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Treating Chinese Psychiatric Patients

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Abstract

Chinese-Americans have been the focus of many publications in the mental health literature. While Chinese are often perceived as a "model minority" in this country, there is significant psychiatric morbidity within this group, and Asians in the U.S. underutilize mental health services.(1) There are well-recognized cultural and language reasons why culturally appropriate treatment must be delivered in a manner which is understandable by and acceptable to the Chinese patient.(2)

Eastern and Western cultures differ significantly in their concepts about mental illness. These have been described by Lee as listed in Table 1 (adapted from Lee, E).(3)

Table 1 - Basic Concepts of Cultural Differences(3)

Table 2

Somatization

Chinese medicine is holistic, and illness is often thought to be a result of imbalances between vital factors such as "yin and yang", or insufficient vital spirits such as "chi". Somatic illness is usually blamed for, psychological or behavioral symptoms. Thus, somatic rather than psychological complaints are the rule. In Chinese culture, psychological functions are assigned to specific internal organs which naturally promotes somatization.

The Chinese, vocabulary, for emotional states is much more limited than that of English, and this limited vocabulary also promotes somatization. The Chinese character for "bored" or "tired" (which is a rough translation for "depressed") is the written character for "heart" placed within the character for "door". The obvious association is that when the heart is closed up, a person becomes bored or tired. In contrast, the two characters meaning "happy" translate literally as "open heart".

Concepts of mental illness fall into several categories in Chinese culture(3):

1. Organic disorders - diseases of brain, liver, menstrual-related disorders, disorders of sexual frustration or excess, back problems, etc.
2. Metaphysical factors - imbalances of yin and yang, often due to eating too much of the wrong foods, and which are treated with dietary changes.

3. Genetic weakness - mental illness or "weak nerves" are a familial trait.
4. Excessive stress.
5. Supernatural intervention - spiritual unrest is blamed on a ghost or spirit, sometimes sent to avenge deeds of the patient's ancestors.
6. Fatalism - a common intellectualization in Chinese culture.
7. Character weakness, or neurasthenia.

Stigma

Mental illness is stigmatized in all cultures, but in Chinese culture, stigma is especially severe. There are several obvious sources to the severe stigmatization that Chinese psychiatric patients suffer. First, if you are mentally ill, you definitely have bad genes, and people will be hesitant to consider marrying your sister. Second, either you or your family must be to blame for your illness, which should be a source of shame. Third, in China, professional mental health care is generally unavailable to most, especially the mildly or moderately ill. Thus, to be in "treatment" implies that you must be severely and persistently ill (i.e. chronically psychotic). So, there is a significant threshold preventing the Chinese patient from seeking treatment.

Thus, as has been demonstrated in crosscultural research studies,(4) when presenting for psychiatric treatment, Chinese patients are more severely ill than American patients. Typically, mild symptoms have been present for a long time but have simply been tolerated by the family. The patient may often present somatizing, and insisting on some sort of biological intervention (e.g. medication) rather than "psychotherapy" which would enhance the stigma of being a mentally ill rather than physically ill.

The Chinese Family

Chinese life centers around the family. While family issues are important for all patients, it is especially important to evaluate the entire family when seeing a Chinese patient. Often, family members initiate the request for treatment, and the mental health care provider needs to consider treatment and outcome from the perspective of the family. Within the Chinese-American family, there are certain groups which are particularly vulnerable to psychiatric disorders. The elderly are quite vulnerable. They come from a society where the elderly have always been revered for their experience, wisdom, and status; and enjoyed being cared for in their senior years by their children. Living in America produces special stresses for Chinese seniors. Chinese-American young adults, raised in the U.S., are taught to become independent and move away from home as soon as possible. Caring for their elderly parents is not a priority. The elderly often feel deserted, isolated, and cheated of years of being cared for by their children and grandchildren. The prospect of being sent to a retirement home may be especially tragic for seniors who themselves may have spent years in their own youths caring for their grandparents.

The eldest son is also in a position of particular stress due to role conflicts in the structure of the family. Often, the parents are recent immigrants with poor English skills. The children are left with the responsibility of being the family's only effective contact with American society outside of Chinatown. The eldest son may have a role of surrogate parent thrust upon him while his parents are still expecting him to be an obedient child.

The youngest daughter is also particularly vulnerable. As the older children become independent and leave the family, the youngest daughter may be left caring for aging parents. To her parents, she represents their last hope of maintaining their traditional role as parents. They may exert considerable pressure on her to stay at home and care for them. This may create serious conflicts for the daughter who wants to become independent but does not want to be guilty of abandoning her parents.

Another group which is particularly vulnerable is widowed or divorced women. Chinese tend to be very judgmental toward divorced women. They may have difficulty remarrying and may face many years of loneliness.

Clinical Evaluation and Treatment

Types of Families: Chinese-American families can be broadly divided into three categories: recent immigrant, immigrant-American, and immigrant-descendent. Recent immigrant families may be refugees, may have poor language skills, have little knowledge about American society, and need to focus on survival skills. Immigrant-American families have foreign-born parents and American-born children. They have been in the U.S. for at least several years. These families often display high degrees of cultural and generational conflict. Typically, the individual goals of the children conflict with the goals of the family which are based on the parents' traditional Chinese culture. The children may perceive themselves as American while the parents perceive themselves as Chinese. In immigrant-descendent families both generations are American-born, and the problems are much more similar to those of any American family.

Initially, even when there is an identified patient, it may be helpful to attempt a family evaluation rather than just an individual evaluation. The family is certainly perceiving some dysfunction in the identified patient, and it may be necessary to recruit family members to assist in the treatment plan.

There are important questions to answer early in the family evaluation. What is the composition of the family, and what are the intergenerational problems? What is the birth order, and what is expected of each child? How much do different family members interact? Who are the decision-makers in the family, and who interacts with American society for the family? How do family members understand the symptoms? What is the migration history of the family, and why did they migrate? How acculturated is the family into American culture, and how rapidly did they acculturate? Do they utilize other health care providers, and if so, are they seeing Western doctors, practitioners of Chinese medicine, or both? Are they taking advantage of entitlement programs such as welfare and disability (many Chinese are unwilling to accept benefits from entitlement programs)? What are the support networks for this family - is there an extended family? Are they well-connected with a Chinatown support system?

Culturally Appropriate Treatment

In order to deliver a culturally appropriate treatment, it is critical to engage the support of the family decision-makers. If the decision maker is not motivated to seek treatment for the

identified patient, it may be necessary to insist on his/her cooperation before proceeding. Since the dropout rate for Chinese patients, from mental health treatment is very high, it is reasonable to assume, at least initially, that you only have a very limited number of sessions with which to work. Often, it is helpful to assume that the current visit will be the last one and to work from this perspective. Focus on visible, behavioral changes, especially if they can be accomplished rapidly. Do not hesitate to offer medication in the initial visit to relieve insomnia or anxiety; a failure to do so could preclude a second visit. Emphasize short-term goals which must include improvement in functioning within the family, at work, or in the community. Remember that the patient is often denying intrapsychic conflict and concerned only with symptom relief and improved functioning.

Be Interactive - In Western psychotherapy training, we are often trained to be a non-judgmental, passive, neutral listener; a blank screen on which the patient may project. This approach should be completely abandoned in dealing initially with the Chinese patient. Most Chinese patients are suspicious of nonsomatic treatments such as psychotherapy. Thus, do not emphasize psychotherapy which is perceived as nonmedical. Show concern for the patient; engage him and gain his trust by showing that you care. Be an "expert problem-solver" and show that you have authority and command over available resources, this will improve the patient's confidence in you. In particular, indigent Chinese patients may be concerned with daily survival and may expect and appreciate advice and suggestions from mental health providers.(6) Be willing to tell the patient something about yourself - often, in Western training, we are taught to reflect personal questions from patients back to the patient. A Chinese patient may find this frustrating and even offensive. You need to be tangible to the patient, a person with your own problems to which the patient can relate. Sometimes it is helpful beforehand to decide on some minor personal information you feel willing to share with the patient if asked, for example, information about your training, what town you live in, or how many children you have.

Retreat to the Medical Model - Chinese patients may be unable to distinguish mental health care providers from other providers. They may feel more comfortable if you wear a white coat, ask them primarily about their somatic complaints, and offer direct relief of symptoms. It may help to "seduce" the patient into treatment by providing immediate symptom relief with medication. Sometimes, early in an evaluation, it may be helpful to avoid clarifying to the patient that you are a mental health care provider. Performing "medical" procedures such as taking the blood pressure and pulse, or performing a physical examination. They may be happy to consider you to be "the doctor" or "the health care provider" rather than "the psychiatrist" or "the. therapist" especially if they perceive the problem as a medical one, not a mental one. Remember that it is unrealistic to consider long-term treatment before a commitment to short term treatment has already been demonstrated.

Avoid Taboo Topics - There are many topics which Chinese are very hesitant to discuss such as sexual history, physical or sexual abuse, infidelity, family history of mental illness, drug or alcohol abuse, or other stigmatizing topics. While it is certainly necessary to evaluate these areas properly, inquiring about such topics before adequate rapport has been established may immediately alienate the patient, perhaps not even during the first visit unless absolutely critical. It is more advisable to elicit this information gradually while

being alert to the patient's reactions. Sensitive material may have to wait for subsequent visits (if scheduled).

Watch for Indirect Communication - Chinese are encouraged to conform. Often patients or family will superficially agree with you when they really do not. Be observant of subtle changes in facial expression or body language which may indicate true feelings. Silence may also indicate disagreement or disapproval as well as respect for the therapist as an authority figure. There may also be a lack of eye contact since looking directly into the eyes of an authoritative person may be considered disrespectful.(7)

Sometimes, when interviewing a family, there may be superficial agreement between all family members, but indirect clues may indicate otherwise, especially if a behind-the-scenes decision maker is ambivalent.

Be Flexible - The role of the mental health care provider may be one of teacher, counselor, trusted family member, advocate, liaison to other medical providers, or liaison to entitlement programs. You must be informal and available, with flexibility in appointment hours as possible. The average Chinese person may not understand that he must be charged for a missed appointment and may be angry. Be willing to offer concrete services. We have found that a multidisciplinary team of professionals and paraprofessionals is practical and effective. The patients can identify more than one provider, and different services can be provided by different disciplines.

Recognize, Respect and Address Ambivalence. - While ambivalence is present in any patient, it is prominent in Chinese psychiatric patients. There is an inherent conflict between: the need for understanding and support, and the many negative attitudes imposed on the patient by their culture. They will feel guilty, stigmatized by friend and family, and that they have "lost face" (the Chinese term is "dropped face") by coming for treatment. These conflicts should be recognized and explored early in the treatment lest they sabotage the treatment at a later stage.

Utilize Cultural Strengths - There are many aspects of Chinese culture which can be called upon by the mental health care provider. There is usually an extended family. Involve them in the treatment, monitoring the patient, insuring compliance, and evaluating improvement or relapse. Early involvement of the family in treatment planning can improve patients' social integration and group cohesiveness as well as providing a constant source of reality testing and feedback.(3) Extended community support can also be a strength.

Chinese have a strong work ethic. This can be used to the patient's advantage. Motivate him by using work productivity as a measure of improvement. Be sure to offer a treatment plan that will minimize lost work days. Similarly, for children and adolescents, there is a strong emphasis placed on educational achievement by both students and their parents. For children and adolescents, emphasize school functioning.

Chinese have a high tolerance for loneliness and separation, and the therapist should utilize these strengths in encouraging individual patients. For example, a patient who has been separated for several years from his family who is still in China may not perceive this as intolerable. If otherwise appropriate, it may be acceptable to make a treatment plan that

does not emphasize a need to reunite the patient with his family. Chinese also have a strong sense of loyalty to family, friends, employers, and community. This too can be a resource for individual therapy.

Problems With Interpreters - Interpreters, although necessary, present a number of clinical problems. Often, untrained interpreters will summarize what the patient has said rather than simply translating it. A bilingual family member is often the most convenient interpreter, but should be used only as a last resort, since secondary gain and a conflict of interests is unavoidable, and the family members will always either minimize or exaggerate the symptoms.

If possible, trained interpreters should be used. If not available, the next best alternative is bilingual hospital staff. The interpreter should be encouraged to limit the interpretation exclusively to word-for-word interpretation and avoid paraphrasing, summarizing; or introducing any of their own opinions into the interpretation. Use simple, short sentences to avoid overwhelming the capacity of the interpreter.(8)

Medication - Many Chinese patients require or desire medication, and are likely to expect it. Often it is necessary to use medication for immediate symptom relief in order to engage the patient in the treatment process. Although rigorous data is lacking, there is a general clinical belief that Asian patients require lower doses of psychotropic agents than other racial groups here in the U.S. Chinese have been found to be more likely to develop extrapyramidal side effects from neuroleptic drugs.(9,10) The pharrnacokinetics of some antidepressants and haioperidol have also been found to be different in Chinese than in Caucasians, with Chinese achieving higher blood levels following the same dose. (11,12) In Japan, the therapeutic range of lithium blood levels in common clinical use begins at 0.4mEqAL which is lower than the therapeutic range in use in the U.S.(7) Often, Chinese patients are already taking Chinese herbal medicines when they come for Western medical care and the clinician must consider the possibility that the patient will continue to take the Chinese medicine in addition to those prescribed by the Western trained physician. A recommendation that the patient should abandon the Chinese medicines (for concern about potential drug interactions or toxic effect) usually leads to the patient abandoning the Western treatment.

Need for Bilingual/Bicultural Services - In the New York City area there is a rapidly growing Chinese population. This group has special mental health care needs which can only be met through programs capable of delivering bilingual/bicultural services. This is a group that is at high risk for psychiatric impairment for several reasons including .(among others): the stress of relocating to the United States; the completely different language, culture, and economy; the common prolonged separation from family members; and intergenerational conflicts between less acculturated older generations and more easily Americanized younger generations. Mental health resources to address these needs.