Asian American Psychiatrists

by JOE YAMAMOTO, MD

Asian psychiatrists in the United States comprise a relatively new phenomenon, for it has been mainly since the Immigration Act of 1965 that large numbers of professionals have been able to immigrate from various Asian nations. The Immigration and Naturalization Act of 1965 permits 20 000 immigrants from each nation to enter the United States. Because of this, during the initial stages of the change in the Immigration Act, particular emphasis was on the immigration of professionals and those with skills needed in the United States. Physicians, for example, received high priority to immigrate to the United States.

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This issue departs from the usual emphasis on patients and their diagnostic disorders to a focus on psychiatrists of different Asian ethnic backgrounds. We have highlighted problems and processes that occur with Asian psychiatrists, both foreign medical graduates and American medical graduates. Diversity among Asians is apparent in the sex and ethnicity of the contributors.

Using the figures for the number of Asian members of the American Psychiatric Association, 159 are American medical graduates, and 1017 are foreign medical graduates (APA, unpublished data, 1988). Thus, a disproportionate number of Asian psychiatrists in the United States are foreign medical graduates. In addition, there is a distribution problem for Asian psychiatrists practicing in the United States where relatively few Asians live. Nonetheless, they are practicing in the United States, engaging in various areas, such as research, academic teaching, hospital work, and private practice.

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Because the vast majority of Asian psychiatrists in America are recent immigrants with a typical Asian appearance, they do not fit the preconception of Americans as described by Israel Zangwill in his play, *The Melting Pot.*[1] Zangwill emphasized all the races of Europe, as the assumption in America for generations was that Americans are European Americans. Not only was there an emphasis on European-Americans, but a chauvinistic emphasis on English-speaking ability. Thus, the Asian psychiatrist, born abroad, often came to the United States with limited English-speaking ability or spoke English with an Asian accent. The Asian psychiatrist faced the problem not only of not "looking American," but also of not talking like an American.

In this issue, we describe the experiences of Asian practitioners as they gain experience with patients in America. Our contributors are limited to those from the Pacific Rim nations. This is not to exclude mention of our colleagues who are Asian and come from other countries, such as India, Pakistan, Sri Lanka, and other regions of the world.

The rationale for selecting Pacific Rim Asians is because of the influence of the Chinese upon many of these Asian nations. The teachings of Confucius have had major influence on the indoctrination of values in China, Korea, and Japan. Indeed, in some ways, the Confucian teachings have also had impact in the Southeast Asian nations, and to some extent, in the Philippines. Because Confucius advocated a hierarchical and sexist society, Asians come from their home countries bringing traditional values, sexist attitudes, and a view of society as being harmonious and well-ordered.

Knowledge of the role of the traditional Chinese healer is important in order to understand the expectations of Asian patients. Not only were the physicians expected to be accurate and instantaneous in their diagnosis, there was a need for a magical cure, which did not differ from the expressed or unexpressed wishes of most patients. However, the emphasis was on rapid treatment, rendering the traditional American psychiatric model of even brief treatment, over perhaps 20 sessions, inapplicable unless the patient understands the needs well.

Of course, when Asian psychiatrists encounter American patients, the responses of the patients are quite variable. In Los Angeles, some patients accept Asian psychiatrists without question. However, in other parts of the country it may be more difficult because of the lack of acquaintance or experience with Asian professionals.

In supervising residents about their psychotherapy of patients, my practice has been to request either an opportunity to meet with and cointerview the patient, see a videotape, or listen to an audiotape. I believe that this adds another dimension to the supervisory process. We were about to do this with a young woman from Appalachia. As I entered the office, she shuddered, and I immediately understood that she was reacting apprehensively to a "stranger." I'm sure that there are no Asians in Appalachia, and I asked her about this. Although she denied the apprehensive response to my facial appearance, I believe this is an example of what needs to be dealt with by Asian psychiatrists when working with American patients. The Asian doctor is an exotic and "strange" person, and patients may have questions, especially if they've had no experience with Asians, in contrast to many in the Western part of the United States. We have discussed some of the issues related to Asian psychiatrists as they confront both Asian and non-Asian patients in America.

The expansion of George Engel's biopsychosocial model to include the cultural issue is an important and much-needed change. Asians, we have learned, need "active empathy."[2] All patients need empathy, but Asian patients require a further step. Not only do we need to step into their shoes and understand, feel, and think as they do, we also need to communicate that we are concerned and that we are trying to be helpful. As Anna Freud said in treating children, you need to show that you can be useful to the child because the child, unlike adult neurotics, is unaware that there is a problem and needs to be encouraged to establish a relationship with the therapist.[3]

Finally, the need of Asian patients for psychotropic agents is different, for it has been shown that they require approximately half of the dose prescribed for other American patients. Potkin and his colleagues showed that Chinese patients, for example, required half the dose of haloperidol as do American schizophrenics.[4] However, it should be remembered that one fourth of the Chinese patients required as much if not more haloperidol as their American counterparts. We hope all psychiatrists will incorporate the biopsychosociocultural model in our increasingly multicultural society.

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