The Invisible Family: Counseling Asian American Substance Abusers and their Families

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❖ **Literature Review—Theory**

The Invisible Family: Counseling Asian American Substance Abusers and Their Families

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The model minority theory, the underuse of mental health services, and cultural values have influenced the substance abuse field into believing that Asian American families are psychologically healthier and in less need than other ethnic groups. The existing literature on substance abuse within the Asian American population is reviewed in this article. The family systems theory is then described and applied to the Asian American family.

> *It is past midnight in Shibuya, a funky entertainment district popular with Tokyo's younger generation. Three high school boys are lying unconscious outside a busy bar. Two teenage girls in party gear are throwing up. Ten yards away, a uniformed police officer studiously ignores the scenes of drunken teenage debauchery that have become a nightly event in this part of town.*
>
> —Hills, 1996, p. 39

> *Jiggling up and down on a stool in her white next-to-nothing bikini, 18-year-old Ting Ting acknowledges she dabbles in shabu (methamphetamime or crank as called in the Philippines). So, she claims, do most of the other go-go dancers who work long hours in the Ermita entertainment district. "It doesn't do you any harm," she states innocently.*
>
> —McBeth, 1989, p. 44

Welcome to the opposite end of the model minority label, which depicts Asians as high achievers, successful, reserved, and lacking in problems. Asian Americans are believed to easily assimilate into the dominant culture (Lee & Mixson, 1995; Sandhu, 1997). However, not all Asians and Asian Americans fit this stereotype. As the above examples indicate and current research demonstrates, substance abuse is on the rise among this population. Alcohol and other drug (AOD) use are ranked as one of the major concerns in the United States. Almost every day, the media is filled with stories of celebrities being stopped or arrested for possession of marijuana, cocaine, or some other drug- or alcohol-related offense (Doweiko, 1999; Fisher & Harrison, 1997). Its use is implicated with half of the homicides in the United States, 40% to 60% of motor vehicle accidents, and 80% of adolescent suicides. Research in chemical dependency has shown drug use to be related to economic deprivation, poverty, neighborhood and familial disruption, and violent crimes (Asian American Recovery Service [AARS], 1999; Bhattacharya, 1998). Although there is a large body of literature addressing these issues, it rarely addresses these issues within the Asian American population. Most of the research focuses on European Americans, Latinos, and African Americans. Although Asian Americans are the fastest growing ethnic group in the United States, national data surveys continue to cite small sample sizes for this population and lump them together with Native Americans and Alaskan Eskimos into a category designated as "other," rendering any information regarding Asian Americans AOD use unavailable and worthless (Ja & Aoki, 1993; James, Kim, & Moore, 1997; Sandhu, 1997). Consequently, most research concerning Asian Americans is derived from small surveys conducted by independent researchers or state agencies.

PREVALENCE OF ALCOHOL AND DRUG USE BY ASIAN AMERICANS

Most of the literature that is available indicates that Asian Americans use less alcohol and drugs than the general population and are in less need of services. This belief arises from the model-minority stereotype that is held by the dominant culture (Bhattacharya, 1998; Ja & Aoki, 1993; James et al., 1997). Support for the "model minority" label is derived from findings such as 56% of grocery stores in New York are owned by Korean merchants, 85% of the shrimp fishing industry in Texas is controlled by Vietnamese Americans, and Pilipino

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doctors outnumber African American doctors in the United States. In the educational realm, Asian Americans represent 10% of the student body at Harvard, 22% at Berkeley, and 19% at Massachusetts Institute of Technology (Sandhu, 1997).

Assumptions, based on such percentages, are then made that all Asian Americans are successful, minimizing or concealing those who are experiencing difficulties. The stereotype of Asian Americans as the model minority is further fueled by the underuse of mental health or substance abuse services by Asian Americans, supporting the impression that they are psychologically healthier than the general population. This impression is then used to justify policies and practices that no special services are needed for this population (Lee & Mixson, 1995; Sandhu, 1997).

The AARS conducted a survey and found that of their 127 Asian Americans drug users, 48% reported cocaine as their drug of choice, 15% used heroin, 13% used alcohol, and 12% used barbiturates. They further reported that cocaine has grown as the drug of choice for most Asian Americans clients, rising from 20.2% to 70.3%.

Makimoto (1999), in his investigation of 27,000 junior and senior high school students in New York (540 being of Asian American descent), found that only 6% of Asian Americans drank once a week compared with 16% of their White counterparts. However, among heavy drinkers (five or more drinks per occasion), Asian Americans consumed a greater amount of alcohol per day in comparison with their classmates.

A separate study surveyed 21 8- to 12th-grade Asian Americans students in Seattle, Washington, who had been referred for an AOD assessment. Of those 21 students, 14% received a diagnosis of misuse (drinking to intoxication), 24% received a diagnosis of abuse (binge drinking), and 24% received a diagnosis of chemically dependent (Makimoto, 1999).

Although the existing research claims that Asian American substance abuse is on the rise, researchers stress the need to examine Asian Americans groups separately due to within- and between-group differences. Currently, there are more than 31 different Asian American groups residing in the United States. Variations in AOD use occur in Chinese, Japanese, Koreans, and Pilipino families (Nemoto, Huang, & Aoki, 1999; Sandhu, 1997). For example, one survey found a high proportion of heavy drinkers among Chinese and Pilipino men. Shabu appears to be the drug of choice in the Pilipino community (Lavilla, 1998; McBeth, 1989). Among Southeast Asians, alcohol is not viewed as a harmful drug, but a substance containing healing properties. It is also culturally acceptable for elderly Southeast Asians to smoke marijuana and drink alcohol (Bhattacharya, 1998; Makimoto, 1999).

CULTURAL OVERVIEW OF ASIAN AMERICAN VALUES

The underuse of mental health services and the underreporting of AOD use by Asian Americans can be ascribed to cultural values (James et al., 1997). Many Asian American families believe problems should be kept within the family, saving the family from shame and embarrassment (AARS, 1999; James et al., 1997; Makimoto, 1999; Nemoto et al., 1999). Excessive drinking or chemical use is seen as a taboo and causes great embarrassment to the family (Bhattacharya, 1998; Diller, 1999). If the problem is not causing overt problems in the community, family members will deny the existence of any substance abuse problems to protect family dignity (Ja & Aoki, 1993; James et al., 1997).

Acculturation into the dominant culture often causes conflict between generations. Native-born Asian Americans may begin to move away from the traditional values espoused by their family and community. Second- and third-generation Asian Americans, born in the United States, are at higher risk to begin using substances. As they adopt the values of the dominant culture, their drinking patterns resemble European American patterns. This adoption of European American values may lead to conflict between the generations, which increases the acculturated member's substance abuse to alleviate stress or escape the conflict (Bhattacharya, 1998; Makimoto, 1998; Sandhu, 1997).

The increase of alcohol and drug use among Asian American adolescents may also be culturally based. Parental expectations and pressures to excel exert much stress on the Asian American student. Education is extremely important to Asian Americans and to excel academically is to bring honor to the family (Berg & Jaya, 1993; Yagi & Oh, 1995). In some Asian Americans cultures, a child's educational and professional path has already been set by the parents (Hills, 1996). In response to this pressure, many Asian American adolescents may turn to AOD use to alleviate the stress of meeting parental expectations and failing to succeed in the educational arena (Bhattacharya, 1998; Hills, 1996).

The lack of culturally based treatment centers also affects the underuse of services (Ja & Aoki, 1993; James et al., 1997). Many treatment programs operate under the assumption that their program and 12-step groups apply across all cultures (AARS, 1999; Ja & Aoki, 1993). If family counselors expect to effectively treat Asian American families, they must be knowledgeable in the cultural values and beliefs that govern Asian American thoughts and behaviors (Bhattacharya, 1998; Ja & Aoki, 1993; Salvador, Omizo, & Kim, 1997).

Filial piety is at the core of Asian American values. This translates into devotion, obligation, loyalty, and duty to parents and older siblings. An Asian American is expected to sacrifice one's personal needs and wants in favor of the needs and welfare of the family. Respect and deference to elders and authority figures is a given and rarely questioned. The notion of earning respect is not applicable to this population.

Asian Americans' self-concepts focus around their family and the opinions of their peers. Group solidarity and complying with social norms governs social esteem and self-respect.

Self-concept and self-respect are dictated by avoidance of direct confrontation.

Shame and guilt are deeply felt in Asian American cultures. They are the most powerful form of behavior control in maintaining social relationships and parental and cultural expectations. As can be garnered from the information above, honor and respect of the family is of utmost importance. To behave inappropriately is an embarrassment to the family and causes the family to "lose face." Withdrawing familial support or disowning the deviant family member can occur in Asian American families to maintain family honor.

Moral obligation (reciprocity of a favor or unsolicited favor) is an important value. This debt of gratitude is infinite and can be passed down to the extended family or the next generation. It is not uncommon for an Asian American to give a gift to a professional, such as a doctor or counselor, for services rendered.

Fatalism, the acceptance of one's fate, is a guiding force when confronted with a situation beyond one's control. The core of this value is the acceptance of the uncontrollable event through the belief in a higher power and determination in the face of adversity.

The traditional Asian American family is hierarchical in nature. Fathers are the dominant figures and viewed as the breadwinners of the family. Mothers are responsible for the welfare of the children. Children are highly valued (sons more so than daughters) and bring meaning to the marriage. They are considered the family's wealth and it is the duty of the parents to provide for their children, even into adulthood. European Americans mistake this duty to children as spoiling the children (Berg & Jaya, 1993). Older siblings are afforded the same respect as parents. For Asian Americans, *family* includes both immediate and extended family members. The extended family, which is not limited to blood relations, includes friends and godparents that have been accepted into the clan.

FAMILY SYSTEMS THEORY WITH SUBSTANCE ABUSERS AND ASIAN AMERICAN FAMILIES

The current literature suggests that family counseling/therapy is perhaps the most effective intervention for working with Asian Americans given the importance of family in this culture (Ho, 1987; Ja & Aoki, 1993; Lavilla, 1998). However, information concerning treatment of Asian American substance abusers and their families is scarce.

In general, within the field of substance abuse treatment and prevention, family counseling is an important component of AOD counseling because substance abuse is considered a family disorder. Prevailing theory states that each family member plays a role in the substance abuser's life and these roles and the drug use maintain family harmony. If the substance abuser is treated individually, family members retain their roles and may resist change to preserve familial homeostasis. Individual family member's problems are set aside to focus on the family unit and how substance abuse affects family communication and relationship patterns. Treatment goals for substance-abusing families are redefining roles, restructuring relationships among family members, and altering interaction patterns (Curtis, 1999).

Currently, although lacking supportive empirical data, the dominating model of family theory espoused in substance abuse treatment literature is family systems theory (Curtis, 1999; Lawson & Lawson, 1998; Steinglass, 1987). In contrast, there exists no overwhelming consensus as to which model of family theory is most effective with Asian American families. Some researchers believe that the family systems theory is effective with Asian American families (Ho, 1987; Lee, 1996).

OVERVIEW OF FAMILY SYSTEMS THEORY

Family systems theory (FST) (Bowenian Family Therapy/Multigenerational Family Therapy) perceives *family* as a system composed of the nuclear family and the extended family. The basic premise is that familial homeostasis is based on the differentiation of self/fusion from the family. Unresolved emotional fusion disrupts family harmony. In accordance, even if a family member was seen individually, he or she can be best understood by going back at least three generations of the family. FST outlines several core tenets that are interrelated, each of which are discussed in the following sections.

Differentiation of self/fusion. The hallmark of FST, differentiation of self/fusion, relates to the relationship between intellect and goal-directed activity and emotions or emotion-oriented activities. A differentiated individual is flexible, thoughtful, and autonomous in the face of adversity. Differentiation in terms of family relationships relates to the ability of families to accept change and difference and allows a person to become autonomous. Fusion is the opposite, in which the individual is ruled by emotions, is rigid, and prone to dysfunctional behaviors in stressful situations. Fusion in terms of family relationships relates to members attempting to maintain a rigid position in the family and adhering to family role expectations rather than seeking autonomy.

Triangles. Triangles are a form of fusion in the family used to maintain homeostasis during crises or between two members experiencing anxiety. It entails involving a third party to alleviate emotional stress and tension to regain family stability.

Nuclear family emotional system. The nuclear family emotional system describes a model of one single generation of emotional functioning. Family members' achievement of emotional maturity is dependent on their parents' emotional

maturity. Emotional maturity is related to levels of differentiation and fusion.

Family projection process. Family projection process provides the means by which the parents project their level of differentiation onto the most vulnerable child. This projection process operates within the mother-father-child triangle; the transmission occurs through triangulation. The intensity of the projection process is determined by the degree of undifferentiation of the parents as well as the amount of stress and anxiety the family experiences.

Multigenerational transmission process. Multigenerational transmission process is the transmission of functioning from one generation to another. Levels of differentiation and fusion are transmitted not only through the immediate family but also from previous generations.

Sibling positions. Sibling positions play an important factor in family responsibilities and roles. Usually older children are more adult-like in their behavior, and parental expectations for them to succeed is higher. Middle children are more social and are often trying to establish a place for themselves in the family. Younger children are more rebellious and usually unconstrained by family rules (Curtis, 1999; Steinglass, 1987).

APPLYING FST TO SUBSTANCE ABUSE

In a substance-abusing family, members share a common belief system pertaining to the accommodation and tolerance of a family member's substance use. This belief system begins to form the family's identity that consists of rules and roles. The rules are used to accomplish a common goal, that of governing family members thoughts, feelings, and actions.

The major rules in a substance-abusing family are (a) don't talk, because talking about the problem will cause more problems; (b) don't feel, for feeling is painful and to feel causes additional problems; and (c) don't trust, because trusting leads to disappointment if family members fail to maintain their promises. With such rigid rules, family members adopt survivor roles.

The survivor roles in a substance-abusing family are the (a) dependent (person abusing substances), (b) codependent (main enabler), (c) hero (person who takes on the responsibilities of both the dependent and codependent), (d) mascot (person who attempts to cheer up the family), (e) lost child (person who withdraws emotionally from the family and whom the family ignores), and (f) scapegoat (person who is blamed for all the problems in the family). These roles are adopted to cope with stress brought about by the substance abuser's use.

Survivor roles, through triangles and the family projection process, are also used to maintain family homeostasis during crises. These survival roles usually match with birth-order position, such as the oldest child may be the hero, the middle child may adopt the role of the mascot, and the youngest may take on the role of the scapegoat.

These family rules and roles influence the family's daily activities, family rituals, and problem-solving patterns. For example, mother may call in sick to care for the substance abuser (disruption in daily activities); Thanksgiving dinner may be changed to avoid drunk driving (disruption in family rituals); family crises are dealt with individually, for example, the father may emote, mother may turn to friends for advice, and children may withdraw from the family or act out (disruption in problem-solving patterns).

If this accommodation has been transmitted from generation to generation, the rigid boundaries affect the daily activities, family rituals, and problem-solving patterns of the family. This effect influences family identity, which in turn influences the shared beliefs, thereby shaping the dynamics of subsequent generations (Lawson & Lawson, 1998; Steinglass, 1987).

FST IN WORKING WITH ASIAN AMERICAN SUBSTANCE-ABUSING FAMILIES

Introducing a cultural factor to a substance-abusing family adds another component to family counseling. Asian American families bring to counseling an already defined set of cultural values that governs their thoughts, behaviors, and emotions. These cultural values compounded with the cultural values of a substance-abusing family may cause additional strain on the family. The challenge in family counseling with Asian Americans is respecting their cultural values while accomplishing the goals of substance abuse treatment.

The core tenet of differentiation of self/fusion has important implications when working with Asian Americans and their families. The appropriateness of stressing independent thinking and autonomy should be questioned. Triangulation has a different meaning for Asian Americans. As mentioned earlier, children are expected to defer to their elders and authority figures. In substance abuse treatment, families are taught to "detriangulate." They are encouraged to confront and challenge one another. However, Asian Americans will view this type of behavior as an affront and disrespectful. Family counselors must use caution when trying to alter communication patterns.

Bowen's modest approach to problem solving, remaining detached but interested, calm and intellectual, is congruent with Asian American's belief in modest communication and behavior. Having each family member speak directly to the therapist and using positive reframing and reflecting will be in keeping with the communication hierarchy of Asian American families. For example, rather than "Do you ever care about your family?" (direct confrontation), reframe to "We have different ways of caring for our family—I would like to learn from you about your ways of caring for your family"

(polite, respectful, indirect) (Ho, 1987). Teaching an Asian American family to positively reframe and relabel statements, a skill practiced throughout counseling, maintains the family's dignity and respect.

Genograms are often used in substance abuse counseling to demonstrate family patterns of interaction from within one's generation and previous generations (usually the past three generations). Cultural mapping accomplishes the same goal. However, it incorporates additional information such as immigration patterns, personal demographic data (language, birth place), psychological data (degree of acculturation and adaptation), and multigenerational information. Through this mapping, the family counselor and family members gain insight into levels of differentiation/fusion of each family member, the nuclear family emotional system, and multigenerational transmission process (Curtis, 1999; Ho, 1987).

CONCLUSION

The "model minority" label is being dispelled by research that demonstrates Asian Americans' substance use is on the rise and they are in need of services. However, due to cultural values and lack of culturally based treatment programs, this population underuses substance abuse and mental health services. The lack of data concerning rates of use, reasons for the rise of use, and effective treatment models makes it difficult to target this population. Furthermore, the diversity within the Asian American population, each with its own language, values, and beliefs, compounds the problem of implementing generic treatment programs that are effective with all Asian American groups.

Although substance abuse in the Asian American population is on the rise and services must be implemented to assist this population, several issues remain troubling. This review, based on the existing literature, assumes that substance abuse is taboo in all Asian American populations. However, some forms of drug use are acceptable in different ethnic groups. Caution must be exercised when labeling behavior as deviant. What is considered a problem in one culture may not be viewed as a problem in other cultures. To label a behavior deviant, based on European American values, is arrogant and culturally insensitive.

The cultural values of a substance-abusing family are assumed to apply to an Asian American family. However, there is little empirical evidence to date that suggests the Asian American family adopts survivor roles when there is a substance user in the family. Asian Americans cope with stressors in a much different manner than European Americans, so the existence of survivor roles may not even exist.

The literature that addresses Asian American psychology and accompanying theories has rarely been taken into consideration with the existing European American theories. There is considerable literature espousing the integration of theories to improve the effectiveness of family counseling (substance abuse counseling included). However, the integration is within existing European American theories. If we are truly striving to be competent multicultural counselors, we need to explore the psychologies of other ethnic groups in conjunction with existing European American psychology.

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