

FAMILY THERAPY WITH EAST INDIAN IMMIGRANT PARENTS REARING CHILDREN IN THE UNITED STATES: PARENTAL CONCERNS, THERAPEUTIC ISSUES, AND RECOMMENDATIONS

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ABSTRACT: The paper focuses on East Indian immigrant parents and some of the post-immigration difficulties they experience in their attempts to rear culturally East Indian children within the United States cultural context. Concerns specific to parenting children in the US, and therapeutic issues East Indian immigrant parents bring to therapy are presented and discussed. Effective therapy with East Indian immigrant families requires that therapists be flexible in their therapeutic approaches with these families, and become more knowledgeable about the varieties of East Indian families, their cultural beliefs, values, and norms. Recommendations for culturally effective therapy are offered.

KEY WORDS: East Indian families; migration; parenting; family therapy.

East Indians, also called East Asians, Asian Indians, and South Asians, from the Indian subcontinent have immigrated to the United States since the beginning of the 20th century (Ramakrishna & Weiss, 1992). Currently India is the third most frequent country of

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origin of recent immigrants to the US, and East Indians are one of the fastest growing immigrant groups in the US with a population that exceeds one million (United States Bureau of the Census, 2000). Increase in the number of East Indian immigrants in the US (84% increase, 1990–2000) is a direct result of US immigration legislation that abolished national-origins quotas and changed the preference system (e.g., Hart-Celler Act, of 1965, 1976, 1978) and the Immigration Reform and Control Act of 1986. Some East Indian immigrants to the US come as nuclear or extended family units with children of all ages, while others come as individuals, primarily solo males, many of whom left a wife and child(ren) in India fully expecting to reunite with them later in the US. They come to the US to escape dismal economic and social conditions in their home countries, to improve their educational and/or professional opportunities, to improve their economic condition, and ultimately to ensure a better life for themselves, their children, and often extended kin, than was possible in their respective home countries (Baptiste, 1987).

Similar to immigrants in general, many East Indian immigrants, adults and children, experience post-immigration adjustment/transitional difficulties specific to their status as immigrants. However, many East Indian immigrant parents rearing children, in particular adolescents/young adults, within the US context, post-immigration, experience difficulties in their parenting roles because of differential filial and cultural expectations for children in the US compared to India, and the variation in the rates of adaptation/acclulturation of parents and their adolescents/young adult children to the US context. Such adjustment/transitional difficulties often polarize the family, and contribute to inter-generational conflicts that in turn engender the problems for which many East Indian immigrant parents and their children are increasingly being referred and seek family therapy.

This paper describes and discusses common parenting concerns East Indian immigrant parents in the US bring to therapy; issues that affect therapy with such parents and their children; and offers recommendations for culturally effective therapy with these families. Only issues/concerns specific to permanent and some temporary East Indian immigrants, e.g., university students, will be presented and discussed; issues/concerns of illegal immigrants will not be addressed. For the purpose of this paper, East Indian is used to designate people who are nationals of India, Pakistan, and Bangladesh or from the Indian Diaspora countries.

EAST INDIAN IMMIGRANT FAMILIES IN THE US

History and Culture

East Indians are members of the group of people who inhabit the Indian subcontinent. This group includes people from Bangladesh, India, Pakistan, and Sri Lanka. East Indian immigration to the US occurred in two distinct periods—early 20th century to 1924, and 1965 to the present. A majority of the first East Indian immigrants to the US were Sikh farmers from the Northern Indian State of Punjab, who settled in California, and a minority of middle-class businessmen, skilled craftsmen and educated professionals (Jacoby, 1978). During the second period, post 1965, the new East Indian immigrants were a heterogeneous mix of farmers, skilled and unskilled workers, and highly educated professionals such as engineers, physicians, and academicians.

Currently a majority of East Indian immigrants in the U. S. are primarily nationals of India, Bangladesh and Pakistan. But many East Indian immigrants also come from several countries of the Indian Diaspora such as, Dubai, England, Fiji, Ghana, Uganda, South Africa, Guyana, South America, and Trinidad and Tobago in the former British Caribbean, for example. A majority of current East Indian immigrants in the US share a common Hindu religion and culture (a minority are Muslims, Christians, or other religious sects), and bring with them mores, behaviors, beliefs, traditions, and expectations for family members, particularly children, in areas such as family norms, child-rearing practices, and parent-child and spousal relationships that frequently are different from the ones usually expected for families in the US. Thus, unlike earlier Western European immigrants whose culture and ethnicity tended to be more in harmony with the individualistic culture and peoples of the US, East Indian immigrants' native culture tends to be highly collectivistic. Consequently, East Indian immigrants tend to be more removed from the culture of the US, and are clear that there are differences between them and the host culture. As a result, East Indian immigrants often maintain a significant social distance from the dominant US culture as they strive to retain their native ideologies, values, and religious beliefs (Sodowsky & Carey, 1987), and to maintain a distinct ethnic and cultural identity, especially among first generation immigrants.

Most East Indians immigrants from Diaspora countries have retained many of the practices and rituals of the Hindu religion and culture of India. However, there tends to be only a minimum of

“cultural continuity” between the cultural practices of Diaspora East Indians and East Indians from “Mother Country” India. As a result, although there are some broad commonalities with regard to world-views, cultural values, family norms, traditions, religious beliefs and values, there are many inter-country variations in dynamics and roles as well as the ways in which respective East Indian immigrant families are structured and function in the US, especially with regard to parents’ relationships with and expectations for their children.

Dynamics and Structure

The term East Indian immigrant family is in actuality a misnomer because these families are a diverse group that varies in their nationalities, cultures, ethnicities, values, languages, and religious affiliations, e.g., Hindus, Buddhists, Christians, Jains, and Sikhs. They also vary in their pre-emigration educational, occupational, and socio-economic attainments, reasons for emigrating, and in the amount and kinds of resources they bring with them to the US. Indeed, East Indian immigrants in the US represent fully a microcosm of the diversity that is India and are further diversified by the presence of East Indian nationals from Diaspora countries such as Guyana, Trinidad, and Tobago respectively.

The structure and roles of East Indian immigrant families in the US is a variation of those in their respective native countries. Accordingly, in the US, some East Indian families are organized as nuclear units, while others include extended family members of either one or both spouses. Yet still, in the US, some East Indian immigrant households are headed by a single parent, usually a female. This is particularly true of East Indian immigrants from Guyana and Trinidad and Tobago. Traditionally, East Indian families are patriarchal (Ahmed & Lemkau, 2000) and with few exceptions, East Indian immigrant families in the US also are patriarchal and explicitly male dominant. Accordingly, family structure is vertical and hierarchical with regard age and gender, thus expectations for men and women’s roles are sharply defined, and men enjoy greater societal entitlements and privileges than woman. The male dominant organization of East Indian immigrant families in the US is intimately tied to the various religious beliefs central to their lives. As a result, regardless of their level of education and/or employable skills, East Indian immigrant men usually work outside of the home and assume responsibilities as the family’s breadwinner (Bhattacharya & Schoppelrey, 2004). In contrast, East Indian immigrant women in the US often may not work

outside the home regardless of the type of household in which they live, whether they are educated, or pre-emigration may have been working professionals. Such immigrant women usually defer to their husbands' wishes, demands, and decisions regarding the family's life style in the US (Bhattacharya & Schoppelrey, 2004).

Parent-Child Relationships

Characteristically, a majority of East Indian immigrant parents' relationships with their children are formal and vertical with regard to age and gender, and communication and authority flow downward consistent with a hierarchical order of position and status. East Indian parents accept as their duty the care of their children, and children's reciprocated duty is to unquestionably respect and honor their parents. In this context, parents expect children to defer to parental wishes, especially paternal wishes, and to behave in ways that reflect well upon the family, including the extended family. A majority of East Indian immigrant parents rely on the inculcation of guilt and shame to keep children, regardless of age, focused on the importance of family obligations and to behave in ways that do not "bring shame" to the family. Accordingly, obligation to the family, based on a "we" rather than an "I" value, is the dominant philosophy that under girds the life and values of a majority of East Indian parents in the US, and are shaped by such parents' "East Indian" values, traditions, and norms, whether they emigrated from the Indian subcontinent or a Diaspora country.

For a majority of East Indian immigrant parents in the US the desire for children to succeed educationally and economically is a very high priority. To that end, children continually are reminded by parents that education is the key to success in the US and are inculcated with the belief that it is importance to succeed educationally, at all costs (Bhattacharya, 1998). Accordingly, children's exceptional academic performance is often viewed by parents as an honor to them. Consequently, some East Indian children, in particular adolescents, who experience academic difficulties, often report feeling "like failures" because of their inability to fulfill parental expectations (Kim, Coletti, Williams, & Hepler, 1995). In this context, East Indian immigrant children often feel driven in their desire to please their parents and succeed educationally, occupationally and financially. However doing so, disregards their own developmental needs and intensifies the normative stresses of adolescence or young adulthood. Oftentimes children may even experience mental health difficulties for which the family is referred to therapy. In therapy, East Indian children, frequently

complain that their educational and financial success in the US appear to be their parents' primary concerns to the exclusion of their personal and/or emotional growth, development and/or happiness.

PARENTING WITHIN THE US CULTURAL CONTEXT

Many East Indian immigrant parents often are ambivalent about their decision to immigrate to the US, to have brought children to the US, or to have children born in the US, because of a fundamental disagreement with the US core cultural values. Overwhelmingly, many of these parents' apprehensions result from their pre-emigration beliefs about the US culture culled from subjective information obtained pre-emigration, from television, news reports, or from relatives and or friends already in the US (Bhattacharya & Schoppelrey, 2004). Based on the pre-emigration information, many East Indian immigrant parents have formed negative impressions about the US culture and maintain those initial beliefs post-immigration, especially with regard to parent-child relationships and parenting roles and responsibilities. As a result, for many of these parents, raising children, in particular adolescents and young adults, within the US cultural context in which children are exposed to values that are different and often conflict with the family's core values is a bittersweet experience, and contributes to stress for parents as well as children. Parenting children within the US context is especially difficult for many East Indian immigrant parents during the post-immigration adjustment period for at least four reasons: (1) parents' unpreparedness for change leads to stress and often conflict as a part of the post-immigration experience, particularly with regard to the separation and individuation of children. In general, East Indian immigrant parents adjust satisfactorily to most of the post-immigration changes but they rarely are prepared for the changes associated with parenting children in the US, (2) parents' erroneous beliefs that their cultural rules for parenting and parent-child relationships could be transferred unmodified to the US, (3) parents' ambivalence towards the US culture, and (4) parents' attempts to raise "East Indian Children" in the US, with attitudes, values, and beliefs consistent with the parental native East Indian values. Accordingly, a significant portion of the difficulties East Indian immigrants experience as parents in the US, can be attributed to their reluctance to modify their cultural prescriptions for parenting and maintaining their cultural status quo specific to parenting. Invariably, efforts to maintain cultural continuity with regard to

rearing children often go awry because East Indian children often move more rapidly along the transitional pathway of adjustment to the US culture, while many parents remain culturally anchored in their respective native country/culture. East Indian children quickly adapt to and embrace the new culture with relative ease, and enthusiastically assume “American” behaviors, attitudes, values, and habits that are different from the usual ones expected for children in the family’s home country. Doing so however, often results in significant parent-child clashes of values that contribute to intense intergenerational conflicts and stress because of a crucial difference between what parents want for their children and what children want for themselves and the differential rates of adjustment/acclimation of parents and children’s to the US culture.

CONCERNS OF EAST INDIAN IMMIGRANT PARENTS IN THE US

Whether the family emigrated from the Indian subcontinent or a Diaspora country, are educated professionals, skilled professionals, or blue-collar workers, many East Indian immigrant parents frequently express concerns and apprehensions about raising children, especially adolescents, within the US cultural context. And although it is difficult to generalize about the concerns East Indian immigrant families bring to therapy, clinical practice with these families, and their children, has shown that irrespective of country of origin, social-class or status and the uniqueness of their circumstances, a majority of these parents present some common concerns about parenting within the US cultural context. These include: (a) fear of losing children to the US culture, (b) loss of parental authority over children (c) loss of authority to discipline children according to their native customs, (d) loss of authority to select children’s mate and, (e) loss of face within the East Indian community because of children’s out of culture behaviors.

Fear of Losing Children to the US Culture

Generally, most East Indian immigrant parents tend to be optimistic about the US and the many opportunities it offers to them and their children. However, one of the more recurrent concerns that East Indian immigrant parents bring to therapy is their fear that their children, especially those who entered adolescence or young adulthood subsequent to emigrating and those born in the US, are becoming “Americans” and

abandoning the family's culture/values. For such parents, an important issue and potent fear is the potential loss of their children to the US culture. East Indian parents tend to equate conformity to their traditional cultural values with family loyalty. Consequently, they often perceive children's, especially young adults, separation and individuation from the family, and their acquisition and practice of the behavioral standards and customs of the US culture as a rejection of the parents and their values. Children's departure from the visible markers of the family's ethnic identity, culture, and values is perceived by parents as undeniable proof that they have lost their children to the US culture and strikes at the heart of the family's value system.

Paradoxically, although a majority of East Indian immigrant parents immigrated to the US in search of a better life for themselves, and to afford their children the opportunity to make the best of themselves, by getting the most from the US, many such parents often resist their children's acculturation to the US culture as a means of preserving their native culture. Characteristically, in their attempts to preserve their cultural values, many East Indian parents often idealize their native country/culture, and establish and enforce stricter and *more* rigid rules for their children's behaviors as a means of exerting and regaining greater control of them. At the extreme, some East Indian parents often directly or indirectly, demand that children minimize their contacts with the visible markers of the US culture, e.g., dating based on personal choice, partying, using contraceptive, marrying for love vs. accepting an arranged marriage, or reject the culture outright. East Indian children, in particular adolescents and young adults, often perceive the injunction to reject the US culture and identify with the parental native culture to be a disadvantage to making it in the US. They often complain that rejecting the US culture and privileging the parental culture increase the difficulties of achieving the benefits and "good life" that their parents want for them, and for which parents immigrated to the US. From the children's perspective, it is important that they embrace rather than reject the US culture if they are to "make it in the US". In this regard, Pruitt (1978) has noted that generally, immigrants who maintained a high degree of contact with their native peers were hindered in their adjustment to the American culture. Conversely, Alexander, Klein, Worknch, and Miller (1981) noted that immigrants who maintained significant social contacts with persons from the host culture reported greater satisfaction in adjusting to the American culture in general. The Teeka family is illustrative of parent-child difficulties secondary to parental fears of losing a child to the US culture.

The Teeka Family

Mr. and Mrs. Teeka, both physicians, ear, nose, and throat specialist and internist respectively, and their son Devenan (age 17) were referred for family therapy by a colleague, 10 years after immigrating to the US; a younger son (age 12) and a daughter (age 5), completed the family. At interview the parents, in particular the mother, presented a long and detailed list of Devenan's transgressions which included: partying on the weekends and staying out later than his parents approved, staying over at an American friend's home without parental permission, drinking beer and eating hamburger (the family was vegetarian), dressing in ways unacceptable to his parents, and most damaging, he wanted to study to become a psychologist rather than the physician his parents expected him to be. According to Mrs. T., Devenan had been a model child until approximately one year prior to entering therapy. She said, "he listened to his parents and did not give us trouble." All that changed in his sophomore year in high school when he joined the varsity soccer team and began to associate more closely with his American peers on the teams. Mrs. T. attributed Devenan's behavioral and attitudinal changes to the negative influences of three specific teammates whom she accused of corrupting Devenan such that he had become "more like an American child than the Indian child they believed they were raising." Mrs. T's perception of American children and parents, in particular adolescents and their parents, was very unflattering; she believed herself to be a much better parent than her American counterparts. As a result of the parental displeasures, Devenan was withdrawn from the soccer team and many of the freedoms he previously enjoyed were severely curtailed. Mrs.'s T.'s displeasure with the American culture intensified when the soccer coach visited the parents to persuade them to allow Devenan to rejoin the team. Mrs. T. concluded that the coach was more interested in Devenan, "becoming a football player than being a good boy who listens to his parents." He did not rejoin the team.

Devenan was very critical of his mother. He accused her of, "liking to be in the America for the money but not liking Americans", and "thinking that you are better than everybody and wanting me to be Indian in America." From his perspective, the behaviors his mother found objectionable were necessary to "fit in" with his peers. He pointed out that he still maintained a very high grade point average (GPA) in high school and was a member of the chess and mathematics clubs. Furthermore he did not complain much when his parents,

primarily his mother, refused to buy him a car, “even though you can afford it.” Mr. T. did not say much, but what he said was less intense than his wife. He acknowledged the difficulty of raising children in the US given “the night and day” differences of expectations for children’s behaviors in the US and India. He also acknowledged that, “Devenan is a good boy” and that “everything was different for all of us.” He solicited the therapist’s assistance to find the family “a workable middle ground.” Accordingly, therapy focused on helping Devenan and his parents to explore compromises and alternatives to being polarized, within a workable middle ground.

Loss of Parental Authority Over Children

East Indian parents rearing children in the US become aware of two very painful post-immigration facts of life: (1) in the US there are vastly different rules for parenting children, and (2) the new rules significantly lessen their general authority over their children. As a result, these parents complain that they often feel “less like a parent” raising children within the US cultural contexts, and question whether they are in charge of their children or the reverse. East Indian fathers tend to experience the greatest difficulties with the loss of their absolute authority over children (Ahmed & Lemkau, 2000), but both mothers and fathers complain that parental authority appears to be less important to children in the US than in their specific native country. In this regard, some parents perceive their children to be “too American” in behaviors, values, and outlook and complain that children are too ready to disparage any parental values that are reflective of the “old country.” Parents also lament the “permissiveness” of the American society that condones children’s rights to challenge parental values and authority. In this context, many East Indian parents often observe that raising children, especially adolescents, in the US is analogous to “living with foreigners.”

Loss of Authority to Discipline Children

Many East Indian parents complain of feeling restrained in their authority to discipline their children “appropriately” consistent with the usual and acceptable modes of disciplining children in their respective native country. Invariably parents discover that rules for disciplining children are among the many rules that are different for parenting children within the US cultural context. In their respective native countries many East Indian parents used disciplinary practices that, by

US standards, are considered harsh and even abusive (e.g., some forms of physical and even verbal punishments such as inculcation of guilt and shame). Consequently, disciplinary methods previously acceptable and appropriate in their respective native countries to achieve the desired disciplinary outcomes are not acceptable and appropriate in the US. For these parents, parenting in the US requires accommodation to new value systems, rules, and expectations. However, East Indian parents frequently complain that the new expectations and rules disregard and devalue their indigenous cultural beliefs, rules and expectations for family interactions such as disciplining children, and leave them without effective means of disciplining children. As a result, East Indian parents overwhelmingly tend to be cautious in disciplining their children in the US because of their unfamiliarity with other disciplinary methods and fear of breaking the law.

Loss of Authority to Select Children's Mate

East Indian immigrant families in the US represent a diversity of countries of origin, religions, and cultures. But based on their common East Indian cultural values rather than national values, a majority of East Indian parents, accept as their responsibility the authority to select and to decide whom East Indian children will date and eventually marry. Consequently, loss of authority to select their children's mate is one of the more troubling concerns that most East Indian immigrant parents in the US bring to therapy. Arranged marriages continue to be the norm in India, but the cultural practice of arranged marriages among East Indians is on the wane in many of the Indian diaspora countries (e.g., South Africa and Guyana). Notwithstanding the decline in the practice, however, many East Indian parents continue to endorse arranged marriages for their young adult children and on occasion betrothals for adolescents, where ever they reside. Accordingly, post-immigration in the US, irrespective of the family's country of origin and religious affiliation, a majority of East Indian immigrant parents also continue to arrange their children's marriages. In this regard, Yao (1988) reported that the Indo-American parents whom she interviewed in Texas continued to arrange their children's marriages although many of the families had lived in the US for more than a decade, at the time of interview.

Among East Indian immigrants, religious affiliation is intimately related to the practice of arranged marriages; potential marital partners rarely, if ever, are chosen from a different religious sect. In this regard, in East Indian communities in which there are few or no eligible

candidates (by religion and class) with whom to arrange a marriage for a child, parents on occasion, may send marriageable children to visit their native country to seek a spouse. Some parents may even “import” a potential spouse from their country of origin for a child; this tends to be truer of wives than husbands (Wakil, Siddique, & Wakil, 1981). Although East Indian parents prefer culturally endogenous marriages, some parents will permit culturally exogamous dating and marriages, if culturally endogenous partners are unavailable. In the US, however, a majority of East Indian adolescents and young adults object to and reject arranged marriages and instead insist upon selecting, dating and eventually marrying someone of their own choosing, based on the American criterion of romantic love. Parents complain that children’s refusal to accept an arranged marriage is a rejection of them and their values and negatively reflect upon them as parents within the East Indian community. They also reference the progressively increasing divorce rate among younger East Indian immigrants and worry about their children’s ability to “make a good marriage”.

Loss of Face Within the East Indian Community Because of Children’s Out-of-Culture Behaviors

Within the East Indian community, parents are held responsible for their children’s behaviors and are criticized for their failing as parents, because children’s behaviors reflect negatively upon parents. Conversely, irrespective of country of origin, East Indian immigrants’ indigenous beliefs, and social community norms hold that children are responsible to enhance family pride by honoring their parents through their culturally appropriate behaviors and outstanding accomplishments. Consequently, when children behave out-of-culture, parents invariably complain that such behaviors dishonor them as “East Indian Parents” and devalue their standing as “East Indians” within the East Indian community. In therapy parents report feeling irretrievably shamed and request that the therapist work with the “offending” child to return his/her behaviors to acceptable community norms.

East Indian immigrant parents’ concern about how they are perceived by other members of the East Indian community are intimately linked to their concerns about children breaking rank with the parents’ traditional cultural norms, e.g., rejection of arranged marriages, and becoming “Americanize”. These concerns contribute to intergenerational stresses and conflicts that fuel parents’ intense control of children’s behaviors, especially out-of-culture behaviors. Out-of-control behaviors are behaviors that deviate from the usual and customary

community norms and culturally specific behaviors of a group of people, e.g., East Indian immigrants, that distinguishes them from other groups. Behaviors such as, changes in dietary habits, a former strict Muslim eating steak, marrying across class and race lines, e.g., a Hindu marrying a Jew, drinking alcohol, females wearing clothing that is deemed to be too sexy, using contraception, teenage pregnancy, unmarried children, especially females, cohabiting, or children becoming “too Americanized”, are deemed out-of-culture. Typically, East Indians families in the US, both recent and settled immigrants, irrespective of country of origin and religion, live in communities heavily populated by fellow East Indians. Members of these “East Indian communities” provide active social support for each other as they navigate the post-immigration transitional/adjustment period, and often function as surrogate support networks in lieu of the pre-emigration extended family support networks that were disrupted when the family immigrated to the US. Additionally, however, community members also function as unofficial arbiters of appropriate, expected, and acceptable cultural and moral standards by which community members, in particular parents, are evaluated. Accordingly, community members often are confronted with an unwritten, but expected standard of acceptable/appropriate conduct required for members to remain in “good standing” as East Indians or, more important, “good East Indian parents.” Intentionally or not, the social interactions and public behaviors of member families, including children, in these communities often are evaluated relative to a family’s perceived social class (including caste) and status. Predictably, children, especially young adults, often complain of feeling restrained in the range and kinds of acceptable/appropriate behaviors in which they can be involved as they separate and individuate from their families, without dishonoring them. In therapy they complain of being caught in a bind: parents wanting them to succeed in America, but simultaneously wanting them to remain in all ways East Indian.

THERAPEUTIC ISSUES IN WORKING WITH EAST INDIAN FAMILIES

Generalizations about therapeutic issues that can affect therapy with East Indian immigrant families are difficult. However, the author’s clinical practice with East Indian families has shown that to be therapeutically effective with these families, there are at least three issues that can intrude and negatively affect the therapy and its

outcomes. These are: (a) dissonance between the basic cultural positions of the therapist and the family, (b) lack of therapist credibility with the family because of gender, and (c) lack of therapist credibility with the family because of cultural differences.

Dissonance Between The Basic Cultural Positions of the Therapist and the Family

As noted previously, irrespective of country of origin, East Indian immigrants' philosophy of life emphasizes children's hierarchical deference and obligation to the family, including extended family. Conversely, the American philosophy emphasizes individualism and personal growth through separation and individuation from the family of orientation. Given the core differences between the egalitarian orientation of the US culture and the collectivistic orientation of East Indian families, there are discrepancies between American therapists and East Indian families with regard their worldview and priorities for parenting. For example, in working with families experiencing parent-child difficulties many therapists discover that their value orientation towards differentiation and independence of adolescents and young adults often conflicts with parents' traditional values of familism that demands unqualified deference to parents and extended family, and usually are equated with family loyalty. Consequently, American therapists' who attempt to either outright replace or move too quickly to have East Indian families modify their values will be ineffective with them. If these differences are not addressed in therapy, there is increased likelihood that both therapist and family could experience frustration that could contribute to the family's premature termination from therapy.

Lack of Therapist Credibility with the Family Because of Gender

Traditionally, within the East Indian culture, families are patriarchal, and women's roles, other than motherhood, are not accorded the same importance as men and their roles. Consequently, although some East Indian families emigrated from countries (e.g., South Africa) in which women function in professional roles such as physicians and attorneys, many family members, especially males, regardless of age and education, tend to be uncomfortable with women as professional psychotherapists. Consequently, despite a female therapist's skills and training, the family may in all likelihood, reject her as a therapist, because of her gender. On occasion, even

adolescents, males as well as females, may also reject the female therapist's help or more importantly sabotage her therapeutic efforts. Similarly, female therapists, feminist oriented therapists in particular, who may attempt to bond or establish sororal rapport with female family members may be discouraged by the females' lukewarm reception, and rejected by the males who often view such joining as a threat to the family's "East Indian" values. The Singh family is illustrative.

The Singh family. Mr. and Mrs. Singh, an engineering graduate student and a homemaker respectively, and their son Rohan (age 17) were seen by the author for family therapy on a referral from the university's foreign students' liaison. According to the liaison, the family previously had been referred to a female therapist but "things did not go too well". As a result, the family stopped showing for appointments, and requested to see a male therapist. When the family presented for the appointment with me the office receptionist inadvertently summoned their previous therapist, a female colleague in the same office, to meet with them. We both greeted the family in the waiting area, but Mr. S. informed the female therapist that the family was there to see the author. Since I had not known that the family previously had seen my colleague, I asked the adults for an explanation for the change of therapists. Mr. S. said he asked to see a male therapist because, "men were better helpers than women", and he "understood how to talk with a man". Mrs. S. said, she "did not feel right talking to a woman". She also concurred with Mr. S's belief that, "men were better helpers than women". Subsequent to the meeting with the family, I shared with my colleague the family's reasons for changing therapists. She had seen the family four times and could not recall any explicit or subtle expressions of dissatisfaction. She believed therapy was progressing satisfactorily, thus the family's request to change therapists was a surprise to her.

Lack of Therapist Credibility with the Family Because of Cultural Differences

Therapy with any client family tends to be most effective when therapists and families share similar group membership because such similarity enhances therapists' credibility and attractiveness. In this context credibility refers to a family's perception of the therapist as an effective and trustworthy helper. Working with any family's system, especially family from a different membership group, e.g., East Indian families, therapists are confronted with two kinds of credibility -

ascribed and achieved. Ascribed credibility refers to the therapist's knowledge of the cultural background, including values, norms, and lifestyles, for example, of the family, and is assigned by the family to the therapist; achieved credibility refers to the therapist's clinical skills. Because American therapists and East Indian immigrant families do not share a similar membership cultural group, East Indian families may perceive such therapists to be lacking the necessary ascribed credibility (as determined by the particular family), and may be hesitant or even resistant to engage in therapy with such therapists. Consequently, it is important that American therapists maximize their ascribed credibility to enhance the family's perception of them as trustworthy and effective helpers.

American therapists' lack of credibility with East Indian parents because of cultural differences, often can contribute to the therapist feeling therapeutically impotent in his or her efforts to effect change in the family's system. For example, therapists who use their achieved credibility (i.e., clinical skills) to encourage an East Indian wife or child to confront the husband/father in therapy may find both the wife and the child resistant to doing so (e.g., Mrs. Singh), because of the discordance of the suggestion with the family's traditional cultural norms for husband-wife and parent-child relationships. By so doing the therapist's achieved credibility is diminished and he/she becomes impotent as a change agent. Therapists also may discover that because of the incompatibility of the suggestion with the family's cultural values, not only does the wife resist acting upon it she may ally with the husband/father against the therapist, thereby rendering further intervention ineffective and futile. Such resistance can negatively affect the therapeutic process, contribute to premature termination of the family from therapy or worse, the family politely remains in therapy but does not change its behaviors. The Patel family illustrates the problems that can occur when therapists lack credibility with families because of culture.

The Patel Family. Mr. and Mrs. Patel, restaurant owners, and their daughter, Liela (age 16) were seen in family therapy on referral of a relative, a university professor. The therapist was a white male counseling psychology doctoral intern supervised by the author, in the university's counseling center. At interview Mr. P., talking for the family, reported that Liela was being disrespectful. She was refusing to work in the restaurant when she was needed. Instead she was more interested in playing volley ball as a member of the high school team. Most troubling to Mr. P., however, was Liela's request for an athletic bra; the coach recommended that she wear an athletic bra when

playing. Mr. P. objected to Liela wearing any bra, athletic or regular, and was outraged that his wife did not support his position. He accused his wife of forgetting that “she and Liela were Indians not Americans.” During a pause in Mr. P’s presentation, the therapist informed Mr. P. that his wife and daughter needed to talk for themselves instead of him talking for them. He also invited the wife and daughter to speak for themselves and to share their perceptions of the presenting problem. Neither Mrs. P. nor Liela spoke despite encouragement from the therapist. When invited to continue his presentation Mr. P. initially said nothing. When he did speak he curtly said, “You don’t understand me. You probably think I am wrong for wanting my daughter to work and to not wear a bra. I am Indian and we do things differently.” Asked for her input again Mrs. P said “he is her father.” The family left but never returned. Clearly, by moving too quickly to introduce a culturally incompatible change into the family’s traditional pattern of husband-wife, father-children interaction, the therapist’s value stance of independence/individuality was viewed by both spouses as culturally incongruent with their cultural value of patriarchal deference and perhaps was also culturally threatening.

RECOMMENDATIONS FOR THERAPY

East Indian Families in the US are a heterogeneous group having emigrated from the Indian subcontinent as well as other countries of the world. As a result, recommendations for therapy specific to parent-child conflicts are not applicable to all families under all circumstances. However, because of the increase in the number of East Indian families being referred for family therapy many American therapists will at sometime treat an East Indian family in therapy. Therapists’ cultural competency, sensitivity, and clinical skills with immigrants in general, and East Indian immigrant parents, in particular, are primary requirements for culturally effective therapy with East Indian families. Accordingly, the following recommendations are offered:

- (1) Before attempting to effect any changes within the family’s system, it is important that therapists initially communicate to the families an understanding and acceptance of their system and learn about the family’s culture from it, especially family roles, values, and relationships, and how these affect the family’s interpersonal relationships in order to lessen

chances of mistakenly interpreting culturally acceptable behaviors. For example, the therapist mistakenly attributing cultural values of a Muslim to a Hindu.

- (2) It also is important that therapists approach changes to the family's core values very slowly, and be able to communicate to the family an understanding of the specific issues around which the presenting problem is centered, e.g., the parents' style of discipline or the child's outright disrespect of parents. Many of the problems these parents and children bring to therapy are the predictable consequences of immigration and resettlement in a new country, the normative separation-individuation of adolescents and young adults from their families of origin, but under different cultural rules, increased parental anxieties, and uncertainties than in their respective countries of origin. Characteristically, these problems often extend beyond the family's boundaries and are difficult to resolve because both parents and children subtly demand the therapists' allegiance.
- (3) It is important that therapists assume a neutral stance with both parents and children in the conflict, and be extra careful about condemning, supporting, empathizing or aligning with either side. A majority of the problems these parents and children bring to therapy are value conflicts between the parents' native East Indian values and children's new "American" values. Consequently, American therapists are more likely to apriori ally with the children because of their perceived compatibility with the children's "American" values, and condemn the parents with whose values they may be less compatible. However, such an alignment can exacerbate the already stressful parent-child conflicts and contribute to negative therapeutic consequences such as the family's early termination of therapy.
- (4) Although any theoretical therapeutic approach can be effective with East Indian families, it is important that therapists be flexible in their therapeutic approaches and modify their usual therapeutic approaches with these families. Flexibility must include a willingness to accept the problem in the manner in which the family frames it, to vary the timing of specific interventions with the families, and to incorporate education and information about American child-rearing practices and normative separation-individuation of children, for example.

- (5) It is important that therapists work with East Indian families, especially unacculturated adults, to help them to increase their trust in psychotherapy and its processes. Although significant numbers of East Indian immigrants are members of health care professions, including mental health, East Indians immigrants in general maintain a cultural distrust of psychotherapy and as a result, often under utilize such services. (Relatively few of the families seen by the author were self referred.) Distrust in part results from these families' unfamiliarity with and the minimal availability of psychotherapy in their respective countries of origin as well as their highly developed sense of privacy consistent with their East Indian cultural beliefs. This belief stresses the importance of keeping family business within the family not to be disclosed to outsiders including psychotherapists and even primary care physicians. Accordingly, helping East Indian families to decrease their therapeutic defensiveness, and build trust in the therapeutic process can help them to relax their heightened need for privacy and engage more fully in the therapeutic process.
- (6) It is helpful in the process of therapy for therapists to broaden the scope of therapy beyond the initial presenting problem(s). Although parent-children intergenerational conflicts may be the primary presenting problem (s), issues of loss may need to be explored for many of the adults. For many adult family members, multiple losses are secondary to the immigration as a significant contributor to many of the parent-child conflicts they experience. In this regard, Bhattacharya and Schoppelrey (2004) have noted that many East Indian immigrant parents' high expectations for their children's educational achievements may be related to the parents own frustrations in achieving career or occupational goals and may therefore be related to mental health issues among parents as well (p. 84).
- (7) Keep interventions direct, active, and focused on a limited number of behavioral changes. Doing so will minimize the parent-child stresses and help the family to return to its pre-therapy equilibrium. As noted previously, many East Indian immigrant families are unfamiliar with American psychotherapeutic approaches, and seek family therapy only as a last resort, usually at the insistence of a respected relative or friend. Consequently, to engage these families in

therapy, it is important that therapists not attempt to cover too much ground but keep the more substantive transitional issues in sight.

SUMMARY

Increasingly, East Indian immigrant parents and their children are being referred for family therapy because of parent-child conflicts. Many of the problems these parents and children bring to therapy result from the normative life-cycle transitions, intergenerational relationship strains, and adolescent, or young adult separation-individuation occurring in an unfamiliar context under different cultural rules. Family therapy with East Indian immigrant parents and their children experiencing intergenerational conflicts presents a significant challenge for marital and family therapists. It is a new learning experience for all participants. To be clinically effective with these families, therapists need to be more than minimally knowledgeable about the varieties of East Indian family values, norms, and traditions, be flexible in their therapeutic approaches, and create an atmosphere in which both parents and children feel valued and respected.

POSTSCRIPT

Family therapy with East Indian immigrant parents and their children has been a challenge for me as I have worked with these families, particularly parents, to find a viable fit of their native cultural values and the new US values and expectations for rearing children in the US. Working with these families has underscored for me the challenges of the post-immigration period and of being a parent, in particular a parent of adolescents in the US. Viewed through my current lenses as an American educated family therapist, East Indian immigrant parents' cultural values, the core of their parenting beliefs and behaviors, invite criticism because their children's "American" values and behaviors tend to be more congruent with my US cultural values.

My reactions to these families' "differences" are tempered, however, by other experiences that have provided alternative lenses through which to view their parenting beliefs and behaviors. Those experiences have heightened my appreciation for the varieties of East

Indian families, their between-group cultural and religious differences, and allowed me to see and to understand them within their contexts, and thus be able to achieve a positive therapeutic relationship and outcome with them. Similar to these families, I also am an immigrant and spent a portion of my formative years in Guyana, an East Indian diaspora country and am familiar with East Indian culture and values, both Hindu and Muslim. That experience has been augmented by my experiences in England with an even greater variety of East Indian families from other diaspora countries such as Uganda and South Africa, as well as from the Indian subcontinent.

As an immigrant I share a consciousness of kind with a majority of the East Indian immigrants with whom I have worked psychotherapeutically. Although not an East Indian, my status as an immigrant, in particular an immigrant knowledgeable about “East Indian ways”, afforded me an entrée into the families’ highly guarded private world, helped to enhance my ascribed credibility, and facilitated trust and joining with them. My immigrant connection also was a valuable asset on those occasions when it was necessary to provide information and education as an adjunct to therapy.

Unfortunately, neither my immigrant connection nor therapeutic skills were effective in changing a majority of these families’ attitudes about gender and gender roles. For a majority of these families, beliefs about gender are indelibly tied to their respective religious beliefs. Accordingly, any attempt to change beliefs about gender (e.g., the Singh family privileging the male therapist’s perspective over that of the female therapist) often is perceived as an attempt to change religious values and is resisted or outright rejected. I continue to experience difficulty in dealing with families for whom such beliefs appear to be immutable and attempt to educate them, especially the females in the family, about different ways of looking at women and their roles.

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CONTEMPORARY FAMILY THERAPY

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