

# Working with Asian Peers on Mental Health Recovery

What is it like to be a woman from Asia who encounters a Peer Specialist of another culture or race in a day program? Peer Specialists of other cultures/races may wonder if an Asian day client looks at mental health recovery differently than they do. To explore these issues, I met with Ed Wang, Psy.D., Director of Multicultural Affairs at the Mass. Dept. of Mental Health.

Ed had asked me to watch a video he made for the Statewide Young Adult Council four years ago, so we could review some common concepts in Asian cultures. The video can be found at <https://www.youtube.com/watch?list=RDrUPxlBeugjU&v=rUPxlBeugjU>. In our interview, he gave some concrete examples of these concepts.

## Collective Thinking

Ed talked first about the concept of Collectivism: “Chinese people (and other Asians) know what their role is,” so there is little need to explain it in their community. Western culture people “do more talking.” “The Asian person is in an ‘in-group’ where there is less verbal explanation. Instead of explaining, there is action”—i.e., people act out their roles. As background for an example of Collective thinking, Ed discussed a wellness training that came to Massachusetts about 6 years ago, the Peer Support Whole Health Resiliency (PSWHR) training. This training utilizes the Eight Dimensions of Wellness rolled out by the Substance Abuse and Mental Health Services Administration. For more information, go to <http://www.promoteacceptance.samhsa.gov/10by10/dimensions.aspx>.

Regarding that training, Ed gave an example of Collectivism: “A Chinese mother might say she does not have time to pick an activity to do for each of the eight dimensions. She wants to be a good mother; she needs time to take care of her children, to take care of her husband. She might think, ‘I can’t do this for myself.’ Then she might be asked to explain: A service provider might say, ‘Tell me more about this.’ Or the provider (or Peer Specialist) might say, ‘It’s for yourself after all—why can’t you do it?’ It’s not a wrong thing for her to decide that she doesn’t have time. An alternative way to approach this woman, instead of asking her to ‘explain’, is to do something *with* her, like ask ‘What can we do together so you can allow yourself to take care of yourself?’” If she decides not to do it, I believe her decision needs to be respected.” Here, the reader may notice that the practice of *doing* is connected with the idea of collective thinking.

Another example: The Peer Specialist who leads support groups may observe that they reflect American Individualism. Topics such as self-esteem and self-compassion come up regularly. Self-care is often the purpose of the group. This emphasis on the self might be foreign to some Asian peers, especially if they have not been in the United States for long. Suppose there is an Asian person in the group who has a problem commonly associated with depression, which is that he is beating himself up because there are things he “should” be doing that he is not getting done. Speaking to the Asian collective way of thinking, the Peer Specialist could mention self-compassion and show how it relates to the man’s role in his family or community. A lack of

self-compassion could have an effect on those around him if he is irritable or miserable, and might cause worry. He is beating himself up *in relation to* his family. If he can address this, the family can “bounce back” together.

## Communication

Ed stressed that the story someone tells about him- or herself will tell you who they are, and the Peer Specialist may wish to work with this instead of expecting an explanation. “Some service providers think that there is a need to be insightful,” he commented. However, in many Asian cultures, a person’s understanding of who he is is expressed in action, in performing his role. In addition, people from many Asian cultures have been taught to express themselves indirectly, in order to maintain a “harmonious interdependence.” A Caucasian person often expresses him/herself openly and directly, but an Asian person may be used to being more subtle.

## The Message of Hope

Ed feels increasingly that the message of resiliency and hope needs to be part of peer support and treatment. A recovery story without hope or something other positive element may have a “toxic” effect on the audience, especially when Peer Specialists are working with Asians who have experienced trauma. Ed frequently uses the analogy of a bamboo tree, because the bamboo is strong yet flexible. He has often told the story of the bamboo he planted some years ago. One winter, it was bowed down with the tops stuck in ice and snow until the Spring thaw. Then, over the Spring, it bounced back to its original height and beauty. Many peers, including Asian peers, can benefit from this hopeful message. I would like to thank Dr. Wang for his patient and thoughtful explanations of some ways of Asian thinking.