

The Conception of Depression in Chinese Americans and Its Implications for Treatment

By Yu-Wen Ying, PhD

Understanding the client's conception of his or her problem has been argued as a key factor in continued service use and treatment success in cross-cultural psychotherapy (Sue & Zane, 1987). This article examines the conception of depression among Chinese Americans, and its implications for treatment. First, it compares and contrasts major differences between Chinese and American cultures that impact their respective conceptions of depression, followed by a brief discussion of relevant empirical research and concluding with implications for treatment with Chinese Americans.

Variation Between Chinese and American Cultures

Chinese and American cultures vary significantly. Differences most germane to the conception of depression include: (1) the body-mind relationship; (2) self-other relationship; and (3) the view of positive self-concept and affect.

Body-Mind Relationship. The body and mind are viewed as dualistic, dichotomous entities in mainstream American culture. Thus, physical and psychological illness are clearly differentiated (Lutz, 1985). The DSM classification of depression as a mood disorder accompanied by somatic symptoms further reflects this division (Jenkins, 1994). In fact, the term *asomatization* which describes the concurrent occurrence of psychological and physical symptoms, is believed to result from a transformation of psychological distress into physical illness, rather than the two concurrently and mutually influencing each other (Cheung, 1995).

In contrast, the mind and body are viewed as integrated with each other in Chinese culture and medicine, and illness of the soma also cannot be separated from illness of the psyche and vice versa. Western-trained mental health professionals have interpreted this presentation as somatization, but from a Chinese point of view, such a designation fails to acknowledge the significant intertwining of physical and psychological etiologies and manifestations (Cheung, 1995).

The Self-Other Relationship. Francis Hsu (1985) observed that whereas in the West a person is defined by her uniqueness and separateness from others, in the East a person is defined by her relationships. As such, the Chinese conception of self is a social one. A fundamental concern of Confucian teaching is training a child in the proper social rules of conduct and submission of personal desires to that of others to avoid interpersonal conflict and social disapproval (Russell & Yik, 1996). In addition, the Buddhist concept of *yuan* suggests current social relationships occur because of attachments from previous lives, and as such, are to be treasured (Chang & Holt, 1991). In contrast, mainstream Americans define themselves by how they differ from others, and the American identity may be characterized as individualistic and autonomous (Lutz, 1985; Markus & Kitayama, 1991).

Positive Self Concept and Affect. Modesty and self-effacement are highly valued characteristics in Chinese culture and are believed to reflect personal cultivation and wisdom, and enhance social harmony (Russell & Yik, 1996). Moderation of affect, especially positive ones, is highly valued (Russell & Yik, 1996). In contrast, in American culture a self-enhancing view of the self and positive emotion are believed to reflect individual uniqueness and self-worth (Markus & Kitayama, 1991).

In summary, the Chinese conception integrates the body, psyche, and social relationship, while the American conception differentiates these. In addition, Chinese people tend to minimize positive self-concept and positive affect, while Americans admire a positive sense of self and open expression of positive emotion. As will be discussed below, the conception of depression among Chinese Americans is likely to be dependent upon their degree of acculturation into mainstream American culture.

The Conception of Depression in Chinese Americans

The General Chinese American Community. Radloff (1977) used the Center for Epidemiologic - Depression Scale (CES-D) in her study with large numbers of White Americans to identify four conceptually distinct factors of depression: depressed affect, positive affect, somatic and retarded activity, and interpersonal relationship, reflecting body-mind duality and self-other distinction. In contrast, Ying (1988) identified three conceptually mixed CES-D factors in a heterogeneous sample of 360 Chinese American adults: depressed affect/vegetative signs, positive affect, and interpersonal/vegetative/depressed.. Thus, Chinese Americans on the whole continue to hold a body-mind and self-other integrated conception of depression, consistent with Chinese cultural views and values.

Bicultural Chinese American College Students. Ying and her colleagues (Ying, et al., 2000) also used the CES-D to test a sample of 353 bicultural Chinese American college students. They identified five conceptually pure factors of depression: depressed affect, positive affect, somatic/retarded, interpersonal, and somatic. Confirmatory factor analyses further showed that the Chinese American students had a better fit with White Americans' differentiated conception than the Chinese American general community sample's integrated view. Thus, there appears to be a significant shift in Chinese American college students' conception of depression from body-mind and self-other integration to body-mind and self-other differentiation, secondary to significant engagement with American culture.

Implications

As Chinese Americans vary in their conception of depression, careful assessment of the client's problem conceptualization prior to embarking on psychological intervention is recommended (Sue & Zane, 1987). Clients with an integrated conception may prefer an intervention that concurrently addresses psychological, physical, and interpersonal distress. This may include problem-solving oriented and supportive psychotherapy, the practice of *chi-gong* and *tai-chi*, and consultation with practitioners of Traditional Chinese Medicine (Ying, 1997). In contrast, clients with a differentiated conception of depression may require less modification of traditional psychotherapy techniques. Still, Tung (1991) has noted that in insight-oriented psychotherapy even acculturated Chinese American clients (e.g., those with American college and post-graduate education) attend to their social relationships significantly more than White Americans, suggesting the persistence of a collectivistic sense of self. Clearly more research is needed to identify means for increasing therapy effectiveness with even acculturated Chinese Americans.

This article was excerpted with permission from Ying, Y. (2002). The conception of depression in Chinese Americans. In K. S. Kurasaki, S. Okazaki, & S. Sue (Eds.), *Asian American mental health: Assessment theories and methods*. Kluwer Academic Publishers.

Yu-Wen Ying received a doctorate in clinical psychology from the University of California at Berkeley. She is a Professor at the School of Social Welfare, University of California at Berkeley and also practices psychotherapy in the San Francisco Bay Area. She has published over forty research articles and book chapters in the area of Asian American mental health on topics such as cross-cultural adaptation, acculturation, ethnic identity formation, family relationships, psychological well-being and distress, and culturally competent methods of prevention and treatment with Asian and Southeast Asian Americans. Dr. Ying is a fellow of the American Psychological Association, and has served on the Board of the Asian American Psychological Association. She may be reached at ywying10@socrates.berkeley.edu. References are available upon request from CPA Central Office.