

Developing Culturally Competent Marriage and Family Therapists: Guidelines for Working With Asian Indian American Couples

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The growing Asian Indian population has prompted the need for counselors to consider multicultural factors when communicating with their clients. This study provides initial guidelines and recommendations for working with Asian Indian Americans based on a content analysis of the professional literature. The study examined the conceptual and empirical work of treatment experts and identified common themes that impact assessment, treatment, and intervention. The strongest themes included: a) the impact of intergenerational/extended family relationships on the marriage; b) acculturation issues; and c) the influence of gender roles on marital and parental patterns. Suggestions for future research are also provided.

INTRODUCTION

According to the U.S. Census (2010), the Asian American population has had a growth rate of 43.3% between 2000 and 2010. Surprisingly, Asian American growth rates have surpassed Hispanic growth rates (43%) during the same period. The American Community Survey (2004) reports that 18.6% of Asian Americans are Asian Indians, the second largest detailed group behind Chinese Americans (23.4%). In addition, over two-thirds of all foreign born Asian Indians entered the United States after 1990. Given this relatively new

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growth rate, it is more and more likely that therapists will be working with Asian Indian Americans. Equally, the need for relevant and reliable information for working with Asian Indian Americans will continue to grow; however, the marriage and family therapy (MFT) literature is generally lacking in this area when compared to other racial and/or ethnic groups. For example, when searching for family therapy minority studies, the Web of Science identifies 19.8% of all studies attributed to Asian Americans. Only 3% refer specifically to minority studies examining Asian Indian Americans compared to 29% examining Hispanic populations and 48% exploring African-American populations. Furthermore, there is a general consensus across mental health disciplines for greater attention to training of competent multicultural therapists and counselors in order to work with various racial/ethnic groups in the United States (e.g., Flores & Heppner, 2002; Hardy & Laszloffy, 1995).

The purpose of this study is to provide initial guidelines and recommendations for working with Asian Indian American couples based on a content analysis of the professional literature. As Bean, Perry, and Bedell (2001) note in their study designed to provide guidelines for working with Hispanic families, our intent is not to perpetuate the myth of sameness or ethnic homogeneity (see Falicov, 1995). Rather, by examining the conceptual and empirical work of treatment experts combined with more general findings of Asian Indian Americans, our purpose is to find common themes that impact assessment, treatment and intervention.

ASIAN INDIAN AMERICAN HISTORY

In order to understand Asian Indian American trends, it is important to understand their country of origin and immigration history. Before engaging in a content analysis of common cultural themes applicable to therapeutic situations, a brief overview of India and immigration trends will be explored.

Asian Indian Cultural Factors

India is the seventh largest country in the world in land mass and the second most populous country in the world after China (Medora, 2007). Today, India is a land of tremendous diversity with many castes, tribes, languages, religions, and regional subcultures. For example, India is made up of 28 states and 7 union territories in which 18 different languages and 300 separate dialects are spoken. India is also a land of multiple religions consisting of 80.5% Hindus, 13.4% Islam, 2.3% Christian, and 2% Sikh (India Election

Statistics, 2009). Although Hindi is the national language, most people living in metropolitan areas speak English.

The caste system and religious background can be two influential factors on Asian Indian couples and families. Although a number of historians and professionals have mentioned the caste system, it is important to note that the caste system can be interpreted in multiple ways and is not necessarily important to all Hindus. The caste system is a way of separating people, resulting in thousands of groups who, at birth, are automatically associated with a particular occupation, status, social class, and language (Pillari, 2005). Today it is impossible to identify caste by a person's occupation because the Indian government sought to eradicate discrimination on the basis of caste.

Religion has long had a strong influence on Indian life. Asian Indian psychology rests heavily on Hinduism, a 2,500-year-old religion, and on its strict social sanctions. Aside from a specific religion, Indians may also identify with a specific geographical region or state in India. While religion may guide their worship and daily behavior, the region often influences one's language, clothes, literature, arts and diet (Medora, 2003).

Marriage in India has a spiritual sanction for a number of faiths. For many Hindus, it is an important step on the path of selfless action, or karma yoga, which eventually leads to ultimate spiritual liberation (Hodge, 2004). It is through marriage that the family has sanctions to perform its various functions. Thus, the significance of marriage as linked to religion has been clearly highlighted by the scriptures (Juvva & Bhatti, 2006).

India is a collectivist society where inter-connections between family members are often given considerable attention (Messent, 1992). Mullati (1995) described families as being the core of the Indian society. The Indian individual is not usually considered to be autonomous but interconnected and on many occasions lower in hierarchy when compared with the family network (Mittal & Hardy, 2005).

Mental Health and Family Therapy in India

Most Asian Indian immigrants have very little experience with mental health professionals let alone family therapy practitioners. Mittal and Hardy (2005) suggest that until recently, mental health was given a low priority in Indian public health. Traditionally, individuals with mental, emotional or relational difficulties have often consulted with native healers, shamans, gurus and exorcists more often than trained professionals (Davar, 1999). In contrast to Western psychology, which focuses on individualism, cognitive processing, and material reinforcements, these native healers focus on strict social sanctions.

Today, professionals in India that address psychological issues include psychiatrists and medical general practitioners who prescribe medications, untrained Primary Health Center (PHC) staff in rural areas and self-proclaimed “counselors” who practice with minimum or no qualifications (Carson & Chowdhury, 2000). Carson, Jain, and Ramirez (2009) discuss the current status of family therapy in India stating that family therapy is relatively new although family therapy approaches have been documented as far back as 1957. The India Association for Family Therapy (IAFT) was formed in 1991 (Rastogi et al., 2005). The Mumbai Family Therapy Study Group formed in 2003 (Juvva et al., 2006) and the National Conference on Couple and Family Systems (Bhatti, 2003) also provide a context to develop family therapy as a discipline. Carson et al. (2009) points out that there is a positive trend of scholarly family therapy work by Indians evidenced by the number of articles published in various journals. Overall, their study suggests that family therapy will continue to grow as mental health professionals continue to call for more family approaches and as the Indian family structure continues to evolve. However, family therapy in India is a relatively new concept.

Immigration History of Asian Indian Americans

From 1980 to 1990, the number of Asian Indians in the United States increased by 126% (Chandras, 1997). Although most Asian immigrants recently have consisted of lower skilled workers, Asian Indian immigrants boast the highest number of highly skilled professionals compared to other Asian countries. The most common reasons for immigrating to the United States include a search for a better life for themselves, their children and extended kin, including the pursuit of career goals, travel, higher education, permanent residency, and other interests (Baptiste, 1987; Seth, 1995; Das & Kemp, 1997). Das and Kemp (1997) note that many Asian immigrants experience significant stressors including being uprooted from a familiar world, leaving family and friends, obtaining necessary documents, feelings of separation and loss, and adapting to a new set of cultural expectations.

METHOD

We used various databases to select the sample of expert resources (books, articles, chapters) to be analyzed. In addition, we examined various types of information related to marriage and family therapy with Asian Indian American families. First, we examined sources that specifically examined

marriage and family therapy treatment approaches with Asian Indian American families and couples. Unfortunately, very few studies have examined treatment approaches. Second, we examined studies that offered guidelines for treatment based on various methods (e.g., Delphi method). Third, we analyzed studies that discussed practice and professional issues related to family therapy in India and the United States that offered some therapeutic considerations. Fourth, we explored studies that discussed general familial and marital trends and practices in India and the United States that offered additional insight to therapeutic guidelines. Finally, we examined historical, religious and ethnic/racial pieces that could provide context to these guidelines. The primary databases utilized were the Social Science Citation Index, Google Scholar, and PsychINFO. In total, we examined twenty nine journal articles and two book chapters published between 1988 and 2009.

Once materials were gathered, sources were read and analyzed several times using modified qualitative analysis techniques developed by Moustakas' (1994). Specifically, analysis included the following seven step process designed to gather data related to therapeutic treatment processes and considerations: 1) *Epoche*—the researcher looks inside to become aware of personal bias and avoid prejudice or imposing meaning to soon; 2) *Bracketing*—locate key phrases and statements among sources, interpret meaning of phrases and offer tentative statements or definitions of the phrases; 3) *Horizontalization*—statements are organized into meaningful clusters creating themes while treating all aspects of the data as equal; 4) *Quasi-statistics*—themes were counted among the sources; if a particular theme was described multiple times, this theme would be considered a stronger finding compared to a theme that was mentioned only a few times; 5) *Textual Description*—based on the themes analyzed, descriptive summaries of guidelines were developed; 6) *Structural Description*—interpretations of the textual summaries were explored; 7) *Textual-Structural Description*—combining the textual and structural descriptions, a set of guidelines were developed that address areas to consider when working with Asian Indian American couples.

Indicators of rigor in qualitative research are the approximate equivalents of the terms internal validity, external validity, reliability and objectivity, which are used in quantitative research (Lincoln & Guba, 1985). Credibility (internal validity) was used by triangulating the data through the use of multiple investigators, peer debriefing and constant comparison between the literature and the identified themes/patterns. Multiple investigators included the first author, the second author and a peer debriefer. Confirmability (researcher neutrality) was established throughout the qualitative analysis as well as the final analysis by intensifying triangulation (e.g., multiple investigators inside and outside of research team and controlling biases through bracketing and quasi-statistics).

Epoche – Personal Biases

The authors wanted to be aware of our biases as we began the analysis portion of this study. Two of the authors share the Asian Indian family of origin and bracketed biases and also discussed the biases of the other two authors as well. In general, we recognized that we all had a pro-family, pro-family therapy and pro-religious bias and engaged in active, ongoing discussion regarding our findings and our biases in order to increase neutrality where possible.

Bracketing and Horizontalization

Upon examining the twenty nine articles and two book chapters, two authors identified key words and phrases separately that represented various ideas, patterns, and behaviors associated with Asian Indian marriages. Themes were developed by clustering key words and phrases into meaningful groups. Once themes were developed, quasi-statistics were used by counting the frequency of times a particular theme was mentioned in the literature. The two authors compared results and combined their findings. The strongest themes discovered in the literature included the following: a) the impact of intergenerational/extended family relationships on the marriage; b) acculturation issues as it relates to the impact of eastern and western traditions on marriage and the family; and c) the influence of gender roles on marital patterns; and d) the influence of gender roles on parental patterns. Other themes, although not as strong, that developed out of the literature included: a) the impact of modernization and globalization on acculturation; b) the role of intimacy and conflict in marriage; c) characteristics of arranged marriages; d) the role of religion and worldviews in marriage; e) various parenting considerations as it relates to young children and adolescents; and f) patterns of seeking help.

Textual and Structural Descriptions

In order to provide a structured set of guidelines, textual and structural descriptions of the themes were developed. Literature supporting the themes was identified within the descriptions to verify themes.

RESULTS

A number of themes, categories, and sub-categories were developed through the analysis process. In regards to whether themes and categories apply to Asian Indian Americans versus Asian Indians living in India, it is important to

note that the majority of the articles suggest that certain patterns of behavior are tied to their level of acculturation. In other words, some patterns seem more prevalent in couples that engage in more traditional Indian cultural practices while other patterns seem more common in couples that have experienced some level of westernization.

Overall themes and patterns were organized into seven major categories.

- Category 1: The impact of intergenerational/extended family relationships on marriage
- Category 2: The impact of eastern and western traditions on marriage and the family
- Category 3: The influence of gender roles on marital and parental patterns
- Category 4: The impact of modernization and globalization on acculturation
- Category 5: The role of intimacy and conflict in marriage
- Category 6: Parental considerations with young children & adolescents
- Category 7: Patterns of seeking help

We examined the frequency of themes found in each category and found that categories 1 (38 citings), 4 (60 citings), 5 (30 citings), and 6 (30 citings) were mentioned the most in the literature. Thus, it appears that the impact of intergenerational and extended family relationships on marriage, the impact of modernization and globalization on acculturation, the role of intimacy and conflict in marriage and parental considerations are stronger themes based on frequency alone. Categories 2 (18 citings), 3 (16 citings), and 7(8 citings) were also mentioned sufficiently to justify separate categories.

For organization purposes, the categories and themes will be presented based on the following general headings: 1) marriage, 2) parenting and children, 3) acculturation, and 4) patterns of seeking help.

Marriage

Four strong themes developed related to marriage: 1) Gender roles related to marriage; 2) The impact of extended family on marriage; 3) Characteristics of arranged and love marriages; and 4) The role of intimacy and conflict in marriage.

GENDER ROLES

The findings suggest that in many traditional Asian Indian marriages, the husbands generally hold greater authority and influence in the marital relationship. In general, Indian society has placed males as the gender of preference,

power, and privilege (Carson & Chowdhury, 2000; Rastogi, 2007; Sonpar, 2005). They tend to enjoy greater societal entitlements within the larger community (Baptiste, 2005). For example, Nath and Craig (1999) and Sandhya (2009) take note of the process a new wife usually experiences when she marries. Traditionally, she will live with her husband's family and receive a low position in the family hierarchy. Das and Kemp (1997) state, "... regardless of the type of household in which they live, most women are subject to their husbands' wishes and demands."

A number of studies have found that within traditional marriages, wife-dominant marriages report less satisfaction, whereas egalitarian and husband-dominant marriages report higher levels of marital satisfaction (Gray-Little & Burke, 1983; McDonald, 1980). However, Juvva and Bhatti (2006) report that women in modern marriages expect more equality in their relationships and many modern couples will strive to share roles and duties within the household.

EXTENDED FAMILY

Another theme identified was the prominent role extended families played in the lives of Indian families and couples. Often they share responsibilities for children's lives and well-being and get involved when a marriage is in trouble (Carson & Chowdhury, 2000; Mittal & Hardy, 2005). Older family members generally have greater authority than younger members, and over time adults grow to respect the wisdom of the elders (Juvva & Bhatti, 2006; Nath & Craig, 1999; Rastogi, 2007). The oldest member often makes the decisions, and with time the wife may have a say so as well (Das & Kemp, 1997; Durvasula & Mylvaganam, 1994; Medora, 2007). Some immigrant families lack the support system of extended families because of emigration, and this can lead to new sources of conflict (Baptiste, 2005; Khanna et al., 2009). Recent trends to move to a nuclear family have caused a crisis for older adults who depend on family for stability and safety (Rastogi, 2007).

The collectivist nature of Asian Indian American families means that in both traditional and modern marriages, parents and extended family often influence an individual's choice in spouse as well as how the marriage functions (Medora, 2003; Verma, 1989). It is common for couples to view marriage as marrying two families together, not just two individuals (Durvasula & Mylvaganam, 1994; Khanna et al., 2009; Medora, 2007). However, the combination of families can create role strain, and problems with in-laws often lead to marital and family conflict (Carson & Chowdhury, 2000; Mittal & Hardy, 2005). The bride and mother-in-law may struggle in regards to issues of power and authority within the new household. Sonpar (2005) suggests that the mother-in-law will usually have more authority at the beginning of a marriage, and some of this power will shift to the new bride when she has children. A number of studies identify in-law issues as one of the most

common presenting problems for families seeking outside help (Carson & Chowdhury, 2000; Medora, 2007; Mittal & Hardy, 2005; Pillari, 2005; Rastogi, 2007; & Sonpar, 2005).

Juvva and Bhatti (2006) discuss some of the changing expectations of women within the modern marriage as it relates to extended family. They suggest that because many women want to grow in their new relationship, they do not wish to play a role similar to their husbands' mother. Rather, they desire to live independently and evolve their own rules to guide and control their behavior. However, they note that despite existing changes, parents-in-law continue to have an important influence on marriages. They highlight the impact of India's collectivist society where the wisdom of the older generation is deeply respected.

ARRANGED MARRIAGES

Gautam (2002) reports that more than 90% of all Indian marriages are arranged; however, it is unclear how Gautam (2002) gathered the information for this conclusion. Statistics on arranged marriages for Asian Indian Americans in the United States are limited. However, studies of marriages in India may provide some indication of trends in the United States. A number of studies point out that arranged marriage is a common practice in India and among a significant portion of Asian Indian Americans. Indeed, the majority of marriages are arranged and divorce rates are low (Das & Kemp, 1997; Hodge, 2004). Until recently divorces were unheard of because of cultural, religious and social stigma associated with divorce (Medora, 2007). Parents tend to choose mates similar to their own families, with similar caste, economic, political, social, and cultural backgrounds (Medora, 2007).

Often, in traditional arranged marriages, when two individuals are introduced, the partners are not allowed to meet without chaperons. Rarely is there any physical or sexual contact between the bride and groom prior to the wedding in arranged marriages, and sometimes the bride and groom do not meet until the day of the wedding (Durvasula & Mylvaganam, 1994). Arranged marriages are still common in India and have been a source of conflict among modern youth who want to pick their own mates (Medora, 2007).

Now young people tend to have the opportunity to talk and meet before they get married, but arranged marriages are still important because marriage is seen as the union of two families (Das & Kemp, 1997). Medora (2007) notes that studies have been conducted to determine the success or failure of arranged marriages. One study by Vijaylaxmi, Saroja, and Katarki (1992) found that couples in love marriages had more education, income and better jobs than those in arranged marriages, but also had shorter marriages. Couples with arranged marriages also reported higher rates of marital satisfaction (Gupta & Singh, 1982; Shangle, 1995).

Verbal, nonverbal and sexual communication in Indian arranged marriages are usually less influential in affecting marital satisfaction than in Indian love and American companionate marriages because of a sense of lifelong commitment and cultural tradition. In love marriages, high communication skills result in marital satisfaction, whereas arranged marriages have greater satisfaction, possibly because of the support of extended family and “appropriate partner selection” (Yelsma & Athappilly, 1988).

INTIMACY AND CONFLICT

Similar to American couples, relationships of Indian couples are characterized by bonds of intimacy and conflict (Sandhya, 2009). They also express the need for empathy, validation and support for marital expectations. Conflicts in Indian marriages may involve dual earning issues, dowry, stress between partners, differences in perception, economic difficulties, educational differences, fidelity, not bearing a male child or having too many girls, and disagreement over child rearing issues, especially when the family emigrates (Baptiste, 2005; Chandras, 1997; Das & Kemp, 1997; Medora, 2007; Mittal & Hardy, 2005; Ramisetty-Mikler, 1993; Sonpar, 2005). Other issues include mothers feeling lonely in terms of companionship when children no longer need their mothers to look after them, (Sonpar, 2005).

Indian couples that engage in therapy in India, however, rarely focus on just the married pair. Extended families are often the topic of discussion, including the absence of privacy, and interruptions that can make it difficult for a couple to be intimate and have a satisfactory sexual life (Sonpar, 2005). Privacy is usually familial rather than individual, thus there may be no clear boundaries for privacy that are valued in western societies (Das & Kemp, 1997; Medora, 2005). Families may see the growing intimacy between a new couple as a force pulling a spouse’s loyalty from the family to the new member and toward personal goals (Gore, 1968; Kakar, 1981; Roland, 1988 as cited in Sandhya, 2009).

Parenting and Children

Themes identified involving parenting and children involved: 1) the impact of gender roles on parenting how children are raised, and 2) issues specific to adolescents growing up in two cultures.

GENDER ROLES

For many, the main purpose of marriage in India is procreation, and parenting together can cement the marital bond (Sonpar, 2005). However, gender plays a significant role in how each parent parents and how sons and

daughters are raised. Women usually consider raising their children as their most important duty, and mothers normally take care of the household, nurture the children, and are emotionally devoted (Baptiste, 2005; Das & Kemp, 1997; Inman et al., 2007; Ramisetty-Mikler, 1993). Fathers are usually the head of the family, decision makers, sole bread winners, and primary disciplinarians (Baptiste, 2005; Durvasula & Mylvaganam, 1994).

Extended families may also parent children, and sometimes conflicts can arise between mothers and mother-in-laws over who will have authority over children (Carson & Chowdhury, 2000). In the last three or four decades women are starting to get the same rights that men have, such as in education and occupation (Medora, 2007). Problems co-parenting can arise because women are breaking out of their traditional roles, receiving higher levels of education, and advocating for equal rights in the home and the work place (Carson & Chowdhury, 2000). Children are usually valued in Indian families, and infants are held, comforted, nursed on demand, and generally adored, according to Das and Kemp (1997). The primary role of children tends to be to bring honor to their family through their achievements (Durvasula & Mylvaganam, 1994). Sons, usually being the gender of preference, power and privilege, are often raised to remain with their families, support their parents in old age, and carry the family into the future (Carson & Chowdhury, 2000; Das & Kemp, 1997; Medora, 2007; Ramisetty-Mikler, 1993; Rastogi, 2007). Sons are also often preferred because they perform the last rites at the parents' funeral (Medora, 2007). Daughters are usually raised for the families of others and can be punished more harshly for misbehavior because they must be suitable for their future husbands (Das & Kemp, 1997). Girls usually have more restrictions in terms of curfews and interacting with the opposite sex and are told to dress modestly especially after they start menstruating, while boys are generally discouraged from masturbating, told to focus on their studies and expected to help out with housework (Medora, 2007).

ADOLESCENCE

Among Asian Indian Americans, education is often a status symbol, and children's achievements are deemed to bring honor to parents. Therefore, children are continuously reminded education is key to success (Baptiste, 2005; Ramisetty-Mikler, 1993). This translates into high academic expectations for children and academic pressures, especially for older children, in order for them to get accepted into higher profile universities (Carson & Chowdhury, 2000; Inman, Howard, Beaumont & Walker, 2007; Mittal & Hardy, 2005). A generation gap between parents and children can be a source of conflict. Common concerns parents have about raising children within the U.S. cultural context include losing children to Western culture, loss of parental authority, loss of authority to select their children's mate and loss of face within the Indian community because of children's out of culture

behavior (Baptiste, 2005; Mittal & Hardy, 2005). Adolescents may rebel against familial restrictions and expectations and experience dissonance between the collectivistic demands of the family and individualism and independence fostered by their American environment (Durvasula & Mylvaganam, 1994; Pillari, 2005). Conflicts may manifest when modern youth want to choose their own mates, rather than marry someone selected by their families (Medora, 2007).

Acculturation

Themes around acculturation related to: 1) effects of the immigration experience; and 2) intergenerational conflicts arising from differing levels of acculturation.

IMMIGRATION EXPERIENCE

The uprooting of one's life when immigrating to the United States can be a painful experience for South Asians as they separate from their extended family and try to integrate different Eastern and Western sets of cultural values (Das & Kemp, 1997; Rastogi, 2007). Ramisetty-Mikler (1993) notes that Asian Indian Americans are often more reserved and formal, may dress differently, have accents and have trouble with English. They may often find it difficult to fit in and interact with Americans. Among Asian Indian American students, cultural differences can lead to a sense of isolation, self-consciousness, and stress, according to Ramisetty-Mikler (1993). Others worry about their immigration status in the United States and how long it may take to bring their families to the United States (Khanna et al., 2009). Baptiste (2005) suggests that immigrant parents may struggle to raise children because of differing cultural expectations for children in the United States compared to their home country. Inman and colleagues (2007) note that many immigrant parents lament the loss of guidance from extended families and cultural continuity.

In general, the immigration experience may increase levels of stress for Asian Indian American children and parents.

LEVEL OF ACCULTURATION

Globalization has exposed many Indian families to western culture, values, and lifestyle and created new sources of conflict for families (Carson & Chowdhury, 2000). Levels of acculturation, or adoption of the host culture, can vary among Asian Indian Americans, depending on education, migration history, family size, economic support, levels of religiosity, and other factors (Almeida, 2005). Research indicates South Asians tend to retain "central

values” (such as sex role expectations) while adopting “pragmatic values” like dress style (Dhruvarajan, 1993; Inman et al., 1999; Sodowsky & Lai, 1997). First generation immigrants usually have a stronger desire to retain a distinct cultural identity than subsequent generations (Das & Kemp, 1997). Das and Kemp (1997) note that this can cause conflicts between parents who try to raise their children with similar cultural identities and children who want to fit in with everyone else. Conflicts noted in the literature include those involving sex role development, dating, and marriage (Wakil, Siddique, & Wakil, 1981). Asian Indian immigrants who have acculturated to the American culture do not consider caste to be important in terms of compatibility and success in marriage. Durvasula and Mylvaganam (1994) also find that acculturated children adopt dating practices that their American peers have. This can become a problem in the Indian household since dating is often not an option, according to Durvasula and Mylvaganam (1994). Farver, Narang, and Bhadha (2002), in a study of 180 Asian Indian American adolescents and one of their parents, found higher reports of conflict in families in which there was a mismatch between adolescents’ and parents’ levels of acculturation. Also in the study, adolescents in families where there was no acculturation gap reported less anxiety and higher self-esteem (Farver, Narang, & Bhadha, 2002).

It is important to note that despite acculturation, many Asian Indian Americans who have been socialized in traditional ethnic values such as collectivism may hesitate in sacrificing family obligations and loyalty for self-centered interests (Das & Kemp, 1997).

Patterns of Seeking Help

A number of articles addressed how Asian Indians seek help within the context of therapeutic services. The following section will address common trends regarding patterns of seeking help.

In lieu of a therapist, the extended family, including friends, neighbors and relatives, commonly provides stability and support when problems arise (Carson & Chowdhury, 2000; Das & Kemp, 1997; Medora, 2007; Nath & Craig, 1999; Ramisetty-Mikler, 1993). The extended family allows members to talk to one another about family issues without any stigma attached. It also provides support to members who are disabled, elderly, unemployed or never-married adults (Medora, 2005; Pillari, 2005).

Therapy is not common or completely understood in India, and there is often a negative social stigma associated with family and couples therapy (Carson & Chowdhury, 2000). Family therapy is often associated with severe mental or emotional illness (Carson & Chowdhury, 2000). Asian Indians are more likely to seek help or mental support from immediate and extended family, seeking professional services only when forced or insisted on by a

friend or relative (Baptiste, 2005; Mittal & Hardy, 2005). Similar attitudes can be found among Asian Indian Americans. Das and Kemp (1997) suggest three factors that prevent South Asians from seeking counseling or psychotherapy: a) cultural notions to keep personal problems private and within the family; b) the “model minority myth” that holds South Asians to higher standards and leads to denial of problems; and c) a probable conflict between the focus of Western-style therapy on individual development and South Asian values of collectivism. It is important to know that family therapy as a profession is growing in India and becoming more accepted among Asian Indians worldwide.

Family Therapy Considerations

Based on content analysis performed, themes and patterns found in the literature can inform clinicians on how to address Asian Indian Americans within the context of couples and family therapy. In addition, a number of articles provided recommendations for family therapists.

Carson and Chowdhury (2000) provide four recommendations based on their initial analysis of Asian Indian American Families. First, since extended family conflicts are common, using intergenerational theories or frameworks would appear to be useful. Addressing presenting problems of triangulation, emotional gridlock and cut-off, and transgenerational transmissions may be helpful in providing an intergenerational context to therapy (Carson and Chowdhury, 2000). In addition, structural approaches equally may be helpful in addressing intergenerational issues related to boundaries, roles, loyalties and alliances. Third, Carson and Chowdhury (2000) suggest that a psychoeducational approach for parents and couples could be useful. Finally, interventions stemming from narrative and solution focused therapy may also prove useful given their emphasis on storytelling and short-term intervention.

Using a broader multicultural context is suggested, which could include rural and urban differences, linguistic diversity, variations in family interactions, hierarchical nature of relationships, importance of family of origin, need to preserve relationships despite constraints, socioeconomic and ethnic background, family structure, and stage of family life cycle and developmental tasks (Desai, 1991; Mittal and Hardy, 2005; Shah et al., 2000). In addition, they recognize that processes of globalization and liberalization are affecting families in India in many ways. MFT needs to acknowledge the complexities Asian Indian American families in transition face. They also need to consider a worldview and idea of self that is based on the integration of individual and family groups (Nath & Craig, 1999). Ramisetty and Mikler (1993) indicate that Asian Indian individuals see themselves holistically as part of a larger family. Therefore, Ramisetty and Mikler (1993) suggest, counselor must be

aware of the client's role in the family and help the client define what is needed and wanted in harmony with the family as clients may need help to comply with the family's wishes and achieve personal goals.

Chandras (1997) recommends that it is important for therapists to recognize their own sociocultural backgrounds, assumptions, biases, values and perspectives with regard to Asian Indian clients, in order to work effectively. In addition, Chandras (1997) suggests therapists respect the cultural differences or risk imposing their values and standards on Asian Indian clients. Skilled counselors are sensitive and actively avoid discrimination and stereotyping, which in turn improves the chances for successful therapy and encourages more Asian Indians to use services (Chandras, 1997). Chandras (1997) also recommends therapists be aware of their Asian Indian clients' history, experiences, values and lifestyles and then relate to the client's interpretations of experiences in that context since they influence the client's perception and values. Creating a positive psychological climate through accurate empathic understanding of the client's world is key (Chandras, 1997).

CONCLUSION

With the diversity of Asian Indian Americans in consideration, the themes found in this analysis can serve clinicians as a good foundation for understanding and asking clients about some of the common concerns that address Asian Indian Americans.

Clinicians should ask about gender roles in the relationship and the role of extended family. Such questions can create space for couples to discuss concerns they may have with in-laws or other extended family conflict. In assessing the history of the marriage, clinicians can ask if the marriage was arranged and how this impacts the couple now. Some potential concerns to consider with Asian Indian American couples include dual earning issues, dowry, stress, differences in perception, economic difficulties, educational differences, fidelity, not bearing a male child or having too many girls, and disagreement over child rearing issues. In asking about these and other potential concerns, recognize that Asian Indian American couples also express the need for empathy, validation and support for marital expectations.

Working with Asian Indian American families, clinicians should discuss the gender roles specific to parenting and how each partner and the extended family view these roles. Recognize that the extended family may be an important part of the parenting system and that this can be a source of conflict. Clinicians should recognize that children are highly valued in Asian Indian American families and that they may be raised with certain expectations: sons are often raised to honor the family, to support their parents in old age, and to carry the family into the future; daughters are often raised to be married into another family and thus need to be particularly disciplined

and modest. Clinicians should ask how these expectations are viewed by the children, parents and extended family.

In working with Asian Indian American families in general, it is important to recognize the potential difficulties of immigrating to a new country, language and culture. These difficulties can be particularly felt by families that traditionally depend more on the extended family system for help and support. This change in support may be related to the geographical distance from extended family or from cultural differences that come from differing levels of acculturation. Clinicians may help Asian Indian American families by validating the difficulty of their experience, providing support, and exploring options for seeking support similar to what they have previously depended on.

It is also important to recognize the factors that may make it difficult for Asian Indian American families to seek help in a therapy setting. Asian Indian Americans may want to keep personal problems private and are often more likely to seek help and support from their extended family. The community may try to hold South Asians to a higher standard and deny the problems that may be present. Asian Indian Americans may also be worried about the individual values that inform Western therapy and how these values may conflict with more collectivist values. Clinicians can be understanding of such concerns and be particularly sensitive to respect and support the family's perspective and values.

An intergenerational or structural theory or framework may be particularly helpful for Asian Indian Americans, considering the influence of extended family and that concerns often relate to family rules, boundaries, and roles. It is important to consider the broader multicultural context, including the influence of acculturation and the roles of extended family. It is particularly important for clinicians to recognize their own background and biases related to Asian Indian American clients and to be respectful of the cultural differences. Clinicians can ask clients about the concerns discussed in this article in a way that seeks to understand the client's perspective and to not impose the clinician's values or standards.

In using this article, recognize that the results are limited by the amount of literature available on the subject. Although this analysis shows that much has been learned about helping Asian Indian American families, there are still many questions to be answered. The usefulness of these results is also limited by the diversity of Asian Indian American families. To be useful, these results are presented as a summary of information that may apply to many of the families that seek therapy, but clinician's will need to use these results with the awareness of each client's unique experience and perspective.

Future research can develop more specific interventions and theories or adaptations of existing interventions and theories for working with Asian Indian American families. As more Asian Indian American's seek therapy services, these interventions and theories could be informed by direct

conversation with clients. Clinicians will benefit from understanding what Asian Indian American's are looking for when they seek therapy and what is the best way of helping them achieve those goals.

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