an immigrant and a son of traditional Korean parents, I quickly and easily found myself thrown into discourses with these patients involving contexts and themes that were often all too personally familiar. Yet, at the same time, I also felt tremendous challenge and frustration in trying to convey my understanding and appreciation of mental illness as culturally embodied among these diverse Asian adults to my non-Asian clinical supervisors. The source of that frustration was not due to my supervisors being unwilling to consider my contextualized clinical formulations of my patients' presenting problems, but it had more to do with my inability to find substantive resources to ground my formulations beyond my personal experiences and the very limited research on Asian adult mental health that existed at that time. Interestingly, the clinical internship I attended was world-renowned for their emphasis on appreciating the cultural context of Hispanics, and even included an in-house bilingual treatment program for Hispanic and Spanish-speaking patients. Ironically, however, an appreciation for culture and context in grappling with clinical issues was often difficult to find beyond the doors of that unique program. Nonetheless, I was fortunate in that my supervisors were willing to entertain and bet on my loosely justified thoughts, offering me sufficient time and space to incorporate culture in working with my Asian adult patients. Yet, within this generous opening, I continued to feel intellectually stunted and therapeutically lost because of the lack of empirical, scholarly, and clinical resources present and available to me and my supervisors for understanding mental illness among Asian adults. Needless to say, the world has changed in many unimaginable ways over the past decade or so since my year on internship. Works involving theory, research, and practice on Asian adult mental health have grown considerably, albeit at levels that still remain far behind those involving Caucasian or European adults. Nonetheless, we do have more information available than ever before, and the fruits of these emerging points of knowledge are highlighted in and by the existence of this

volume. Accordingly, and I say with a sense of contentment, the present work is meant to represent a central resource for all current and future professionals who are involved or interested in the study and treatment of mental illness among Asian adults. No doubt, I am deeply indebted to the stellar group of contributors who have dedicated a great deal of their valuable time, energy, and expertise during the progress of this work to ultimately produce a volume that I know will help all of us ground and expand our global notions of what it means to consider culture and mental health in our efforts to understand and improve the lives of Asian adults.

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INTRODUCTION: FROM NOMOTHETIC TO IDIOGRAPHIC APPROACHES

Edward C. Chang and Cathryn G. Fabian

> In teaching the rest of the world to think like us, we have been, for better and worse, homogenizing the way the world goes mad.
>
> —from *Crazy Like Us,* Ethan Watters

Science is believed to involve a rational process in which trained individuals make careful observations, generate logical ideas, develop coherent theoretical models that account for their observations, and then submit their theory to empirical hypothesis testing in order to confirm or disconfirm their model (Ayer, 1959; Carnap, 1934; Popper, 1969; Whewell, 1858). Following in the tradition of the Enlightenment in Europe, modern philosophers of science believed that by engaging in this sort of objective process, scientists could help eliminate social ills and generate information and findings that would be beneficial to all members of society (Ayer, 1946). Indeed, in talking about the psychology of scientists, Holton (1978) noted that those who engaged in doing science often endorsed "scientific optimism," the idea that through science they were at the dawn of being able to solve something very important and useful to all. Without a doubt, the power of science has led to many social benefits and advances, and this is no less apparent when one looks at the evolution associated with the study of mental illness or psychopathology.

THE DIAGNOSTIC AND STATISTICAL MANUALS (DSMs) OF MENTAL DISORDERS: FROM CORE NEUROSES TO AN EXPANSIVE NOSOLOGY OF CLINICALLY SIGNIFICANT DYSFUNCTIONS

In 1948, the World Health Organization published the *Manual of the International Statistical Classification of Disease (ICD), Injuries, and Causes of Death* to classify disease and disorders around the world. In response to this global effort, the American Psychiatric Association (1952) produced the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) to offer mental health professionals working in the United States a more situated tool for assessing, diagnosing, and eventually treating individuals with mental illnesses. The development of the *DSM* was particularly important for the armed forces, given that nomenclature found in existing systems at the time, like the Standard Nomenclature of Diseases and Operations (National Conference on Medical Nomenclature, 1952), failed to account for the wide range of behavioral dysfunctions observed in those involved in World War II.

The first and second editions of the *DSM* (American Psychiatric Association, 1954, 1968) were relatively short in length, and involved a classification of mental disorders largely limited to those disorders believed to be associated with brain injury and those believed to have psychogenic origins. By the 1980s, the American Psychiatric Association took a strong and decisive step forward in developing the third edition of the *DSM* (American Psychiatric Association, 1980, 1987). Unlike previous editions, the American Psychiatric Association took careful steps to use data from clinical field trails to help inform the development of the third edition of the *DSM*. Indeed, the development of the *DSM-III* (American Psychiatric Association, 1980) was distinctly predicated on improving the reliability of diagnoses. Several years later, a revision was made that incorporated an emphasis on concurrent and descriptive validity of the diagnoses provided, resulting in the *DSM-III-R* (American Psychiatric Association, 1987). Finally, more than a decade after the publication of the third edition, the *DSM-IV* (American Psychiatric Association, 1994) was produced. Unlike previous editions, the development of the *DSM-IV* was driven by concerted efforts to improve the clinical utility of the *DSM* and provide a more scientific and objective foundation for classifying mental disorders, ranging from reviews of the extant empirical literature, data reanalyses, to field trials (Widiger et al., 1991). It was also notable for including explicit references to culture-bound syndromes (Kleinman, 1997). Given that more than 15 years would pass before the next edition of the *DSM* was scheduled for publication (*DSM-5* is due in 2013), and updated edition of the *DSM-IV* was introduced, namely the *DSM-IV-Text Revision* (American Psychiatric Association, 2000). Three key objectives were sought in updating the *DSM-IV*, namely, updating information to be current with existing literature, correcting for errors and ambiguities that have become apparent in the *DSM-IV*, and updating the diagnostic codes to correspond with current *ICD* codes (First & Pincus, 2002). Currently, the *DSM* has become one of the most widely and frequently used tools in studying, assessing, diagnosing, and treating mental disorders around the world (Watters, 2010).

The DSM as a Tool Used by Scientists and Practitioners to Describe, Maintain, and Prescribe American Culture to the Rest of the World

According to Prilleltensky (1989), scientists often believe that by engaging in scientific activity to solve problems, they can achieve solutions with objectivity and without bias. Yet, the idea that science exclusively involves an objective process has been one that has been frequently questioned by others (Bronowski, 1956; Scarr, 1985). Increasingly, philosophers and scientists alike are becoming aware that the question to ask is not whether values are present in science, but rather what values are present (Fulford, 2005; Giorgi, 1975; Prilleltensky, 1997; Wakefield, 1992). In that regard, the *DSM* needs to not only be situated historically, but also situated within a multicultural context.

The DSM as a Core American Brand

In talking about American culture, Brandt (1970) pointed out that the American way of life is one of doing, and thus, it is not surprising that American scientists focus so heavily on seeking "'law and order' in nature so that they could 'predict and control' it" (p. 1091). But, perhaps more importantly, Brandt also noted how Americans typically achieve "objectivity":

> Objectivity in American terms was to be achieved not by taking different viewpoints but by describing "how to do" something (operationism). Taking different viewpoints toward a problem was considered confusing and uneconomical. Americans need "consistency" and "parsimony" to make life simple instead of complex. (p. 1091)

Compounding this problem is a form of nationalism that often leads Americans to believe they are better than other people (Albee, 1986), and that American standards should be exported and prescribed to the rest of the world (Watters, 2010). And, as a result, it is not surprising to find that American scientists often devalue, and sometimes even disregard, research done in other countries, especially those done in other languages (Brandt, 1963). It is the confluence of these two factors (viz., seeking "objectivity" and devaluing non-American research), among others (e.g., emphasis on internal validity, public policy goals; Sadler, 2005; Sue, 1999), that has helped shape and maintains the common belief that the *DSM* is not just an artifact of American culture, but rather a rigorously detailed documentation on mental disorders generated from the fruits of many decades of unbiased scientific research and innovation.

Yet, it is clear that culture does matter in doing science, from the questions asked to the answers obtained (Basic Behavioral Science Task Force of the National Advisory Mental Health Council, 1996). In that regard, the inclusion of culture-bound syndromes in the *DSM-IV* may have suggested to some that the American Psychiatric Association was moving closer to appreciating the importance of culture in the context of mental disorders. Yet, as noted by Kleinman (1997), who served on the Taskforce on Culture and the DSM-IV, the editors of the *DSM-IV* eliminated or failed to incorporate a number of important suggestions for inclusion that would have helped make the *DSM* more culturally relevant and useful. Rather, the editors allowed for the

inclusion of a limited number of syndromes (e.g., *koro*, *amok*) that was believed to be indicated in some cultural and ethnic groups. So if the goal was not to make the *DSM* more culturally useful, then what was the purpose of including any reference to culture in this edition? According to Kleinman (1997),

> The reason why culture appears at all in DSM…has all too little to do with the robust findings generated over the past several decades by cross-cultural and international research on mental illness and its treatment. This is research that relatively few academic psychiatrists or practitioners, save those with a special interest in culture, read. DSM-IV had to include something on culture for demographic, economic, and political reasons. (p. 343)

Thus, ironically, we again find an example of how values, rather than the impartial rigors of scientific activity, dictate what is and is not included in our fundamental understanding of the world around us. This consequence becomes particularly problematic when we appreciate the increasing global context and complexity of the world that we live in (Cohen, 2009; Mays, Rubin, Sabourin, & Walker, 1996), juxtaposed by the use of a popular diagnostic manual of mental disorders that has been derived largely from Western intellectual traditions and informed by studies of patients from mostly Western backgrounds (Alarcón et al., 2009; Lin & Lin, 2002; Mezzich, Ruiperez, & Villa, 2008), and typically applied in top-down fashion to individuals of all cultural backgrounds (Betancourt & López, 1993). As an American product that was historically derived from and designed to account for the behaviors of most Westerners (i.e., individuals of European descent), it is likely that the *DSM* may not be as useful a tool for understanding the behaviors, normal or abnormal, of most Easterners (i.e., individuals of Asian descent). Indeed, there are a number of reasons to consider a "bottom-up" approach to understanding mental disorders more indigenously, namely, emerging research pointing to fundamental differences in behavior between Easterners and Westerners, and research on the prevalence of mental disorders in Asians.

FUNDAMENTAL DIFFERENCES BETWEEN EASTERNERS AND WESTERNERS: AN ILLUSTRATION DRAWN FROM RESEARCH ON SELF-CRITICISM AND SELF-ENHANCEMENT MOTIVES

Despite the modern notion of self-criticism as bad and self-enhancement as good (Chang, 2007), this view may be more common in the West, but less common in the East (Kitayama, Markus, Matsumoto, & Norasakkunkit, 1997). Typically, Western cultures are considered to be individualistic given their emphasis on attending to the needs of the self over others (Greenwald, 1980; Weisz, Rothbaum, & Blackburn, 1984). Thus, for most Westerners, it is the attainment of personal happiness, rather than group happiness that is highly regarded and sought after, as codified and expressed in historical works such as the United States' Declaration of Independence. Therefore, it is not too surprising then that in Western cultures, maybe especially in the United States (Brandt, 1970), conditions associated with

a lack of self-interest, such as anhedonia, an inability to experience personal pleasures, and dependency, a condition defined by a tendency to subordinate one's needs to those of others, are seen typically as signs of psychological dysfunction or mental illness. Accordingly, self-enhancement for Westerners is believed to represent a constructive process that allows them to maintain and support the independent self (Taylor & Brown, 1988).

Eastern cultures or cultures found in many Asian countries, have been considered collectivist, given their focus on fostering a view of the self as fundamentally interrelated with significant others (Doi, 1971/1973; Markus & Kitayama, 1991). Hence, attending to significant others, harmonious interdependence with them, and fitting in not only are valued, but also are often strongly expected among members living within these cultures. Thus, for example, in contrast to many Western psychological approaches that focus largely on treating and strengthening internal attributes of an independent self (Prilleltensky, 1989; Sarason, 1981), a key objective of some indigenous Japanese therapies is to help clients overcome and transcend a focus on the immediate and independent self (e.g., Morita, 1928/1998). One finds that the self fostered in Eastern cultures, as in Japan, is interdependent with significant others, such that important others "participate actively and continuously in the definition of the interdependent self" (Markus & Kitayama, 1991, p. 227). Accordingly, self-criticism for Easterners is believed to represent a constructive process that allows them to maintain and support the interdependent self or the group. Taken together, these culturally different patterns indicate a need to consider more inclusive models and a need to situate our understanding of self-criticism and self-enhancement motives in cultural context. Paralleling these culturally different patterns in fundamental dimensions of motivation between Easterners and Westerners, other researchers have also noted important cultural differences in styles of thinking, noting that Easterners are more inclined to appreciate and engage in dialectical reasoning, whereas Westerners are more inclined to appreciate and engage in logical reasoning (Peng & Nisbett, 1999).

PREVALENCE OF MENTAL DISORDERS IN ASIANS

Early researchers of psychopathology in Asia in the 1950s concluded that Asians were resilient and immune to even the more subtle mood disorders prevalent in Western societies (Kleinman, 1986). More contemporary data has supported this notion by revealing that East Asian countries generally have a lower prevalence of psychiatric disorders than Western countries (Simon et al., 2002; Weissman et al., 1996). Cho et al.'s (2007) review of the existing literature found that estimates of lifetime prevalence of major depressive disorder in East Asia countries (including South Korea, Japan, Taiwan, and Hong Kong) range from 1.1% to 3.4%, compared to 12.8% to 17.1% in Western countries. In a similar fashion, results from a cross-national study of psychiatric disorders conducted by the World Health Organization using the World Health-Composite International Diagnostic Interview (WMH-CIDI) also indicate substantially lower 12-month prevalence of mental disorders in Japan (8.8%), Beijing, (9.1%), and Shanghai (4.3%) compared to the United States (26.4%; WHO World Mental Health Survey Consortium, 2004). Among the Asian diasporas, epidemiological surveys have established similar findings of low prevalence rates of mental disorders, although data on Asian Americans is limited due to their exclusion from most major

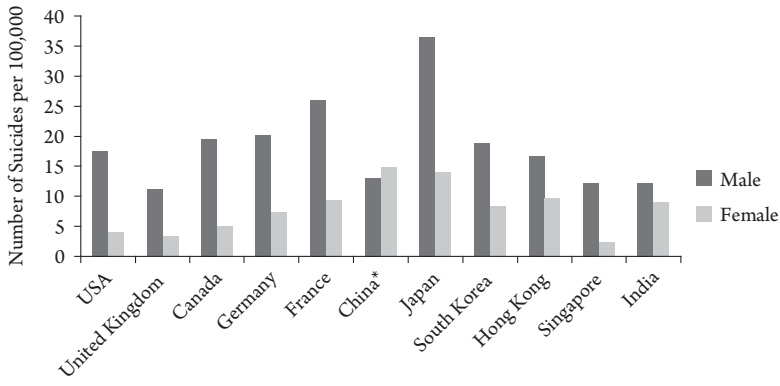

FIGURE 1.1: Suicide Rates Per Capita, by Country and Gender

** select urban and rural areas only.*

large-scale studies. Much of the existing data on the prevalence rates among Asian Americans is drawn from studies that focus on a single ethnic group, primarily Chinese, Japanese, and Filipinos. More recently, there has been a more concerted effort among researchers to include multiple Asian ethnic groups in such studies. Findings from the Collaborative Psychiatric Epidemiological Survey indicate that compared to African Americans, Caribbean blacks, and Latinos, Asian Americans have lower prevalence rates of mental disorders (Abe-Kim et al., 2007; Alegría et al., 2007; Williams et al., 2007). However, anecdotal evidence suggests that the rates of mental illness among Asians are trending upward, as evidenced by the finding that Asian nations have some of the highest per capita rates of suicide (World Health Organization, 2003). (See Figure 1.1.) These developments may be due in part to rapid social changes related to economic development, and to a more evolved understanding of mental health among Asian cultures that have ascribed to different notions of well-being (Dennis, 2004). Despite the appearance of low rates of mental illness in Asia, the true magnitude of the issue is likely much larger.

Perhaps, then the utilization of mental health services is as significant an issue of concern as the prevalence of mental disorders themselves. Researchers have identified numerous factors that may serve as barriers to accessing mental health services among Asians, including: use of social networks to provide informal support; use of spiritual leaders or indigenous healers; concerns about loss of face due to stigma of mental illness; lack of access to culturally appropriate services; and a "model minority" stereotype that views Asians as being less susceptible to mental health issues compared to other racial groups (Lin & Cheung, 1999; Herrick & Brown, 1998). Another possible explanation for the low prevalence rates of mental disorders in Asians may be due to underreporting. In Asia, a shortage of mental health professionals, including psychiatrists, psychologists, and social workers, leads many of those with mental disorders to go without formal diagnosis and treatment (World Health Organization, 2005). (See Figure 1.2.) Even when some services are available, Asians are less likely to utilize such services to address mental health issues. Cross-national data from the World Health Organization found that rates of service use in the past 12 months were lower in China (3.4%) and Japan (5.6%) than in most of the Western countries surveyed, including the United States (17.9%; Wang, Aguilar-Gaxiola, et al., 2007). Furthermore, among Asian Americans, service utilization rates vary according to nativity and generational

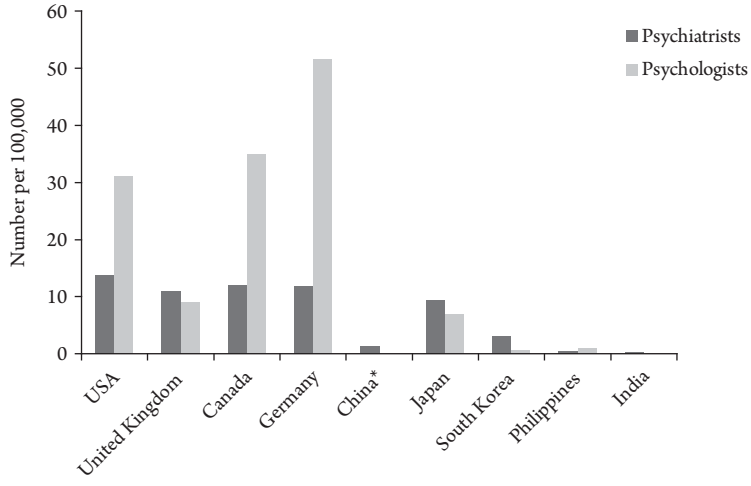

FIGURE 1.2: Number of Mental Health Professionals (Psychiatrists and Psychologists) Per Capita
**no data available for number of psychologists in China.*

status, suggesting that acculturation to Western culture also plays a role in accessing mental health services (Abe-Kim et al., 2007; Meyer, Zane, Cho, & Takeuchi, 2009). These lower mental health service utilization rates are further exacerbated by a tendency among Asians to delay seeking treatment after the onset of disorder (Alegría et al., 2002; Wang, Angermeyer, et al., 2007). Thus, the treatment of mental disorders among Asians necessitates a more holistic understanding of the role of culture in help-seeking behaviors, and of more structural barriers that prohibit those in need from seeking out services.

OVERVIEW OF THE PRESENT VOLUME

The present volume is broken down into three main sections. Section I focuses on broad conceptual and practical issues associated with the study of Asians. In Chapter 2, Saw and Okazaki provide an overview of Asian psychology that challenges the dominant mainstream Western paradigm. Through a review of several indigenous Asian psychologies, they call attention to salient values, relational concepts, and worldviews from a cultural perspective as they relate to psychopathology among Asians. In Chapter 3, Akutsu and Chu address the issue of the inadequacy of current research and assessment methods in informing clinical practice with Asian and Asian American clients. The authors identify common challenges faced by clinicians using currently available diagnostic tools with Asian clients, and provide a practical model for choosing appropriate assessment measures.

Section II focuses a critical appraisal on what we know about specific mental disorders in Asians. In Chapter 4, Wong and Osilla review the literature on substance use disorders among Asians, which is limited despite research that suggests prevalence rates may be rising. The authors also identify several key barriers to seeking treatment for substance use disorders that are particularly pertinent to Asians. In Chapter 5, Lin, Hwu, and Tsuang discuss the relevance and utility of current diagnostic criteria, etiological models, and treatment approaches for schizophrenia in

Asians, while also calling for further exploration into ethnic and cultural influences in diagnosis and treatment. In Chapter 6, Yeung and Chang explore the contradiction between the Western conceptualization of mood disorders and more holistic views of health and well-being in the East. This cultural dilemma not only leads to greater stigmatization of mental illness in general among Asians, but also leads those with mood disorders to delay or even avoid treatment. In Chapter 7, Hong provides an overview of the various anxiety disorders, highlighting unique cultural factors that limit the generalizability of current etiological theories and treatment approaches among Asians. In Chapter 8, Mak, Cheung, and Leung compare and critique diagnostic criteria for somatoform disorders across different diagnostic systems. The authors also examine the rise and fall of neurasthenia as a distinct diagnosis in relation to other somatoform disorders. In Chapter 9, Tseng and Zhong review dissociation, conversion, and possession disorders as they occur in Asian societies. In addition, the authors expand on the current *DSM* classification to include some discussion of the closely related clinical phenomena of epidemic hysteria, possession psychoses, and alternate-personality disorders. In Chapter 10, Cummins, Lehman, and Liu discuss the prevalence of eating disorders, and how cultural variations in their expression may contribute to the apparent lower rates among Asians and Asian Americans. While cultural influences on the etiology of eating disorders have not yet been established in the literature, the authors provide suggestions for using existing treatment approaches in a culturally appropriate manner. In Chapter 11, Sesso, Chan, and Kushida discuss the diagnostic criteria, etiology, treatment, of sleep disorders. In Chapter 12, Chun and Hsu use a stress and coping framework to provide insight into the types of stressors that increase risk for adjustment disorders among Asians. More specifically, the authors identify stressors related to acculturation and to ethnic minority status as salient risk factors for the psychosocial dysfunction and psychological distress that are key characteristics of adjustment disorder. In Chapter 13, Ryder, Yang, Dere, and Fung supplement a review of the literature on personality disorders in Asians with culturally grounded lay theories or ideal and problematic personality attributes. The authors also call attention to issues with the applicability of predominant Western models of personality to Asians, and raise questions about the universality of personality traits. On a related note, in Chapter 14, Braje, Murakami-Brundage, Hall, Wang, and Ge examine externalizing and antisocial behavior among Asians. Although these disorders are poorly understood in Asian populations due in part to the "model minority" stereotype, the authors present a genocultural model of aggression that emphasizes cultural and social risk factors.

Section III introduces developments in Asian-specific indigenous models of psychopathology and treatment specific to Asia. In Chapter 15, Tseng, Min, Nakamura, and Katsuragawa describe various cultural-related specific psychiatric syndromes observed in Asian populations. Although occurrences of these disorders are rare, they are useful in highlighting the relationship between culture and the manifestation of psychopathology. Finally, in Chapter 16, Tseng, Kitanishi, Maeshiro, and Zhu describe three unique culturally influenced psychotherapies developed in Asia, with particular emphasis on the philosophical thought and value systems underlying each treatment modality.

The present work then concludes with Section IV, which focuses on a broad and integrative discussion of the issues and challenges that remain in future efforts to study and treat mental disorders in Asians. Specifically, in Chapter 17, Fabian and Chang offer suggestions for future directions

for research, intervention, training, and policy development as they pertain to psychopathology in Asians.

FINAL THOUGHTS

If there is a single collective point that the present volume seeks to make, it would be that culture does matter. It is not that in the human process of assessing, diagnosing, and treating others afflicted with mental illness that professionals should consider the patient's cultural context, but rather that we have no choice but to do so if we are to authentically respect the dignity and worth of the individuals we ultimately serve. No doubt, as scientists and practitioners, we too must always remain aware of how culture plays an intimate and powerful role in shaping the very questions we seek to answer and the range of solutions we arrive at. In our view, it is only by integrating culture as a dynamic framework for understanding human behavior that the science of psychopathology can truly advance for all.

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| SECTION I |

INTRODUCTION TO THE PSYCHOLOGY OF ASIANS

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| 2 |

WHAT IS THE PSYCHOLOGY OF ASIANS?

Anne Saw and Sumie Okazaki

Scholars both within and outside the continent of Asia have marked Asian psychology as unique from other psychologies. For example, the editors of the book *Progress in Asian Social Psychology* argue that "Asian psychologists think and do their research in ways different from their colleagues from other parts of the world, especially the West" (K.-S. Yang, Hwang, Pedersen, & Daibo, 2003, p. ix). These so-called differences extend beyond research practices to include ways in which individuals of Asian descent differ from those from other parts of the world with regard to how they think, feel, and behave, and the motivations for such psychological processes. Such an approach toward defining Asian psychology in contrast to Western psychology arises from the tradition of cross-cultural research conducted by scholars trained primarily in North America. However, the question "What is the psychology of Asians?" requires a complex answer because rather than there being a single Asian psychology, there are—in fact—psychologies that represent the many distinct cultural, ethnic, and national groups within and originating from the continent of Asia. To draw attention to the productive possibility that Asian psychologies can also be defined from a non-cross-cultural perspective, we primarily draw on scholarship informed by indigenous psychology scholars. As suggested by the pioneering Asian indigenous social psychologist, David Y. F. Ho (1998), Asian psychology is the study of psychological phenomena from an Asian perspective that is rooted in systems of thought based in or gleaned from Asian cultures. To this end, the histories, languages, and sociocultural practices of peoples from Asia all represent sources of data from which the field has developed and grown.

This chapter on the psychology of Asians provides a critical foundation to a volume devoted to understanding psychopathology among Asians. Culture shapes how individuals conceptualize and express psychological distress, thus culturally based explanatory models that take into account

Asian beliefs, values, and relational and personality styles greatly enhance the understanding of psychopathology among Asians from an Asian perspective. In addition, Asian psychological concepts are useful to an understanding of the impact of mental illness. For example, Lawrence Yang and colleagues (2007) recently explored the influence of moral experience, or what matters most for individuals in their everyday living, on stigma about schizophrenia among Chinese. Because social ties are central to the moral experience for many Chinese, the stigma of schizophrenia can place individuals with schizophrenia and their families at great social risk for losing invaluable social connections. Within this cultural context, schizophrenia signifies more than an individual affliction, and family members must conceal the individual's mental illness or shun him or her in order to maintain the social network. Yang et al. argued that through considering the relational aspect of Chinese families, we can better understand the cost of schizophrenia for Chinese with this mental illness.

In this chapter, we describe the history of Asian psychology and the core developments in this field as they relate to the study of psychopathology among Asians. We then discuss challenges posed by the globalization of psychology and psychopathology. As the field of Asian psychology is vast and growing rapidly, we provide selective coverage of the issues most salient to psychopathology and mental health.

ASIAN INDIGENOUS PSYCHOLOGY

Indigenous psychology provides a framework for understanding the psychology of Asians from an Asian perspective. Indigenous psychology has been described as "the study of human behavior and mental processes within a cultural context that relies on the values, concepts, belief systems, methodologies, and other resources indigenous to the specific ethnic or cultural group under investigation" (Ho, 1998, p. 94). Yang (2000) defined it as "an evolving system of psychological knowledge based on scientific research that is sufficiently compatible with the studied phenomena and their ecological, economic, social, cultural, and historical contexts" (p. 245). As a field of study, it has emerged out of intellectual movements in countries such as the Philippines, India, Korea, Japan, Hong Kong, mainland China, and Taiwan. In fact, because its development can be traced to multiple sites, Kim and Berry (1993) referred to the movement in the plural, as indigenous psychologies, which they defined as "the scientific study of human behavior (or the mind) that is native, that is not transported from other regions, and that is designed for its people" (p. 2). Furthermore, they cited six fundamental assumptions and research strategies that are shared by indigenous psychologies: (1) they emphasize understanding that is rooted in the ecological context, (2) they are not studies of "exotic people in faraway places" but are applicable to studies of both developed and developing countries, (3) they recognize cultural diversity within any particular society, (4) they do not favor any particular scientific method over another and encourage the use of multiple methods, (5) they do not hold a priori that a particular perspective is inherently superior to another, and (6) they seek to discover universal facts, principles, and laws but do not assume a priori the existence of psychological universals.

Indigenous psychology is often discussed as one of three culture-related psychologies—the other two being cross-cultural psychology and cultural psychology—that have arisen within the

past several decades to counter the hegemonic assumption that psychology developed in the developed Western nations represents universal psychology. Cross-cultural psychology is generally interested in generating a universal psychology. Its hallmark features include its conception of culture and behavior (or mind) as distinguishable from one another (and often cast them as independent and dependent variables, respectively) and its methodological dominance of quantitative cross-cultural comparisons. Cultural psychology is generally interested in generating a culture-bound knowledge system, thus it considers culture and behavior (or the mind) to be mutually constitutive and inseparable. Consequently, its methodology of choice tends to be qualitative and interpretive. In a comparative conceptual analysis of the three psychologies, Kuo-Shu Yang (2000) concluded that indigenous psychology can be considered to be the broadest approach that can subsume both cross-cultural and cultural psychologies as special cases of indigenous psychology. (However, see Triandis, 2000, for a different perspective on the relationship among the three psychologies.)

The birth of indigenous psychology arose from a strong resistance to colonial influences on the field of psychology in Asia and a desire to clarify misrepresentations of Asians by Westerners (e.g., Bhatia, 2002; Ho, Peng, Lai, & Chen, 2001; J. B. P. Sinha, 2003). Some scholars have argued that blindly and wholeheartedly importing Western psychology to Asia "is a form of cultural imperialism that perpetuates the colonization of the mind" (Ho et al., 2001, p. 927). Okazaki, David, and Abelmann (2007) have noted that in many Asian countries, psychology as a discipline developed during colonial occupations and within prevailing cultural narratives of Orientalism (e.g., the inferiority of non-Westerners).

Ho and colleagues (2001) trace the academic origins of indigenous psychology back to Filipino psychologist Virgilio Enriquez, who introduced the field of *Sikolohiyang Pilipino* (Filipino psychology) to the Philippines in the 1970s. Indigenous movements in India, Korea, Japan, and Taiwan took hold a decade or so later. In the Philippines, José Rizal and other Filipino intellectuals voiced their unhappiness with colonial (both American and Spanish) portrayals of Filipinos and characterizations of Filipino behavior. They expressed their dissatisfaction with images of Filipinos as backward, primitive people in need of salvation through colonization (Pe-Pua & Protacio-Marcelino, 2000). Similar sentiments were voiced by scholars in India, who felt that Western characterizations of Indians were inaccurate and insulting (J. B. P. Sinha, 2003). Okazaki et al. (2007) point out that unlike the indigenous movements in countries like the Philippines and India, later indigenous movements in nations such as Korea, Japan, and Taiwan seem to be less explicit about indigenous psychology as a form of protest against colonial hegemony and instead have framed their movements as resistance to intellectual hegemony of the West. Differences in the momentum of indigenous psychology movements across Asian societies likely reflect the vast differences in the social and political contexts (particularly in relation to the Western colonial powers) within the past half-century. For example, *Sikolohiyang Pilipino* developed at the time of massive political upheaval and the emerging national pride in the Philippines in the 1970s.

The inability of Western psychology to accurately represent Asian psychological experiences in its research topics, methods, and ideology has been another major source of criticism among Asian indigenous psychologists. Many have argued that Western psychology's claims of universality, freedom from bias, and objectivity are false and that as a field it has promoted logical-positivistic, Western-centric research paradigms that place inordinate emphasis on quantitative data

(e.g., Enriquez, 1994; Kim & Berry, 1993; Kim, Park, & Park, 1999; D. Sinha, 1997; K. S. Yang, 2000). Instead, proponents of indigenous psychology believe that the field should have indigenous compatibility as its goal, "such that the researcher's concepts, theory, methods, tools, and results adequately represent, reflect, or reveal the natural elements, structure, mechanism, or process of the studied phenomenon embedded in its context" (K. S. Yang, 2000, p. 250).

Although they problematize Western psychology's research paradigms, Asian indigenous psychologists seek to contribute to universal psychology rather than maintain an autochthonous discipline. There appears to be somewhat of a consensus among Asian psychologists that indigenous psychology should be complementary to rather than independent from universal psychology (e.g., Enriquez, 1993; Ho, 1998; D. Sinha, 1993; K. S. Yang, 2000). Ho (1998) has argued that one can fall into the pitfall of culturocentrism if one relies entirely on the native concepts of culture. Instead, the goal of indigenous psychology should be "cultural cross-fertilization"—indigenous psychology informing a universal psychology, and "mainstream" psychology also informing indigenous psychology (Ho, 1998; K. S. Yang, 2000).

ADVANCES IN ASIAN PSYCHOLOGY

The field of Asian psychology has seen exceptional growth in Asia and around the world. Beginning with Kim and Berry's (1993) seminal volume, *Indigenous Psychologies: Research and Experience in Cultural Context*, Asian indigenous psychology has received significant mainstream attention from and contributed extensively to diverse subfields of psychology (e.g., applied, clinical, cross-cultural, cultural, and social psychology; Kim, Yang, & Hwang, 2006). Two areas of advancement in Asian indigenous psychology that are particularly relevant to Asian psychopathology and mental health are core Asian values and research methods.

Core Values

Values shared by Asians are often described in psychological literature in contrast to Western values and beliefs using binaries such as collectivism versus individualism or interdependent versus independent. These cross-cultural comparisons have been criticized as essentializing and uninformative, and Asian indigenous psychology has attempted to move beyond these simplistic explanations and provide analyses of key values held by Asians from an Asian perspective. Advances along this line of scholarship have drawn from analyses of historical and political movements as well as philosophies and religions. A thorough review of Asian core values and value systems is beyond the scope of this section. Instead, we focus on three value systems rooted in Filipino and East Asian cultures as illustrative cases: *kapwa*, Confucianism, and Taoism.

Kapwa

Kapwa, loosely translated as shared identity between self and others, forms the basis of Filipino values (Enriquez, 1994). *Kapwa*, which eludes a simple acontextual description, represents a set

of moral, personal, and social values that influence behavior on intrapersonal, interpersonal, and societal levels within Filipino relational contexts. The study of *kapwa* is viewed as an advancement of the concept of smooth interpersonal relations, which Frank Lynch (as cited in Enriquez, 1994; Pe-Pua, 2006; and Pe-Pua & Protacio-Marcelino, 2000) purported was the core value that could be used to understand social interactions among Filipinos. Enriquez argued that smooth interpersonal relations only represents a small part of a larger value system (*kapwa*) and that one must understand *kapwa* to fully understand Filipino social psychology.

SHARED HUMANITY

At its core, *kapwa* dictates that individuals are bound to one another by *pakikipagkapwa* ("humanness at its highest level," Enriquez, 1994, p. 45). It is through holding this core value that one comes to view himself or herself as no better than another person. *Kapwa* defines and sanctions what is appropriate for interpersonal relationships on all levels, including the relationship between a person and his or her government. In Filipino culture, individuals are either identified as *ibang-tao* ("outsider") or *hindi ibang-tao* ("one-of-us"). Within these categories, individuals are prescribed different levels of interaction. For example, when interacting with an outsider, a person can, at the most superficial level, maintain a level of civility, and at the deepest levels, conform and adjust to the other person's needs. When interacting with an insider, levels of interaction can range from mutual trust and rapport to full trust and unity of needs. Regardless of whether one is interacting with an insider or an outsider, the value of *pakikipagkapwa* must be upheld. Concepts related to *kapwa* have been identified as influential to Filipino conceptions of the development and treatment of psychopathology. For example, a study by Edman and Johnson (1999) examining Filipino American and European American beliefs about causes and treatment of mental health problems found that Filipino Americans were more likely than European Americans to believe that self-conceit (which can be viewed as lacking *kapwa*) is a cause of schizophrenia and that restoring social harmony is one way of treating depression and schizophrenia. Sanchez and Gaw (2007) suggest that the distinction between *ibang-tao* and *hindi ibang-tao* can influence how a patient interacts with his or her clinician.

Confucianism

Confucianism has been the most studied among all the philosophical and religious traditions in Asia (Ho et al., 2001). It is a philosophy over 2,000 years old that originated in China and was adopted in Japan, Korea, and several other Asian countries. Confucianism is a social code of ethics that emphasizes personal and social harmony through the virtues of propriety (i.e., acting according to rules of conduct) and sincerity (i.e., striving to do what is good).

BENEVOLENCE AND SOCIAL HARMONY

The highest attainment of personal and moral growth, when the self is in union with heaven, occurs as one is able to make his or her personal desires harmonious with the needs of others (Ho, 1995).

To achieve this goal, a person must perform the duties and obligations of his or her given role (e.g., a father must protect and provide for his family; a child must obey his or her parents and submit to their authority) while remaining within the bounds of his or her position in the social hierarchy (Bond & Hwang, 1986). Sincerity is valued as the driving force behind a person's behaviors. People are motivated to behave according to their roles because they feel compassion and duty for others and shame or guilt if they do not act properly (Huang & Charter, 1996). Ho (1995) suggests that role obligation supersedes a person's personality and goes further to argue that a person's identity is defined by his or her roles. Confucian values of benevolence and social harmony have been shown to have both negative and positive impacts on mental health. Huang and Charter (1996) argue that Confucianism "promotes the ideas that any personal pursuit without regard for the group is inappropriate and selfish, and implies that any form of psychological difficulty may be seen as a lack of self-discipline or character weakness" (p. 39). In contrast, several studies have found that maintenance of interpersonal harmony is positively related to psychological well-being and self-esteem (e.g., Chuang, 2005; Kwan, Bond, & Singelis, 1997).

Taoism

Described as the counterculture to Confucianism, Taoism has exerted its influence primarily in Chinese culture (Ho, 1995; Ho et al., 2001; Zhang et al., 2002). Scholars trace its origins over 2,000 years to the writings of Laozi (also spelled Lao Tsu or Lao Tzu). Although Confucianism and Taoism stand as opposites, Chinese people behave according to Confucian principles but use Taoist principles as psychological processes (e.g., to reason or cope; Peng, Spencer-Rodgers, & Nian, 2006; Zhang et al., 2002). Taoism emphasizes conforming to natural laws, dialecticism, and transcending beyond the self (Lee, 2003; Yip, 2005; Zhang et al., 2002).

FLEXIBILITY AND ADAPTABILITY

Taoist teachings advocate that individuals should have a "water personality," because water is flexible and accommodating (Lee, 2003). Individuals are taught to conform to natural laws, to "go with the flow" of life without attempting to exercise excessive control (Zhang et al., 2002). This concept of conforming to natural laws is referred to as *wei wu-wei*. It is often misunderstood as passivity, but, as Yip (2005) clarifies, it is actually "passive progressivity" that allows one to be in harmony with the natural world and to act or refrain from action depending on the situation.

DIALECTICISM

The ability to hold two seemingly oppositional views as complementary rather than contradictory is a key value in Taoism. In fact, the symbol of Taoism, the yin and yang, represent opposites that are connected and dependent on one another. There are several implications for having a dialectical perspective. For instance, because suffering and happiness are part of the natural world and occur in complement, one can accept suffering just as readily as one can welcome happiness (Yip, 2005). Furthermore, an individual who thinks dialectically can take a middle-road approach

to conflict and problems because he or she is able to see both sides of an argument (Peng & Nisbett, 1999).

SELF-TRANSCENDENCE

The ultimate goal of Taoism is to transcend beyond the self. To this end, Taoists view secular pursuits such as wealth and egocentrism as impermanent and useless, and instead strive to move toward a higher level of enlightenment that has an infinite frame of reference (Yip, 2005). When an individual is able to reach transcendence, he or she has moved beyond his or her own needs, emotions, and thoughts, as well as the influence of others.

Flexibility, adaptability, conforming to natural laws, dialecticism, and self-transcendence have all been implicated as Taoist coping styles that may serve as potential barriers to Western modes of help-seeking (Yip, 2004). Taoism advocates accepting, adapting to, and transcending above psychological problems, whereas Western-influenced mental health professionals advocate self-improvement through tackling problems head-on. Although Taoism provides challenges to treating psychopathology through psychotherapy, Zhang et al. (2002) provide an example of integrating Taoist beliefs into more traditional, Westernized psychotherapy as a treatment for generalized anxiety disorder.

The Self in Relation to Others

Perhaps one of the most important advances in Asian psychology has been the theorizing of the self in relation to others. Although key differences exist in how Asian philosophies (e.g., Confucianism, Taoism, Buddhism, Hinduism) conceptualize the self, one critical similarity is the view that the most important aspect of the self is its relationship to others. Markus and Kitayama (1991) termed this the *interdependent self* and argue that individuals with this orientation see themselves "as part of an encompassing social relationship and recogniz[e] that one's behavior is determined, contingent on, and, to a large extent, organized by what the actor perceives to be the thoughts, feelings and actions of *others* in the relationship" (p. 227). Kirmayer (2007) argues that patients' internalized self-concept influences the type of psychotherapy that may be most beneficial to them. Individuals with an interdependent, or sociocentric, self-concept may find Western psychotherapy goals of self-expression of emotions and needs, self-advancement, and individual mastery of one's environment contradictory to their own goals of social harmony. In this section, we review several Asian relational concepts and their influence on psychopathology and mental health among Asians.

Asian Relational Concepts

Ho (1982) has pinpointed several examples in Asian cultures that illustrate the relational nature of the self. The Chinese concept of *ren*, which directly translates to "person," refers to the necessity of interpersonal relationships in defining the individual. Pictographically, *ren* is represented by two

strokes, one stroke leaning on the other. Each stroke represents a person, thus, a whole person is actually represented by his or her dependence on another. Another Asian concept that exemplifies the value of interdependence is the Japanese concept of *amae*, which Ho (1982) defines as a state of depending and being dependent on another. Although this dependence can be viewed as psychopathological from a Western-centric perspective, in many Asian cultures, dependence is construed positively and as a sign of psychological well-being.

Reciprocity is central to many Asian cultures and can be demonstrated by the Japanese term *on* and the Filipino term *utang na loob*. *On* refers to the transactional relationship between a benefactor, who has provided a social credit, and a receiver, who owes a social debt. It has been suggested that *on* actually represents an interlocking network of innumerous benefactors and receivers such that one is always in debt to others and simultaneously responsible for providing for others (Lebra, 1976, as cited in Ho, 1982). A similar concept in Filipino culture is *utang na loob*, which can be translated as "debt inside oneself" (Ho, 1982) or "debt of gratitude" (Kaut, 1961, as cited in Pe-Pua & Protacio-Marcelino, 2000). Like *on*, the sense of indebtedness one feels does not go away once the debt has been repaid, but instead remains throughout one's life (Ho, 1982). In summarizing the scholarship on *utang na loob*, Pe-Pua and Protacio-Marcelino (2000) suggest that it is a positive concept that might be better understood as "gratitude/solidarity" rather than burden (p. 55). Reciprocity and indebtedness are the building blocks of Naikan psychotherapy, an indigenous Japanese form of psychotherapy. Naikan psychotherapists aim to alleviate patients' psychological distress by inducing guilt and gratitude toward their parents and significant others (Hedstrom, 1994; Reynolds, 1983).

Face is one of the most widely discussed Asian relational concepts. Face refers to a complex set of socially sanctioned claims about an individual or group's character and integrity that influence how the person or group behaves. Face behaviors refer to those that prevent the loss of face or maintain or enhance existing face. The Chinese concept of face has been divided into two related terms: *lian* and *mianzi*, both of which can be translated as "face" in English. Lau and Wong (2008) summarize the distinction between the two terms in this way: "*lian* is related to the protection of one's public image and the need to avoid losing face in public, while *mianzi* is concerned with the projection and the claiming of one's public image" (p. 52). Gong and colleagues (Gong, Gage, & Tacata, 2003) suggest that Filipino culture has four relational concepts—*hiya* (shame), *amor propio* (self-esteem), *pakikisama* (social belongingness), and *utang na loob* (indebtedness), that, when considered together, are similar to the Chinese concept of face. Comparable constructs have been identified in Japanese (Morisaki & Gudykunst, 1994) and Korean (Lim & Choi, 1996) cultures. L. H. Yang and colleagues (2007) propose that face loss is a complex experience with affective, somatic, social, and moral consequences. Concern for face impacts help-seeking behaviors and choice of intervention for Asians with mental illness. For example, Wong and colleagues (Lau & Wong, 2008; Tam & Wong, 2007) found that saving face is a concern among Hong Kong Chinese with depression. Concern for face has also been found to impact the types of help (i.e., lay, medical, folk, or mental health) Filipino Americans with mental health problems seek (Gong et al., 2003). These negative consequences of culturally rooted face concerns present significant challenges for mental health practitioners. One proposed approach for addressing face concerns is to provide mental health education for individuals, their families, and communities impacted by mental illness (e.g., Lau & Wong, 2008; L. H. Yang et al., 2007). Others have suggested that mental health practitioners must be more sensitive to the cultural value systems of their patients and

provide culturally appropriate interventions (e.g., Gong et al. 2003; Kirmayer, 2007; Lau & Wong, 2008; Sanchez & Gaw, 2007).

Asian Philosophies of the Body and the Mind

Although medical anthropology traditions have traveled separate paths from those of indigenous psychology within Asian psychology, it has played a significant role in the understanding of the idioms of distress in Asia. Foremost in this tradition is the notion of the mind-body connection within Asian philosophy, which is often portrayed in contrast to the Cartesian notion of the body and the mind as dichotomous entities. A debate regarding whether or not the predominantly somatic presentation of distress among Asian clients constitutes a cultural variation of depression (Cheung, 1995; Kleinman, 1982; Ryder et al., 2008) has dominated the literature on culture-bound syndromes in Asia.

Another important Asian cultural phenomenon relevant to mental health is the philosophy and the practice of traditional Chinese medicine (TCM). Central in the TCM is the notion of *qi*, or the vital energy flowing throughout the body. Any loss or the disequilibrium of *qi* is thought to result in various health consequences, including those that affect mental and psychological functioning. *Qi-gong* (or exercise of vital energy) promoted by TCM, which dates back to the Shang Dynasty (16th to 11th centuries BC), has gained popularity in mainland China after the Cultural Revolution. Significantly, qi-gong induced mental disorders have been documented in Chinese-language literature (Ng, 1999) as well as in a case report of a Chinese immigrant woman in the United States (Hwang, 2007). L. H. Yang, Phelan, and Link (2008) found in a survey of 90 Chinese American community residents that although Western mental health services were perceived to be more efficacious for psychiatric conditions than TCM (e.g., herbal medicine, acupuncture, qi-gong, etc.), seeking Western services was also perceived as more shameful than seeking TCM services.

In another variant of Asian belief systems regarding vital body energy, Hinton and his colleagues (e.g., Hinton & Otto, 2006) delineated an ethnophysiological model of somatic sensations and symptom-generated catastrophic cognitions among traumatized Cambodian refugees, based on the Cambodian notions of "Wind" (*khyâl*)—a sort of "inner air." Notably, Hinton and colleagues situate the cultural meanings of the particular trauma-related symptoms (e.g., panic and fear induced by tinnitus and orthostatic dysfunctions) among Cambodian refugees within the context of specific historical trauma induced by the brutal Khmer Rouge rule. Hinton and Otto (2006) based their cultural modification of cognitive behavioral therapy to specifically address the meanings attached to panic and post-traumatic stress disorder (PTSD) symptoms experienced by Cambodian refugees. These selected examples illustrate that Asian cultural beliefs regarding health can be critically important to expressions of symptomatology, help-seeking, and treatment.

Innovations in Research Methods

Many Asian indigenous psychologists rely on local, ground-up, emic approaches or combinations of etic and emic approaches to conduct indigenously compatible research. Gabrenya and

colleagues (2006) suggest that the turn away from Western research paradigms has almost universally led to a turn toward qualitative methods in indigenous psychology movements across Asia. For some scholars, the practice of indigenous psychology necessarily involves eschewing the use of self-report tests, scales, and questionnaires imported from the West; however, even indigenously developed surveys, tests, and interviews may fail to yield valid data, because participants may be culturally conditioned to comply with authorities and not reveal their true attitudes or feelings (Ho, Ho, & Ng, 2006). However, other scholars have adopted combined etic-emic approaches that are designed to build on and adapt Western scholarship for use in local Asian contexts.

Filipino scholars are credited with refining and advancing qualitative methodologies for indigenous psychology purposes. *Pagtatanung-tanong*, literally translated as "asking questions," is a process of data collection whereby the researcher asks questions and allows questioning from the research participant (Enriquez, 1993; Ho, 1998; Pe-Pua, 2006; Pe-Pua & Protacio-Marcelino, 2000). The process of *pagtatanung-tanong* is rooted in Filipino interactional styles, and data collection should flow as naturally as an everyday, casual conversation. Research participants are given control over the data collection process, from the allocation of time given to a particular topic to the direction of the interviewing process. Pe-Pua (2006) gives multiple examples in which various Filipino researchers used this method to study various indigenous concepts such as time, *pagkalalaki* (malehood or masculinity), and migration and return migration among Ilocanos who have lived in Hawaii for extended time before returning to the Philippines. Furthermore, Pe-Pua and colleagues (1996) used this approach to study the "astronaut" families and "parachute" children (in this case, Chinese families in which the child is sent to Australia for education while one or both parents reside primarily in Hong Kong but shuttle back and forth between Hong Kong and Australia). *Pagtatanung-tanong* can be very useful for members of many Asian communities for whom traditional paper-and-pencil survey or structured interview techniques may be foreign (e.g., those with less access to education) or in cases where collaborative, participatory approach to research is culturally consonant with the local population. However, the method can also be extremely time-consuming, and gathering a large enough pool of participants for consensus checks can be difficult unless research is conducted in intact, stable communities (Ho, 1998).

Another Filipino psychological research innovation is the *pakapa-kapa*, or "groping," research paradigm. Torres defined *pakapa-kapa* as "a suppositionless approach to social scientific investigations. As implied by the term itself, *pakapa-kapa* is an approach characterized by groping, searching and probing into an unsystematized mass of social data to obtain order, meaning and directions for research" (in Pe-Pua, 2006, p. 109). Because of its inductive and ground-up nature, the researcher often starts without a review of relevant literature or a well-defined research design (Ho, 1998; Pe-Pua, 2006; Pe-Pua & Protacio-Marcelino, 2000). Instead, the data are collected and "groped" until the researcher is able to make conceptual sense of them. Ho (1998) outlines several requirements for using *pakapa-kapa*, such as focusing on the research data without preconceptions and using the research participants' labels and categories rather than existing categories. Pe-Pua (2006) cautions that though *pakapa-kapa* entails using working with "unsystematized" sets of data, the process must itself be systematized and follow rigorous scientific research standards. However, she and others fail to describe exactly how *pakapa-kapa* can be used in non-Filipino contexts, thus, as Ho (1998) describes, for researchers untrained in Filipino indigenous research methods, carrying out *pakapa-kapa* may best be thought of as a first step in the research process or as a general attitude

toward research. Ho and colleagues (2006) note that *pakapa-kapa* bears a strong resemblance to the grounded theory approach that had developed within Western qualitative methodological tradition. Both approaches eschew going into research with prior assumptions about hypothesis, research questions, or relevant literature, and both approaches are committed to discovery oriented, in-depth data collection methods. However, *pakapa-kapa* differs from grounded theory in one significant aspect. Whereas grounded research holds some theoretical position and requires its practitioners to have an adequate level of background knowledge regarding the area of inquiry, *pakapa-kapa* insists on the intellectual attitude of "as-if total ignorance" (Ho et al., 2006).

There has been a trend toward combining etic and emic approaches, especially in the area of personality assessment (Cheung, 2004). The Chinese Personality Assessment Inventory (CPAI) assesses indigenous and universal personality traits in clinical and nonclinical populations (Cheung et al., 1996). Cheung and her colleagues followed Western standards of test development but derived their culturally relevant personality constructs from Chinese popular literature (i.e., novels and proverbs), research literature, professional opinions, and pilot data of self- and other- personality descriptions to develop their inventory of 21 normal personality scales, 12 clinical scales, and 2 validity scales. In the revised version of the CPAI (i.e., Cross-Cultural Personality Inventory—2; Cheung, Cheung, Wada, & Zhang, 2003), Cheung and colleagues derived four factors from the normal personality scales (i.e., Dependability, Interpersonal Relatedness, Social Potency, Accommodation). Of particular note is that the Interpersonal Relatedness factor is composed of several relational constructs described in this chapter, including face and harmony. Cheung and colleagues (2001) suggest that the Interpersonal Relatedness factor may be unique to Chinese cultures or tap into universally relevant interpersonal aspects of personality not currently assessed by other personality inventories.

FUTURE CHALLENGES

Through reviews and examples of key Asian indigenous psychological concepts and approaches, we have suggested that psychopathology among Asians can be better understood and treated through a more relational and contextualized framework. Taking cues from the indigenous Asian psychology research methods that are not bound by a clear demarcation between the researcher and the subject, a more flexible ethnographic stance toward assessment and treatment of individuals of Asian descent may, in some cases, enhance the quality of data gathered in practice and research settings. However, there remain significant challenges to the incorporation of Asian indigenous psychology to the research and practice with Asian individuals.

It should be noted that indigenous psychology as an intellectual movement has also met with some criticism and debate among scholars. For example, Triandis (2000) noted that epistemological and empirical approaches that are often employed by indigenous psychologists are not always valued as scientific or relevant to Western-trained psychologists. And whereas Poortinga (1999) acknowledged that indigenization movement in psychology has shed light on the Western ethnocentric bias in psychology, he argued that the heavy reliance on "subjective" methods (e.g., hermeneutic and holistic analyses of narratives and opinions of informants) by some forms of indigenous psychologies have produced culture-specific knowledge at the cost of overstating the differences.

And in reviewing the progress of *Sikolohiyang Pilipino* (Filipino indigenous psychology), Church and Katigbak (2002) noted that the movement has not been as successful in formulating indigenous theories and that the questions about the objectivity and cultural uniqueness of its methods remain. Writing from an indigenous perspective, Pe-Pua (2006) argued that a method need not be unique to indigenous psychology but must be culturally appropriate and relevant to the local population. Pe-Pua further suggested that questions of investigator objectivity in indigenous methods can be addressed by having multiple researchers to represent various viewpoints and through repeated sampling from as many participants as possible. The debates not withstanding, the indigenous psychology movement reminds scholars and practitioners alike to consider Asian concepts, worldviews, and behavior as not only viable but also valid perspectives for understanding the psychological experiences of Asians.

One challenge to the incorporation of indigenous Asian psychological concepts in research and treatment of psychopathology is the increasing globalization of psychopharmacology. Kirmayer (2002) traced the wider acceptance of mild depression as a legitimate target of pharmacological intervention in Japan to the decisions of pharmaceutical companies to introduce and market antidepressant medications. According to a 2004 *New York Times Magazine* report, one pharmaceutical company coined the term *kokoro no kaze* (soul catching a cold) to relabel mild depressive state as pathological and requiring intervention (Schulz, 2004). This was in contrast to the prior Japanese cultural aesthetic that viewed melancholy and mild sadness an inevitable states of life that, consistent with the Buddhist percept of acceptance of life's suffering, was viewed as a sign of sensitivity. From this illustrative case of the effects of antidepressant medications' introduction in Japan, Kirmayer (2002) cautioned against a "global monoculture of happiness" (p. 316) that threatens to transform not only local-cultural modes of recognizing and reacting to individual and societal problems but also the local-cultural notions of selfhood and desirable psychological state.

Certainly, the movements toward cultural psychology, indigenous psychology, and multicultural psychology have helped to shed light on the possibility that psychological experiences of Asians must encompass viewpoints not always found within mainstream American psychology. However, even as the diversification of psychology continues to unfold, geopolitical events and movements in Asia also shape the evolving cultures in Asia. For example, with the transformation of psychiatry in various Asian nations under modernizing and globalizing influences (e.g., the widespread use of the *Diagnostic and Statistical Manual*, or *DSM*, system; pharmaceutical marketing), the diagnosis of neurasthenia in China and other Asian nations is becoming obsolete (Lee & Kleinman, 2007). In another example, anthropologist Vanessa Fong (2007) has documented a new variant of parent-child communication problems between Chinese singletons (i.e., only children born under China's one-child policy) and their parents. Fong found that, with the rapid social changes that accompanied China's rapid modernization and new ethos of independence and competitive excellence in pursuit of upward mobility, contemporary Chinese parents find it difficult to articulate their complex Chinese cultural models of desirable personhood that are rooted in their own upbringing.

There are many global trends affecting the Pacific Rim countries that ultimately impact how we as psychologists consider the psychologies of Asians. China has emerged as a major economical power in the past two decades, as symbolized by the 2008 Beijing Olympics. There is increasing hybridization of cultures that accompanies rampant transnationalism among many Asian families.

Migration and immigration between Asia and North America continue at a rapid rate. Psychologies of Asians must be responsive to these—and many other—dynamic shifts that are shaped by sociocultural forces within and outside of mental health disciplines.

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| 3 |

ISSUES IN THE RESEARCH AND ASSESSMENT OF PSYCHOPATHOLOGY IN ASIANS

Phillip D. Akutsu and Joyce P. Chu

INTRODUCTION

A Need for Accurate Psychopathology Assessment

People of Asian ethnic heritage are a culturally rich and diverse population that represent more than 43 distinct Asian and Asian American subgroups and speak over 100 Asian languages and dialects (U.S. Census Bureau, 2007; U.S. Department of Health and Human Services [DHHS], 2001). Specific concerns about disparities in access to mental health care for Asian and Asian American communities have given rise to research aimed at improving our basic understanding, identification, prevention, and treatment of psychopathology in this diverse ethnic population. In the past two decades, there has been a steady growth in research efforts that have targeted the special psychological needs of Asian and Asian American groups. Yet, inconsistencies in these findings regarding clinical diagnosis and psychopathology have illuminated inadequacies in available research methods and assessment tools used to examine psychopathology constructs in these populations.

Previous large-scale studies of clinical disorders and psychopathology have provided somewhat inconsistent findings about the mental health status of Asian and Asian American groups. For example, several epidemiological surveys such as the Epidemiological Catchment Area survey (ECA; Robins & Regier, 1991) and the National Comorbidity Survey (NCS; Kessler et al.,