Humanizing the Model Minority: A Literature Review of Current Research Concerning Counseling Asian American College Students

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This literature review provides a detailed examination of the past 10 years of literature regarding the counseling of college-age Asian Americans, with an emphasis on counselor and client perspectives. Cited literature includes counselors' self-perceived competency, Asian American client experience, and the effects of acculturation and enculturation—with a special focus on the impact of Asian cultural values and their potential negative relationships with help-seeking attitudes. Through the lens of multicultural counseling, college-age Asian Americans respond better to therapy styles that addresses issues such as saving face. Counselors are encouraged to utilize unique aspects of Asian culture in counseling, rather than trying to force acculturation. In order for mental health counselors to effectively work with this population, they may need to improve their multicultural competence. This review indicates that counselors who intentionally practice multicultural counseling can improve the counseling process for college-age Asian American clients. Directions for future researchers based on current limitations are discussed.

Keywords: model minority; college-age Asian Americans; counseling Asian Americans; literature review, multicultural psychology

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As one of America's fastest growing ethnic minorities (U.S. Census Bureau, 2017), Asian Americans have a visible presence among universities and colleges in the United States. They only comprise 5% of the national population, yet they account for approximately 7% of the student body at American universities and colleges (National Center for Education Statistics, 2004-2014). This increased visibility has the potential to help non–Asian Americans generate more well-rounded views of Asian Americans. As individuals spend more time around minorities, stereotypes and social distance typically lessen. In spite of this fact, Asian Americans are often considered a "model minority" (Cheng, Chang, O'Brien, Budgazad, & Tsai, 2017; Kiang, Huynh, Cheah, Wang, & Yoshikawa, 2017; Kiang, Witkow, & Thompson, 2016), a label that persisted for decades despite the large number of Asian American students that educated Americans likely interacted with throughout their university career. This erroneous belief is frequently referred to as the model minority stereotype due to how widespread belief in this stereotype is (Cheng, Chang, O'Brien, Budgazad, & Tsai, 2017).

The term "model minority" was coined in an article by Petersen (1966) over 50 years ago. The phrase was used to describe Asian Americans as a minority that achieved success in America despite being treated as insignificant. Petersen (1966) wrote specifically about the Japanese Americans, detailing how their strong work ethic and family values enabled them to find success. By the 1980s, much of American print media lauded the success of Asian Americans in general (Chen & Yoo, 2009). Even today, over 50 years since Petersen's article was published, Asian Americans are typically depicted as diligent, highly intelligent, and affluent; or else they are portrayed as second-generation young adults with severe, harsh parents, working to achieve the American Dream (Wo, 2012). This duality indicates that even as Americans seem to become more cognizant of the stereotypes that shape the way they view others, many stereotypes—such as the model minority myth—are pervasive and difficult to overcome.

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This stereotype endures in the social consciousness. In 2003's *School of Rock*, an Asian American student, Lawrence, is portrayed as socially awkward but highly intelligent, while also displaying strong filial piety to demanding parents (Rudin & Linklater, 2003). During the 2016 Academy Awards, comedian Chris Rock brought three Asian American children with him on stage, joking that they were "Oscar Accountants" (Oscars, 2016), referring to the model minority stereotype that Asians are unusually intelligent and often excel in math.

Despite Asian Americans' supposed success, Asian American students also struggle with mental health challenges in significant ways (Li & Keshavan, 2010). While Asian American college students face mental health challenges as often as their peers, Asian Americans typically begin treatment in a greater state of distress, have lower session frequency, and frequently terminate treatment more quickly than their non-Asian American counterparts (Kim, Park, La, Chang, & Zane, 2016). To aid therapists in understanding how to best counsel Asian American college students, this review will summarize and draw conclusions from existing research regarding counseling Asian American college-aged students. Findings related to Asian American college students' attitudes towards counseling, such as help-seeking behaviors, therapists' attitudes towards counseling Asian American college students, and the effects of culture on both parties will be examined. Specific areas that would benefit from additional research will also be identified, and practical advice for counselors enumerated.

Method

Greater sensitivity towards other cultures as well as to ethnic minorities in America has in turn led to the gathering of more accurate data. To take advantage of this increased accuracy, several criteria for inclusion have been utilized to provide a cogent, internally consistent, in-depth review.

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Criteria for Inclusion

Only the most recent research, studies published from the past 10 years, were considered for inclusion; reviewed articles published between 2007 and 2017 were included. Articles were also selected based on population; Asian American college-age students were the target population. Articles from the perspective of counselors working with college-age Asian American students were also considered appropriate for this review. Articles that specifically focused on subsets of this population, such as Japanese or South Korean, were excluded on grounds of being too specific. Further, articles that only tangentially mentioned Asian Americans were also excluded from inclusion. For the same reasons of applicability and consistency, research that focused on international students in general were excluded from inclusion.

Articles that focused on other topics, such as work motivation or experiences with racism, while valuable, were excluded from this review. Additionally, to keep articles pertinent and accurate, studies that dealt with multiple phases of life—even phases that included, but were not exclusive to the duration of college or university—were excluded, with one exception, as that article filled a specific niche that was unaddressed by other research and proved to be frequently cited by other sources.

Sources

Literature for this review was gathered for a period of two weeks (September 28 to October 12, 2017) using the PsychINFO Database (EBSCO). An initial search using the keywords "Asian American" and "counseling" and the range 2007 to 2017 yielded 1,220 results. Results were restricted to those published in peer-reviewed, academic journals in order to maintain standards of scientific rigor; this reduced the number of results to 780. To further narrow the results, the keywords "college" or "university" were added to the search parameters, reducing the number of results to 183. Abstracts for each of these 183 results were read,

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and 23 articles met the established criteria for inclusion. The full texts for these 23 articles were examined, and an ensuing three articles, referenced by many of their peers, were added to the initial 23, for a total of 26 articles.

Results

Recent research concerning college-aged Asian Americans is quite diverse: literature ranged from theoretical frameworks to comparative, qualitative studies. Sources were examined for applicable techniques for therapists, limitations future researchers may wish to address, and the efficacy of applying a Western therapy to clients often steeped in Eastern culture.

Western Therapy and Asian American Clients

Several measures and models exist to aid counselors and researchers working with Asian Americans; many of these tools are rooted in the Western counseling tradition. Miller's (2007) research examined which degrees of dimensionality and linearity were most accurate for gathering and recording data when dealing with culture. Linearity refers to the number of cultures a model (or measure) deals with, while dimensionality describes the levels on which acculturation can take place. These levels could include domains such as values, behaviors, and beliefs. Miller's (2007) found that a bilinear, multidimensional model gathered the most accurate data. Thus, the most accurate view of acculturation is not of a continuum, but rather a process wherein individuals can adapt to different cultures in varying aspects of their lives.

The conclusions drawn by Miller (2007) suggest that Asian Americans may inhabit a different cultural space than some European Americans—a bilinear, multidimensional space rife with cultural differences and constant adjustments. Considering these complexities, Dewell and Owen (2015) examined whether the Common Factors Model (CFM), a therapeutic model, can be effectively applied to Asian American clients. The CFM describes central mechanisms of change in counseling that are constant

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(or common), regardless of intervention type or theoretical foundations. Dewell and Owen (2015) examined the reported differences between European American and Asian American clients at a university counseling center in the Western United States. The results affirms that the entire modern discipline of therapy need not be disregarded for Asian American students. While Asian Americans inhabit a multicultural space, because therapy as a discipline is built on seemingly universal mechanisms of change, it is equipped to handle the unique subset of mental health challenges associated with a multicultural lifestyle, including internalization of the model minority stereotype (Dewell & Owen, 2015; Miller, 2007). Whether therapists accurately implement the proper techniques to best help Asian American clients is likely a separate issue altogether, one that will be examined later in this review.

Yoo, Burrola, and Steger (2010) extended Dewell and Owen's (2015) research by examining the degree to which college-age Asian Americans internalize the model minority myth. Individuals may internalize aspects of a new culture while still retaining aspects of their native culture (Miller, 2007). This process could potentially result in unhealthy interactions between the new culture and the native culture. For Asian Americans, the model minority stereotype may interact with Asian values and negatively impact the mental health of Asian Americans. Cheng et al. (2017) suggested that the model minority myth is quite widespread. Yoo et al. (2010) tested a new measure used to report the internalization of the model minority stereotype among Asian American college students. The measure demonstrated strong empirical evidence that Asian American college-age students have internalized many aspects of the model minority stereotype. The IM-4 appears to be a helpful tool for therapists to identify potential problem areas for Asian American clients, such as academic hiccups or stalling careers. Researchers can also use the IM-4 to help identify potential effects internalization of the model minority stereotype on domains such as self-efficacy, social outcomes, and job performance.

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The final construct examined in recent literature is a diagnostic filter proposed by Van Beek (2015). He argued that multicultural counseling is based on interplay between identity, sense of belonging, worldview, and identification. These concepts are best understood holistically, and a greater understanding of how these concepts interact with each other may help to prevent potential risks, such as distress, that occur when engaging with a culturally different client. This research illuminates a little-discussed aspect of risk that counselors engage in when navigating multicultural spaces and suggests that counselors ought to be aware of their own emotional and mental experience as they conduct therapy. While insightful, Van Beek's (2015) work is largely anecdotal and lacks empirical support. His work does, however, support that of Miller's (2007) in suggesting that Asian American clients inhabit a multicultural space, wherein they may be more acculturated or enculturated in different aspects of their lives.

Asian American Counseling Competency

It is beneficial to examine *how* competent counselors believe they are in counseling Asian American clients. Regrettably, there is a dearth of empirical information regarding how competent counselors view their abilities to counsel Asian Americans. One such study that addressed this topic measured domains of multicultural counseling competence (Shen & Lowinger, 2007). Considering that multiculturally competent counseling rests on awareness, skills, and knowledge (Shen & Lowinger, 2007), the results were intriguing: counselors generally viewed themselves as competently aware of cultural differences, with somewhat competent skills, but were less certain of their knowledge regarding the actual counseling of Asian Americans. While counselors are aware of possible differences between their client's culture and their own, they lack a solid knowledge of what those differences are and how to reconcile them. Shen and Lowinger (2007) suggested that it is possible that competence was over-reported because most counselors had minimal experience with counseling Asian Americans. This problem existed in other

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research on multicultural counseling as well (Holocomb-McCoy & Myers, 1999). Increasing knowledge of Asian American culture requires counselors to educate themselves. This self-preparation is especially critical when faced with a lack of practical experience to fill that gap; over 50% of counselors reported little to no practical experience with Asian Americans (Shen & Lowinger, 2007).

There are three broad categories that effectively describe challenges counselors face in counseling culturally different clients: stigma and shame, suppression of emotion, and communication barriers (Mikyong, Choi, & Yoon, 2015). Shame was identified as a deeply rooted cultural construct that was exacerbated by mental illness, which can manifest in family-centered or individual-centered shame and is often the reason treatment can be long-delayed for Asian American clients. Clients and their families are often reluctant to accept a diagnosis or consent to necessary treatments because a diagnosis would increase their feeling of shame (Mikyong et al., 2015). Thus, counselors should consider the role shame plays in the lives of their clients in order to navigate multicultural differences more effectively. Emotional self-control is another important factor that can impede counseling as clients may believe that strong emotions may cause disharmony or imbalance in the family (Mikyong et al., 2015). Counselors should be aware that not all Asian American clients will be emotionally expressive, especially early in treatment. The final hurdle interviewed counselors mentioned was language incongruity. This includes difficulty verbalizing emotions, differences in language, and nonverbal cues. For some clients, having to use a translator enlarges feelings of shame because they must share their feelings with another person (Mikyong, Choi, & Yoon, 2015). In other cases, cultural norms can affect the language a client uses, and how the counselor should respond. While linguistically matching therapy is typically most effective, the reality of the situation is that there is a lack of counselors able to provide that service. In lieu of linguistically matching therapy, Mikyong et al. (2015) suggested that therapists increase their

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multicultural competency by educating themselves about other cultures. Further, there was often a goals-based incongruity between Western counseling and Asian American preferences. While Western counseling is usually focused on insight and growth, Asian Americans typically prefer a more direct, solution-oriented approach (Mikyong, Choi, & Yoon, 2015). These perceptions can cause friction between therapists and clients, impeding the progress of therapy.

Effects of Perceived Multiculturally Competent Counseling

A client's perception of the multicultural competence can strongly affect counseling. While there is a strong, theoretical foundation for the benefits of multiculturally competent counseling, there is a lack of empirical support for the model (Li, Kim, & O'Brien, 2007; Wang & Kim, 2010; Zhou, Siu, & Xin, 2009). Wang and Kim (2010) focused on the effects of multicultural counseling in the context of a single session. They found that Asian American clients rated a multiculturally-aware counselor much more favorably than one that was culturally neutral and that emotional self-control had an inverse relationship with counseling. Their research also supports tentative links between client acculturation and counselor beliefs, proposing that the greater degree of match between client and counselor may result in more successful counseling (Wang & Kim, 2010). Without evidence-based practices to rely on, however, therapists instead must rely on multicultural theories. The strongest of these theories indicates that culture should be acknowledged by counselors, regardless of whether client and counselor culture match.

Li et al. (2007) further explored this concept, focusing on "values match" and "values mismatch" (Kim & Atkinson, 2002) of counselors and Asian culture and whether it made a difference when counselors acknowledged race differences between themselves and their clients. Their research suggested that even when counselors displayed values inconsistent with Asian cultures, they were rated as having strong multicultural competence if they

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acknowledged racial differences. While many counselors do not express these differences, and often only mention them in response to something a client said (Maxie, Arnold, & Stephenson, 2006), Li et al. (2007) strongly advocate that counselors verbalize racial differences early in the counseling process.

Asian American Clients' Counseling Experience

The purpose of therapy, and multicultural counseling in particular, is to aid individuals in healthily coping with their everyday lives. While counselors may make mistakes, if a client's overall experience is positive, therapy may help ameliorate the issues facing some Asian American clients. There is a wealth of research concerning the Asian American college-age students' perception of the counseling experience; key aspects include help-seeking behaviors among Asian Americans, effects of cultural concepts such as emotional self-control, and perceived usefulness of counseling.

Help-Seeking Attitudes/Behaviors in Asian American Clients. Miller, Yang, Hui, Choi, and Lim (2011) examined the relationship between behavioral and value acculturation as well as behavioral and value enculturation. They suggested that while behavioral acculturation and value enculturation had no relationship with mental health, behavioral enculturation and value acculturation was associated with better mental health. Surprisingly, factors that affected mental health (i.e. behavioral acculturation and enculturation) had no effect on help-seeking attitudes—those were informed solely by value enculturation and acculturation. When participants expressed high value acculturation and low value enculturation, they also reported more positive help-seeking attitudes (Miller et al., 2011). Asian cultural values alone can also affect help-seeking attitudes. Kim (2007) found that enculturation of Asian cultural values indicated less positive help-seeking behaviors, while acculturation to European American values had no effect on help-seeking attitudes. Thus, it is only the degree to which one relinquishes or maintains their native culture's values that affects their help-seeking attitudes.

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Ting and Hwang (2009) indirectly disagreed with Miller et al.'s (2011) and Kim's (2007) findings regarding behavioral acculturation/enculturation, suggesting that there was a weak or nonexistent relationship between behavioral acculturation/ enculturation and help-seeking attitudes. Instead, Ting and Hwang (2009) found that stigma tolerance was more predictive of help-seeking behavior than any other factor. Individuals who had poor stigma tolerance were less likely to hold positive help-seeking attitudes, while those with better stigma tolerance were consequently more likely to seek help. Social support, gender, and degree of need did not significantly influence help-seeking behavior. Participants with more conflict had more positive help-seeking attitudes than those with less social conflict.

Those with high relational-interdependent self-construal are more open to and accepting of forming relationships with new people, which may include counselors. Shea and Yeh (2008) found that participants with higher relational-interdependent self-construal were more likely to have a positive view of counselors, viewing them as experts. Their research also indicates that Ting and Hwang's (2009) conclusions regarding stigma and its effect on help-seeking attitudes is accurate, and that older participants were more likely to harbor positive help-seeking attitudes. Shea and Yeh (2008) suggested that value enculturation had the greatest impact on help-seeking behaviors, more than stigma or acculturation.

The internalized model minority myth is also related to help-seeking behaviors. Kim and Lee (2014) found a statistically significant, negative relationships between both the degree of internalized model minority myth as well as emotional self-control and help-seeking behaviors. Interestingly, they found that emotional self-control exerted a stronger influence on help-seeking behaviors than any other Asian cultural value.

Further, subtle racism and external shame also affects help-seeking attitudes (Kim, Kendall, & Chang, 2016). While subtle racism exerts a negative influence on help-seeking attitudes, external shame has the opposite effect. Kim et al. (2016) suggested

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this may be because those who experience external shame are more motivated to seek professional help to prevent further shame. Kim and Kendall (2014) also suggested that emotional self-control has a negative impact on help-seeking attitudes. Their study indicated that spiritual problem solving beliefs could have an impact on help-seeking attitudes; however, their findings were inconclusive and were intended to highlight an avenue for future research.

Social pressure to seek or not seek counseling is another significant influence on help-seeking attitudes and behaviors (Kim & Park, 2009). Surprisingly, Kim and Park indicate that attitudes towards seeking counseling has little effect on whether an individual seeks counseling and that Asian cultural values related to seeking counseling were also insignificant. Kim and Park's findings contrast other researchers' findings; this difference could possibly be related to the theory of reasoned action—which "predicts an individual's behavior from behavioral intention (Kim & Park, 2009, p. 295)—to Asian Americans.

Unlike the other researchers cited heretofore, Lei and Pellitteri (2017) attempted to predict help-seeking behaviors as well as coping strategies by measuring adherence to Asian values, emotional intelligence, and optimism. Asian Americans were more likely to use disengagement and meditation (mentally, or physically through exercise) to address emotional turmoil. On their own, optimism and emotional intelligence were not found to be predictors of help-seeking behavior. When individuals reported low levels of optimism, they were more likely to disengage, while those who reported high emotional intelligence were more likely to engage in self-motivating activities such as exercise and meditation. Additional research is needed to clarify the relationship between help-seeking behaviors and attitudes in college-age Asian American clients.

Potential Effects of Emotional Self-Control. Because emotional self-control is an essential Asian cultural value, clients adhered to it even when it had an adverse effect on the counseling process and prevented disclosure (Kim & Kendall, 2015; Wang and Kim,

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2010). This is in harmony with the majority consensus previously described, that enculturation of Asian values may have a negative relationship with traditional Western counseling techniques.

There are important biological and spiritual factors that relate to one's experience in counseling (Chang et al., 2016; Kim & Kendall, 2015). Kim and Kendall (2015) found that biological factors can subvert emotional self-control in the counseling process; this may be because the clients view counseling as treatment of a biological disease rather than a potentially stigmatized sociocultural process. Additionally, strong spiritual beliefs have a tentatively positive relationship with emotional self-control, preventing full emotional self-disclosure to counselors. Kim and Kendall (2015) theorized that this outcome occurs because those with strong spiritual beliefs would be more likely to believe that emotional and mental health issues have a deeper, underlying cause, leading them to discount the importance of emotional disclosure in Western counseling. It is also possible that stronger spiritual beliefs could lead to distrust in other sources of emotional healing, weakening emotional disclosure.

Another factor affecting emotional self-control of Asian Americans is face concern, a salient value in Asian culture related to protecting one's public self-image. Clients with high face concern are disinclined to disclose their emotions to counselors, while those with low face concern are often more likely to share their emotions. Zane and Ku (2014) examined several factors that either mitigated or exacerbated face concerns, but found that the only difference observed was that gender match of client and counselor affected sexual disclosure positively. The results demonstrate that ethnicity match had no effect on emotional self-control; the researchers did, however, theorize that racial match may affect emotional self-control, and therefore warrants further research.

Emotional self-control is also related to maintaining interpersonal harmony among Asian Americans. Kim and Park (2015) found that those who highly valued emotional self-control consistently reported high levels of satisfaction with counseling, particularly with styles that sought to maintain interpersonal

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harmony. On the other hand, participants who had less regard for emotional self-control were less satisfied with counseling overall, particularly with styles that made minimal effort to maintain interpersonal harmony. These findings indicate that the purpose of emotional self-control may not be primarily to maintain interpersonal harmony, as previously hypothesized, and that the value of maintaining harmony may express itself differently in counseling contexts.

Perceived Usefulness of Counseling Sessions. Kim, Ng, and Ahn (2009) suggested that when clients believe that their counselors hold the same views on problem etiology (the cause of a problem) as they do, it leads to more positive counseling outcomes. This may be because clients believe that their counselors are providing more useful counseling, through concrete advice and direct counsel, and are therefore more open to dialogue with their counselor. Conversely, when clients and counselors disagree on the cause of problems and how to solve them, clients feel that counseling is less useful (Kim et al., 2009).

Direct versus indirect counseling styles as well as how much a counselor strives to maintain interpersonal harmony while counseling can impact Asian American views of counseling. Kim and Park (2015) discovered that Asian American clients perceive direct counseling styles that also seek to maintain harmony as the most helpful. Kim and Park theorize that reaction was due to the Asian value related to submitting to authority. It may be that when clients and counselors disagree on problem etiology that the obstacle can be better resolved through a non-confrontational direct counseling style that seeks to reconcile client and counselor differences.

Session Outcomes. Therapy outcomes are also perceived as better by clients if they share problem etiology with the counselor. Kim et al. (2009) also found that client expectation had little effect on outcome, though there was an interaction effect between expectation and problem etiology match. Adherence to Asian

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cultural values did not have a significant effect on session outcome, indicating that adherence may only affect help-seeking attitudes. Participants rated a direct counseling style (one that is culturally incongruent to Asian values) as more satisfying and credible. This finding seems to support the idea that Asian Americans in therapy value concrete advice rather than insight through indirect means. Zane and Ku (2014) also noted that ethnic match was not predictive of session outcome—though face concern had an indirect effect on session outcome, through self-disclosure. Such assertions are tentative, as previous studies have found that clients can rate sessions with little self-disclosure as positive if harmony is maintained and the counseling style is direct (Kim & Park, 2015).

Asian American Clients Compared to Other Groups

College-aged Asian Americans are not a homogenous group and have various within-group differences, the most prominent of these being gender and ethnicity. Despite this, Asian cultural values are extremely salient in counseling. Past research explored questions regarding how Asian Americans compare to other minorities and whether skills or techniques applicable to other minorities may also be applied to Asian Americans.

Comparisons with White Americans. Kim and Zane (2016) compared help-seeking intentions in Asian American and White American populations. Their data indicated that while Asian Americans displayed greater mental health symptom severity, their help-seeking intentions were lower than their White counterparts. More than race or ethnicity, barriers to receiving help, perceived severity, and expected benefit were the greatest influencers of help-seeking intentions. In contrast to White Americans, many Asian Americans believed that counseling would not offer any great benefits. Compared to White Americans, Kim et al. (2015) found Asian Americans typically demonstrate greater distress at intake and experience greater severity of symptoms. These findings could be explained by the way Asian culture perceives distress as a mind-body problem (Kim et al., 2015), and may

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place greater emphasis on treating physical symptoms instead of turning to mental health services. In addition, commonly perceived practices in counseling, such as expressing emotions or seeking help from outside one's family may be perceived as less valuable to Asian Americans (Kim & Zane, 2016). Asian Americans may also perceive counseling as less helpful because of a difference in problem etiology (Kim & Zane, 2016; Kim, et al., 2015). In many ways, Asian Americans may simply view counseling as a Western process meant for Westerners (Kim & Zane, 2016). Kim and Zane (2016) suggested that Asian Americans may seek help to prevent future shame from befalling their family due to their perceived inability to function properly. This explanation may not fit for White Americans, however, because both White Americans and Asian Americans were influenced to seek help by increasingly severe mental health symptoms. This finding indicates that while the cause of help-seeking may be different (preventing future shame as opposed to taking care of oneself, for instance), the results are similar for both ethnicities.

Further, stigma can be operationalized differently in White American and Asian populations. Loya, Reddy, and Hinshaw (2010) addressed the idea that ethnic differences in attitudes towards mental health services can be explained by increased levels of mental health stigma in different ethnic groups. They examined stigma on two levels: personal stigma and public stigma. Their data indicated that while South Asian Americans experienced poorer attitudes towards utilization of mental health services, those attitudes were based on self-stigmatized views rather than the public's view of those with mental health challenges.

Possible Within-Group Gender Differences. Though the research is not extensive, there appears to be little to no relationship between gender and multicultural counseling. Miville and Constantine (2007) explored the effects of stigma on help-seeking behaviors in college-age Asian American women. Their findings indicated that help-seeking behaviors are negatively affected by stigma and that enculturation of Asian American values

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also had a negative effect on help-seeking attitudes in women. Zane and Ku (2014) also explored in-group gender differences in counseling, but found that the only significant difference among their participants was that, for either sex, gender match with a counselor encouraged disclosures of a sexual nature. Beyond this finding, they reported no measurable differences between the reactions of men and women to counselors. Miville and Constantine's findings may also support this conclusion, finding no significant differences in the reactions of women compared to the gender inclusive studies examined prior.

Application

For Researchers

Researchers have been able to reach several consensuses on how multicultural counseling is effective and how Asian Americans typically react to counseling, but more research is needed on which specific values influence reactions and which aspects of multicultural counseling are most effective (Wang & Kim, 2010; Zhou, Siu, & Xin, 2009; Li, Kim, & O'Brien, 2007). The field of multicultural counseling would benefit greatly from research directed at empirical implementation and outcomes of multicultural counseling.

Asian values in general seem to have a negative relationship with healthy help-seeking attitudes, but specific values appear to have the opposite effect (Mikyon, Choi, & Yoon, 2015) research. In order to differentiate between values that exert a positive influence on help-seeking attitudes—and those that do not—further, more specified research is required. The IM-4 may be one useful measure for future research(Yoo, Burrola, & Steger, 2010). Similar inventories measuring items such as individual or family-centered shame could be valuable in helping to distinguish between values with negative or positive effect.

Another research parameter that can be more specific includes population academic success. Little distinction is made between academically successful and academically struggling college-age

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Asian Americans, yet it is likely that academic success would play a large moderating role in family-centered shame as well as social interactions. Academic failure could potentially encourage students to have more favorable help-seeking attitudes. This factor is important in regard to Asian American populations due to the possible effects of model minority stereotype internalization (Yoo, Burrola, & Steger, 2010).

A final issue among existing research the overuse of analogous studies: video analogue counseling sessions in particular are common in Asian American counseling literature, along with written analogue counseling sessions. Their usage is primarily to gauge reactions to a session of counseling that is minutely controlled by researchers, and therefore, completely able to be manipulated by researchers. While helpful, Yoo, Burrola, and Steger (2010) indicated that analogous studies have two critical flaws: the first is that analogues studies are often used to survey populations that have not experienced these situations for themselves; in context, it means that the Asian Americans being surveyed have rarely actually experienced counseling for themselves. This can lead to errors being made where participants have a different reaction watching or reading a session than experiencing one in person. In addition, college-age Asian Americans who are seeking counseling and those who are receiving it may behave differently than those who are not interested. Further, the nature of analogues studies can distance participants from the reality of the situation (Yoo, Burrola, & Steger, 2010). Reactions are hypothesized by participants, rather than experienced in real time. Scripted scenarios may also prevent participants from experiencing counseling realistically by diverging from how a participant would react personally. If researchers make a concerted effort to study real counseling situations, or even present participants with a simulated experience that they personally participate in, data will likely be more reflective of real populations.

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For Therapists

A main theme that emerges from the literature is that when counselors demonstrate an interest in their client's culture, it has a positive impact on their perceived multicultural competence. This interest may take the form of explicitly acknowledging cultural differences, asking direct questions about a client's culture, or displaying culturally linked items such as art in one's office. Wang and Kim (2010) suggested that counselors could enhance the effectiveness of the multicultural counseling process for Asian Americans by greeting clients in their native language, displaying Asian art in their office, and asking about differences among the counselor and client's culture. Li, Kim, and O'Brien (2007) also noted that counselors were perceived to be more multiculturally competent when acknowledging and inquiring about racial or ethnic differences. These practices reinforce the tenet of multicultural counseling that a counselor be aware of their own biases and acknowledge the worldview of the client (Li, Kim, & O'Brien). When counselors acknowledge these differences verbally, there follows a moral and professional imperative to acknowledge these differences in their counseling. A great deal of research has been done focusing on how to implement that; researchers identified three key areas for counselors to focus on during the counseling process: saving face (Kim & Park, 2015; Zane & Ku, 2014), direct versus indirect communication styles (Kim & Park, 2015), and personal stigma (Loya et al., 2010; Wang & Kim, 2010).

Many Western counseling techniques require emotional disclosure that can be painful for Asian Americans, and can lead them to feel a loss of respect. An important skill for counselors working with Asian Americans to develop was labeled "facework" by Zane and Ku (2014). Facework is the ability to counteract face threats to a client, so that the client feels comfortable disclosing things to a counselor during a session; the technique may also include helping clients restore face at the end of a session. Facework falls under the third tenet of multicultural counseling: having the skills to provide culturally competent services (Zane

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& Ku, 2014). If successfully done, facework can greatly increase clients' comfortability with counseling in the future and may reduce early termination of treatment. Shen and Lowinger (2007) suggested that counselors should educate themselves on Asian culture and learn how to better restore face to clients after a session of counseling. To apply facework, counselors can give tasks to clients that are engineered to help them feel capable and intelligent or encourage clients to reframe personal issues as problems to be solved (Zane & Ku, 2014).

Studies support the potential of this reframe. Mikyonh, Choi, and Yoon (2015) noted that Asian Americans respond more positively to direct, problem-oriented counseling styles. Problem-oriented styles give clients a chance to participate in solving their own problems and help them feel capable and responsible. Typically, the best approach for Asian American clients is one with little ambiguity, concrete solutions, and direct discussion, focused on the problem at hand. This style may necessitate a change of perspective on the part of some counselors who view self-expression as one of the key values of counseling and whose ultimate goal is often client insight.

The best way to de-stigmatize the mental health process for Asian Americans is to focus on personally stigmatized views (Loya et al., 2010). Leong, Kim, and Gupta's (2011) research supported the conclusion that client's conceptions of mental illness were critical to how they experienced the counseling process. Loya et al. (2010) suggested that mental illness education would help de-stigmatize personal views of mental illness, especially when delivered by an individual with mental health challenges.

Another way to help client perception of mental illness and the counseling process is to normalize client-counselor relationships. Mikyong, Choi, and Yoon (2015) suggested that counselors, when appropriate, disclose personal information; this builds trust and credibility in the eyes of the client, and therefore legitimatizes the counseling process.

Acknowledging these values and tailoring communication to maintain harmony or face does not mean that Western therapy is hamstringed by multiculturalism, or that it is less effective for

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Asian Americans. Mikyong, Choi, and Yoon (2015) recorded a novel application of multicultural counseling in one of their interviews with a counselor. One of the counselor's clients was having difficulties with his family. While a typical Western goal may be to have the client and his parents engage in open dialogue—especially through disclosing emotional trauma, this counselor took a different approach. The counselor directed the client to do genealogical research about his family's background; the client found that as he learned more about his family's immigrant roots, he understood his parents' perspective better. While the client and his parents never directly spoke about the conflict between them, they were able to reach an understanding through an intermediary. This example provided demonstrates how counseling can be tailored to fit a specific culture. It is also interesting to note that this approach fills typical Asian American desires for structured approaches with concrete actions rather than retrospection and discussion.

There are also documented cultural barriers to successful counseling for Asian American clients. Zhou, Siu, and Xin (2009) provided several helpful suggestions for counselors working with Asian Americans that were valid under the construct of both multiculturally competent counseling and the cultural barriers they explored. These suggestions included

  • Understanding cultural variation in expression of symptoms.
  • Not viewing the value of interdependence in Asian American culture as a negative construct, but instead using the family's care for the individual as a resource in counseling.
  • Helping client families develop self-advocacy skills by giving information about the United States' various educational, legal, and political systems, along with skills for dealing with these systems.
  • Using the aid of older members of the client's community.
  • Exploring common problems between parents and children, including those caused by varying degrees of acculturation, guilt, educational stress, and the need to balance interdependence and independence.

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Conclusion

Counseling as a process is grounded in compassion, understanding, and communication. If researchers and counselors can both embrace the multicultural background of their participants and clients, they will find new tools, opportunities, and avenues for progress. Instead of working against an individual's engrained culture, counselors can utilize it. Instead of generalizing, researchers can collect data that reflects aspects of a participant's culture, enlightening both Asian Americans and those who are working with them. This is critical for a minority that seeks to retain positive aspects of their own culture while also modifying those that are maladaptive.

Multicultural counseling and its principles are identical to those of Western counseling: to step away from oneself (or become aware of one's own biases and viewpoints); to understand the client (what their values are), what they behave like and why; and, lastly, to gain the skills necessary to provide appropriate treatment. Miller (2007) and others demonstrated that the foundations of Western counseling are applicable to those who are encultured in Asian cultural values. This literature review has provided suggestions for both researchers and counselors as they seek to improve the counseling experience of college-aged Asian Americans.

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