

# Community as Treatment

In her social work as well as in her art-life, marriage and social life, Anh Vu Sawyer practices what she teaches about using community to heal. From her flight from Vietnam in 1975 at age 20, to her rich current life in Massachusetts, she has learned and teaches the value of being yourself and having a community of allies. We met at her loft in the Fort Point area of Boston.

Anh has written a book, *Song of Saigon*, about her experience up to and including leaving Viet Nam, as well as her resettlement in the U.S. I spoke to her about her personal experience as well as her agency experience. I interviewed Anh, the Director of the Southeast Asian Coalition of Central Mass, on May 5, 2014.

When I asked Anh what mental health conditions were common among Southeast Asians, she answered without hesitation, “Anxiety.” “We are fatalistic,” she explained. “That’s why there is a high rate of suicide, especially among young women.” Anh’s organization has worked with refugees from Africa and South America as well as Southeast Asia: “There is a real difference in the outlook of the Southeast Asians.”

Anh told me that in Southeast Asian culture, the spiritual realm is very real. There is a God for many of the beings or objects that a person encounters: one for trees, one for the pots in the kitchen, etc. This way of looking at the world may make some Southeast Asian people feel that their decisions and actions have less influence on their lives than outside forces. As Anh sees it, this is a powerful handicap. “People have no control over their lives. Fate has the final say.” She said that many Southeast Asians experience severe depression that may take them to a psychiatric ward.

Anh attributes this fatalism to the absence of a Judeo-Christian influence in the spirituality of Southeast Asians: “There is no Heaven in Southeast Asian spirituality. In Buddhism, you may go down the evolutionary chain [in your next life]. You may be a fly because you swatted a fly. You can’t be perfect all the time—you are going to make mistakes.

Anh saw some difficulties with Southeast Asian-Americans accessing American mental health services; among them, a language barrier causing lack of access to mental health services. In addition, she thought that there was a cultural gap that

discouraged Southeast Asians from accessing or returning to services. “Southeast Asians need education to understand that mental health disease is treatable. Second, in our culture a mental health problem is a bad thing—we are being punished for something. Third, this causes shame for the whole family. These first three are more about a cultural/perceptual gap than a lack of access. Fourth, the health care system doesn’t have any kind of intervention.”

She continued, elaborating on living conditions of Southeast Asian-Americans, “There needs to be an effective cultural intervention. There is especially a need for community. Southeast Asians suffer from isolation. [If they have a problem], they don’t know where to go. A Southeast Asian person might explain her mental health difficulty as ‘Someone was unkind to me’ or ‘My son will not do [something] for me.’ This is a way of coping.”

I asked specifically about how Southeast Asians view Post-Traumatic Stress. “They call it ‘nightmares.’ It is a spiritual thing that happened. They might talk about this condition in other people but they will not talk about themselves. Mental health problems are associated with shame. The parents put a lot of guilt on their children: ‘You can’t just sit around and have a mental illness.’ The person does not believe that there is any kind of treatment. There is no way to alleviate stress and anxiety. The person will feel sorry for himself. Or he or she may get into gambling, drug or alcohol addiction, domestic violence or verbal violence.”

Anh painted a grim picture of the plight of Southeast Asians in Massachusetts, but she has thought carefully about how Southeast Asians with mental health conditions could be helped by the mental health system. She had a brief experience of counseling in college, and has thought about how this experience could have been better.

She was “unhappy” in college and was having trouble with her family, who did not want her to marry her artist fiancé. She was feeling pressure to cap off her engineering B.S. with a two-year graduate degree, and not to get married. Feeling a lot of stress, she went to see a counselor at her college. During the first meeting the counselor commented that her mother seemed to “put a lot of expectations” on her. Anh was stricken by the comment. “No one came between me and my mother. She sacrificed her life for me.” The counselor’s comment seemed like a judgment on her mother and Anh never went back to counseling.

Anh’s vision of counseling for a Southeast Asian person would take more time, and necessitate building a relationship. “Have tea or have lunch in a group. Do

this at least four or five times. At the end of that time, mention what your occupation is [counselor], and say to the group, ‘If you need help, come and see us.’ Provide some tea and cookies for the next visit.”

Anh stressed that the client needs to be treated as a whole person. “Ask ‘How are you?’ and how is school, their life, their family. They are a human with a heart, not a human with an illness. They are not a problem, they are a whole person.”

Anh thinks that nearly every Southeast Asian immigrant in the U.S. has some degree of Post-Traumatic Stress. Anh included herself in this group. Her mental health issues sometimes cause her to isolate, but she has a large support network to help her through hard times. “I’m very relational,” she explains. Drawing on resources such as her church and the arts community, her husband and her in-laws, her work network and the Southeast Asian communities, Anh has created a community for herself. Anh also reaches out to many people in Southeast Asian communities. Some of these people have told her that she saved their lives.

Anh says that her treatment is “trust with people. I need to be connected, I need to be understood. My illness is not my fault.” She spoke with gratitude about her friends, in-laws and her husband. “Phillip really wants me to be myself.” These supports give her an optimistic outlook. “I don’t have any shame of failing. If I don’t get it today, I might get it tomorrow.” “It” might include anything from a grant for the Southeast Asian Coalition of Central Mass to an art grant, inspiration for a clothing design, or a basic human need item for a client in the Southeast Asian Community.

For Anh Vu Sawyer, her relations with people provide the best treatment, and she wants to share this solution with her Southeast Asian fellow-immigrants. “The most wholesome treatment is community,” Anh asserts. “The human connection. Support saves lives.”