Risk Management and Counseling Chinese Students and Scholars in United States

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Asian Conference on Psychology and the Behavioral Sciences 2015
Official Conference Proceedings

Abstract
Rising mental health issues are recorded across university campuses in the U.S.A. as the Chinese international student population has increased in the past 20 years. These mental health issues include domestic violence, stalking, depression, and suicides (National Institute of Mental Health, 2013). This article discusses mental health issues among Chinese students and scholars in the United States, risk management, and related counseling strategies. The author also discusses the differences between Western and Chinese views on mental health, treatment, and the use of medications. A case study is presented applying culturally-appropriate counseling strategies and skills. Implications for professional practices are discussed.

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The number of Chinese international students has increased rapidly in the past twenty years in United States (Institute of International Education 2014). In the meantime, more mental health issues are being found among the Chinese international students and scholars. The cultural differences between the Chinese and the Western countries are huge. The Chinese people have different views on mental health treatment and disorders. Therefore, in general, Chinese do not admit that they have mental problems, and/or they do not choose to receive treatment. They are reluctant to see mental health professionals. There are a number of possible reasons.

First, Chinese tend to see mental problems/disorders as myths, and to not acknowledge them. Secondly, mental health problems are contained within families, or within a family. Family honor comes first. Individual family members are not supposed to share family matters with people outside of the family. Thirdly, Chinese may perceive mental problems from a physiological perspective. They may go to see their primary physician, and choose not a seek help from a psychiatrist. Finally, part of the problem relates to stigmatism. Chinese may equate mental issues to severe psychotic problems or craziness. Therefore, when a client finally seeks professional help, the case tend to be serious or in an advanced stage of development. In summary, Chinese people may reject mental health services, specifically psychiatry.

Case Formulation

The author proposes adopting the ecological bio-psycho-social approach (Brofenbrenner, 1998) as a foundation for risk management. The model integrates the ecological perspective of the environmental impact on the client as well as an exploration into the client's background in biological, cognitive, psychological, social, and behavioral domains.

Here's an example in Chinese context (Table 1):

Environmental context	Risk Factor	Protective Factors
Client characteristics	Early onset problems Difficulties in childhood	Out-going style communicative
Micro-system	Family: Harsh or punitive discipline Parent's marital problems Family psychopathology Peers: Negative peer influence Negative role models	Family: parent-child relationship/support Peers: Positive peer influence Positive role models
Exo-system	Family cultures – pressure, one-child policy, Suicide perspective, Domestic violence, Work pressure	Family support
Macro-system	Chinese cultures: honor, focused on men, view on mental health, evolving gender equality, abortion	Promote harmony, Close interpersonal relationship; Group culture

Risk management

Risk management is a counseling approach covering services needed for risks or potential risks, roles of provider (including counselors, administrators, campus police), limitations, preventive care, education to mitigate potential risks/emergencies,

and boundaries or professional limitations. Risk management includes clinical assessment, diagnosis, crisis management/intervention, treatment, referral, etc.

The following discussion elaborates on the clinical assessment of common mental problems among Chinese students and scholars as reported on U.S. campuses. The clinical assessment includes domestic violence, depression, suicides, and stalking. The author also discusses the cultural perspective to help mental health professionals understand the background for these issues. Then, the author suggests strategies and ideas for mental health professionals about clinical treatment, crisis management, referral, and prevention.

Domestic Violence and Stalking

The incidence of domestic violence in China was 16.2% in 2012. This higher level represents an increase from 11.6% in 2006 (Hou, Ting, Sze, & Fang, 2011). About 40% of couples fight when they conflict with each other, and the frequency is generally, "Once in a few months." (China Women's Federation Report, 2009). China's crude divorce rate (number of divorces per 1,000 population) increased from 0.33 in 1979 to 1.59 in 2007, and its refined divorce rate (number of divorces per 1,000 married population) increased from 0.85 to 2.62 over the same period (Wang, & Zhou, 2010). Each year, ten million out of 267 million households in China break up due to domestic violence issues. The most common Intimate Partner Violence category includes physical violence, sexual violence, and psychological violence.

Traditional concepts in the Chinese culture, such as 'Beating and scolding is the emblem of love', and 'Do not wash your dirty linen in public', may lead people to acquiesce or tolerate violence. Violence by wives is common in China: 50.8% as perpetrators in Beijing. (Hou e al, 2011). Also, there are no statistically significant differences about physical and psychological violence between husbands and wives (Hou et al, 2011). The amount of domestic violence in Taiwan is not better. Actually, it is worse. According to a recent national survey in 2012 in Taiwan, a total of about 530,000 women reported domestic violence issues. This survey included about 470,000 verbal abuses, about 110,000 physical violence abuses, and over 200,000 mental/psychological abuses. On average, wives experienced 7 incidences of physical violence before initiating a report.

It was found that 60% of the victims had not sought help. Therefore, relatively few domestic violence cases were reported. Thirty percent of verbal abuse incidents became physical violence incidents. Traditionally, extended family is a source of support and guidance. However, a precipitating factor may be the inadequate support from the parents of the husband. In some case reports, the clients reported their parents-in-law ignored their abuse complaints, and the clients were asked to obey their husbands (the initiator of the domestic violence).

In the clinical assessment and diagnosis, the following contributing factors were commonly found among the Chinese people. The list includes a lack of love (54%), personality, relationships with the in-laws, financial issues, children, and other factors including the rejection of complaints by the in-laws, and the blaming of the victims. Violence happens in all families, across SES levels. Characteristics of violent husbands are those who have a history of violence, are involved in drinking/drugs,

and who have experienced great stress in the past two months. (An interview with K. F. Lee, a psychiatrist and Executive Director of Taiwan Domestic Violence Association, August 10, 2012). Other contributing reasons are low adaptability, a low self-concept, a habit of finding excuses, a habit of always showing remorse, and a pattern of presenting gifts after violence.

Mental health professionals should understand the cultural background of domestic violence. Traditionally, China is a male-dominated culture and society. In Mainland China, after the establishment of a community government in1949, women gradually began to see themselves as equal partners in a family or as being equals to men in society. An idiom describes it well: "Women can support half of the sky" (idiom in China).

Traditionally, it is not acceptable to communicate threats in Chinese cultures. However, domestic violence involves family honor and the social acceptance of divorce. Also, domestic violence often involves relationship conflicts, honor, or mental problems. Those are the main reasons why few cases are reported. The support from the family of origin is inadequate or missing, and related professional services are lacking.

In China, stalkers sometimes are tolerated. Clinical assessments reveal that most stalkers are jilted lovers (former boyfriends, divorced husbands, etc.), debt collectors, and criminals. Victims may be pursued by family members or spouses. The stalkers may begin with repeated texts messages with threats or phone calls, later escalating into stalking behaviors if their wishes are not fulfilled. Stalking behaviors may include following the victims, painting threatening words on their doors, and waiting for their victims outside of their workplaces. Today, because of the one-child policy and the preference towards male babies, the result has been a sharp imbalance between genders: 120 mean: 100 women in the young population and (126 boys in rural areas for ages 1-4) (in 2009). Therefore, the imbalance has created challenges for dating in China, particularly so for males because there are fewer women. The imbalance also sets the background for stalking because women are becoming scared, and then they become a target to be chased.

The Chinese government has noticed the problem. Legal authorities revised the Domestic and Cohabitation Relationships Violence Ordinance in 2009 to allow victims of stalking to seek restraining orders against the stalkers from the court. Recently, a revision was passed to criminalize stalking.

In fact, the one-child family policy has also created other social problems such as selective abortion. Abortion is common among Chinese people. The policy includes gender-selective abortion. The average number of children 5.9 dropped to 1.7 in 2009. Buying foreign wives, such as Burmese, was reported, particularly in Southwest China. The consequences of the one-child family policy on relationships is becoming more challenging in Chinese society. The policy also creates conflict relationships in families. Recently the Chinese government has relaxed the one-child family policy in some major cities such as Beijing. This change allows either side of the spouse who is the only-born in their family of origin to have a second child in their own nuclear family.

Depression

Depression is always regarded as a physical problem in the Chinese culture. This diagnosis is included as shenjing shuairuo ("neurasthenia") in the Chinese Classification of Mental Disorders, Second Edition (CCMD-2). Symptoms include physical and mental complaints involving fatigue, dizziness, headaches, other pains, sleep disturbances, and memory loss, etc. Other symptoms include gastrointestinal problems, irritability, and signs suggesting a disturbance or disturbances of the autonomic nervous system. These symptoms are similar to mood/anxiety disorders such as depression in the Western countries.

When making a diagnosis, mental health professionals are reminded to note cultural aspects and perception. Clients may deny having any mental problems. Instead, they want to be treated for their physical symptoms such as headaches, a lack of energy, having difficulty concentrating, etc. Extra time may be needed to explain the related causes which include an opportunity for psycho-education. The author has found it particularly helpful and clarifying to clients to explain a diagnosis to them using the metaphor of a computer to represent different tasks of our brains. The computer hardware serves as the brain functioning or chemical balance. The thinking, reasoning, and feeling components are the tasks of the computer software.

In terms of treatment plans, Chinese clients may reject the use of western medications. Professionals need to explain to their clients the causes of the "illness," and the necessity of using Western medications. It is also important to describe and explain the possible side effects of the Western medications to their clients. Chinese clients show a tendency to decrease the dosage levels or to stop taking medications on their own.
Comorbidity is common among depression clients. They may also have problems in other areas such as personality disorders, PTSD, etc. It is important for the professionals to pay attention to these situations.

To increase the effectiveness of a treatment plan, the author has adopted the group culture in Chinese. It would be helpful for the mental health professionals to spend time meeting with the individual who accompanies the client to the first interview. Securing the consent from the client, the professional explains the client's problem to the accompanying individual. Possibly, this person may become an ally or serve as a coach. As such, this person could provide an important supporting role in the counseling process. Periodically spending some time of the sessions to update and discuss the on-going counseling process with this person would be useful for the therapeutic outcomes.

Support of family or friends is important in treating depression among Chinese students. The family or friends function as coaches and allies. They help the client to move into a better living routine. Their assistance could include help with providing a balanced diet, encouraging the use of a good exercise program, assisting with social activities, and providing help with work issues.

Suicides

Like other people, Chinese see suicide as a last ditch resort, also a solution. Therefore, hopelessness, helplessness, and high incubation are common. Clinical assessments also show that Chinese clients may use suicide as a controlling strategy in relationship problems. Sometimes, suicidal cases may relate to stalking. A stalker may use suicide as a means to try to mend or regain a broken relationship.

In committing suicides, Chinese may use insecticides or drugs more than other means because they are cheap and easily accessible in urban and rural areas. More women than men have committed suicides in China. Another contributing element is honor. Some suicide cases of Chinese students reveal that honor is a major contributor. Honor, in Chinese culture, is family first. The individual is only second or last. Traditionally, academics are a key to success which carry high honor to families. Today, an achievement mindset is common among Chinese students.

The pressure to achieve in academics is huge among Chinese. It is particularly so for international Chinese students who carry high expectations from their family, and who spend a great deal of money and resources on their studies here. The two quotes below from a suicide case may reflect the views of other students who also have committed suicide.

"It is believed that there exists no justice for little people in this world, extraordinary action has to be taken to preserve this world as a better place to live, "Lu Gang (a doctoral student who committed suicides after killing a few people) wrote in a short statement before he went for the murder spree (The Daily Iowan, 11/01/2001). This case reflects the restrictions of thinking of a student who committed suicide: "Both professors were writing very strong letters of recommendation for Lu. Somehow he couldn't see that," said Professor Payne. (The Daily Iowan, 11/01/2001). Gang was very competitive against his Chinese peer who was awarded a fellowship at the time of graduation. Then, he went to kill a few of his professors and students. Finally, Gang committed suicide.

In higher education in China, involuntary commitment is uncommon. Suicide prevention is uncommon in China. Some individual school districts have begun to develop preventive programs.

Differences in Mental Health Concept, Diagnosis and Treatment

Major differences exist between Eastern and Western mental health philosophies. In the Eastern philosophy, Chinese adopt traditional medical approaches which focus on the balance of different parts of the body. The Chinese traditional medical approach also applies herbal medications and acupuncture for treatment. Recently, a few new herbal medications were developed for depression and anxiety in the universities in China. Chinese may reject Western medications because of different philosophies about health and healing. Western medications which include particularly psychiatric types are rather new. Many Chinese also have concerns about the side effects of Western medications.

However, a few strengths of the Chinese culture are also noted. Chinese believe in nature and promote harmony. They enjoy peace and like to be un-disturbed. Chinese tend to be defensive in conflicts rather than aggressive. Chinese focus on relationships. They have strong group/family support. Chinese also maintain high moral and social expectations.

Diagnosis.

In making a diagnosis, counseling professionals are reminded about the cultural formation guidelines (DSM-V; Sue, 2004):

1. Cultural identity of the individual
2. Cultural explanations of the individual's illness
3. Cultural factors related to psychosocial environment and levels of functioning (e.g. international students here)
4. Cultural elements of the relationship between the individual and the clinician
5. Overall cultural assessment for diagnosis care

Often times, the author found that lacking cultural knowledge/understanding could lead to a missed diagnosis or misdiagnosis. Culture and expressions of psychotherapy affect thought and feelings which are manifested as maladaptative cognitions and emotional distress. Culture-bound syndromes are common and can be misdiagnosed. Also, the author noted that the professionals need to pay attention to recurrent, locality-specific patterns of aberrant behavior. They are considered a subset of folk illness, and they may not fit into contemporary Western diagnostic and classification systems such as DSM (Sue, 2004), e.g. depression. Shen-k'uei (Taiwan); shenkui (China) is a common physical complaint in the Chinese society. Symptoms include marked anxiety or panic symptoms with accompanying somatic complaints for which no physical cause can be demonstrated. Other symptoms include dizziness, backache, fatigability, general weakness, insomnia, frequent dreams, frequent urination, and complaints of sexual dysfunction.

Qi-going psychotic reaction is a term describing an acute, time-limited episode characterized by dissociative, paranoid, other psychotic or nonpsychotic symptoms. It occurs after participation in the Chinese folk health-enhancing practice of qi-gong ("exercise of vital energy"). This diagnosis is included in the Chinese Classification of Mental Disorders, Second edition (CCMD-2).

Expectations of Counseling.

Chinese prefer structured, time-limited, and short/brief therapies. They prefer receiving advice and instruction rather than deciding on their own. Therefore, counselors should offer them options rather than simply asking, "What do you want?" Since the family and parental influences are huge, counselors should learn about such influences, and they should be cautious about addressing these issues in the counseling process. Many of the Chinese student problems are relationship issues. The list often includes roommate conflicts, loneliness, interpersonal conflicts, and marital problems. It would be more effective for counselors to also use "relationship" perspective to provide alternatives and treatments. Peers and family members are always good allies for Chinese students who have psychological distresses.

Career problems are seen by Chinese as a topic they feel more comfortable for discussion with counselors.

The following is a list of suggested counseling strategies for mental health professionals:

1. Establish credibility and initial formality
2. Use restraint when gathering information
3. Allow indirect contextual communication and low emotional expressiveness
4. Clarify misconceptions, etc.
5. Recognize that they honor face and face saving
6. May start from their initiated specific problems
7. Take an active and directive role, provide more detailed and specific instructions
8. Always be aware of the cultural differences
9. Work with family and secure their support
10. Mentoring/support of peers
11. Community involvement: Offer outreach programs/services in the Chinese communities.

Other strategies include being vigilant about the complexity of their backgrounds and problems, assessment by considering their challenges in language, culture, environment, etc. and, the use of some interpreters as needed.

A Case Study

The author discussed a case below. The client Ming Lee (not a real name), male about 25, was found to have schizophrenic problems off of the campus. He was a graduate student receiving a fellowship from a public university in a suburban city. After he started the program and had been pursuing the program for two months, he learned that his mid-tem grades were not acceptable. Later on, he worried that he would lose the fellowship. When that problem occurred, he was found restless, highly agitated, walking up and down in a room, and complaining people trying to kill him.

Table 2: Case Study

Environmental Context	Risk Factor	Protective Factors
Client characteristics	Onset problems: schizophrenic symptoms with depressed mood (delusions, paranoia, hearing voices, conflicted thinking, lack of emotions) Academic focused, Self-demanding, Adjustment issues; English ability	Intelligent No family history
Microsystem	High expectations (parents) peer pressure Academic status: scholarship Lacking faculty support	Supportive parents Friends at church Mental health supporting system, a safe community
Exosystem	One-child policy, International status (little resources)	Involuntary commitment Crisis assessment center Local psychiatric hospital
Macrosystem	Chinese cultures: success and honor, family first, focused on men, view on mental health	Promote harmony, Close interpersonal relationship; Group culture

The author implemented crisis intervention. First, the author observed the client, the situation in the room, and made certain that the client was safe. He found that the client was not carrying any weapons, and that the client was not engaged in any actions that might harm himself or others. Quickly, he asked the other people to leave the room to reduce the pressure on the client. This decision by the author is very important in the Chinese culture. The reduction of complications in the case, keeping

confidentiality for the client, and the reduction of the chance of gossip among other people on scene is very important. If this client had been a woman, the author may have asked a female counselor to help, an entirely appropriate decision in this situation in the Chinese culture. Then, the author quickly tried to make a connection with the client by pacing with the client while talking with him. The author listened to the client's complaints with empathy. Gradually, the author slowed down the pace and calmed the client. Also, he was learning more about the client's problems. At that point, the author's quick assessment was that it was a crisis case. The student needed immediate psychiatric assessment and treatment. The author decided to implement involuntary commitment, and he escorted the client for emergency psychiatric assessment at a local hospital. The client was hospitalized for two weeks. Subsequently, the client was diagnosed with schizophrenia.

Later, working with on-campus counselors, the author provided further support for this client. The further support included providing case information to the Student Conduct Office, contacting the client's parents in China, and offering support to the client when he was released from the hospital. The client's parents immediately flew from China to the campus in the U.S. to support their son. After some additional brief treatment in the U.S., the client returned to his home country for further treatment.

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